

# **POLICY ALIENATION OF DUTCH PUBLIC SECTOR PROFESSIONALS: AN EXPLORATORY STUDY**

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## 1. INTRODUCTION

In 2004 Dutch government changed the law regarding the welfare benefits that disabled citizens receive on behalf of the state. This followed a rise of the number of recipients between 1987 and 2003 from 805.000 to 982.000. In 2003, approximately 10 % of the Dutch workforce was dependent on this welfare provision (Hartman & Boerman, 2004). A new set of rules - the so-called 'Aangepast schattingsbesluit' in 2004 and the Law regarding Work and Income in 2006 was implemented to end this situation. The implementation of these new rules fundamentally changed the work of the insurance physicians who work on behalf of the Dutch Institute for Employees' Insurance (UWV), which takes care of the implementation of these new rules. As a result of these rules – because of stricter assessments – approximately 110.000 recipients have lost their alimony, mostly part-timers and citizens with psychological complaints. Those now have to provide for their own income. If they are not able to do so, they can apply for an unemployment benefit or for state assistance. Allocation of the latter, however, depends –contrary to the benefits for the disabled – on the income position of the household.

The (re-)assessment of all the existing cases caused a lot of public emotion and drew a lot of media attention whereas simultaneously a large number of the involved insurance physicians did have substantial professional and moral problems with the way this process took place, which can be illustrated by the following quote:

The UWV [Dutch Implementation institute for employees' insurances] is nowadays also called the Lourdes of the North: you visit the agency being work disabled, you leave able to work ... In my opinion, it is becoming extremely controversial. I can't concord it with my conscience anymore. I swore an oath which comes down to protecting the weak.

Physician (anonymous) about the aSB (cited in NRC, 2005b)

A large number of physicians were not able to identify with the goals and contents of the new rules, because it affected their professionalism. For instance, about 240 physicians wanted to participate in a strike against this new policy and a number of physicians decided to stop working for the UWV (NVVG, 2005).

In this paper we want to describe and analyze the identification problems that civil servants as professionals experience with the implementation of public policies in terms of *policy alienation*, thereby making use of and elaborating on the concept of work alienation developed in the field of sociology of work and labor (Blauner, 1964). This is part of a larger research project in which we want to study to what extent systematic and structural identification problems experienced by civil servants when implementing public policies can be described and analyzed in terms of alienation. However, in order to do so, we first have to get a better understanding of the concept of policy alienation.

How can policy alienation be conceptualized and which factors influence the degree of policy alienation? This is the first objective of this paper. The second objective is that we will demonstrate the usefulness of the concept by applying it to the insurance physicians implementing the new work disability rules. Therefore we will present a small case study, based on an analysis of existing sources, which helps us to explore the usefulness of the concept as well as to understand the factors influencing it.

In section two we explore how alienation can be conceptualized and how it can be used in the realm of policy implementation. A number of factors will be identified that could affect policy alienation. In section three we describe and analyze the case of the insurance physicians. In section four some conclusions will be formulated.

## 2. A CONCEPTUAL MODEL OF POLICY ALIEANTION

### 2.1 From work alienation to policy alienation

The intellectual roots of alienation as a concept can be found in the work of Karl Marx, thereby building upon the earlier work of Hegel. Marx (1961) distinguished four types of alienation. The first type focuses on the product of labor. It deals with the relationship between the subject (the worker) and the object (the product). The subject is alienated from the object; the product has power over the worker. This type of alienation can be called (labor) product-alienation. The second type deals with the relation between the worker and the process of labor. The subject is alienated when he cannot control this process; the worker cannot control the process of producing the product. This is labeled (labor) process-alienation. The third type comes into being as a result of the existence of the first two types. Marx termed it the alienation of the man as a species being. Another term that is often used, is self-alienation. The last type is a result of the existence of the prior three. There emerges alienation of man from man: “an immediate consequence of the fact that man is estranged from the product of his labor, from his life-activity, from his species being is the estrangement of man from man” (Marx, 1961:103).

Marx defined alienation as the *objective* alienation from work from labor, e.g. the objective distance between the worker and the means of the production and the resulting product. However, contemporary sociological and psychological research focuses on *subjective alienation*, e.g. alienation as perceived by the worker (Hall, 1994:112). Blauner (1964) distinguished three dimensions that can be used in order to understand subjective alienation: powerlessness, meaninglessness and social isolation (as we shall see, the latter can better be understood as ‘normative integration’).

Furthermore, it is important to discern (subjective) work alienation from (subjective) job alienation. Ramaswami, Agarwal, & Bhargava (1993:191) stated that *subjective work alienation* is the normative belief about the value of work in a person’s life. This is primarily a function of culture or socialization, not of the current job someone is holding. Conversely, *subjective job alienation* is a concept related to the alienation from the current job a person holds and often a function of exogenous factors present in the current job situation. Articles concerning the sociology of work and organization (for example Newton, 2002; Ramaswami et al., 1993; Sarros, Tanewski, Winter, Santora, & Densten, 2002) focus primarily on job alienation, although they label it, quite confusingly, work alienation. Our concept of policy alienation has parallels with subjective job alienation, as it is about the identification problems professionals face towards the public policies they are implementing (in their current job).

How does alienation fit to the world of policy-making and implementation? Public policies can be seen as the expression of the way in which society tries to handle problems with which it is confronted, like the fight against crime, the global warming, the creation of employment and economic stability, but also the creation of socio-economic protection (in terms of social security arrangements) against diseases and accidents. Public policies refer to the binding allocation of values (substantial values in terms of e.g. liberty, equity and security on the one hand and functional values in terms of efficiency and effectiveness on the other hand) for society as a whole in a situation of structural scarcity, due to e.g. the lack of financial but also natural resources (Easton, 1965). As a result tensions and trade offs occur (Stone, 2003), especially, if a policy program is applied in individual cases.

*Policy alienation as a concept is defined by us as the mode of experience in which the public sector professional, who on a regular basis interacts directly with clients, cannot identify himself with the public policy he has to implement.* Following the three dimensions of alienation as discerned by Blauner, we will try to operationalize the concept of policy alienation in the next subsections.

Our motive for focusing on alienation of professionals with respect to public policies lies in the recent Dutch discussion, started by for instance the WRR (2004) and Van den Brink et al. (2006) that states that public sector professionals experience increasing pressures to focus on effectiveness and efficiency (due to the emphasis on performance management). This often conflicts with professional standards or the demands of the increasingly emancipated clients, who are willing and able to express their wishes. Furthermore, we refer to the studies of Pratchett and Wingfield (1996) – who studied the effect of local governmental reform on core beliefs and values of employees - and Grimshaw and Marchington (2003) - who studied the relationship between public-private partnerships and the public service ethos; studies that suggest a growing discontent – at least among specific professional groups – within the UK.

Studying policy alienation of public sector professionals and its causes is not only theoretically interesting (due to links with public policy implementation), but also vital for policy makers. As for a proper and prosperous implementation, a minimal level of identification with public policy is required. This will not only influence the effectiveness of a policy program but also influence the quality of interaction between government and citizens, which in the end may influence the legitimacy of government.

Based on Blauner (1964) we propose the following conceptualization of policy alienation.

### **3.1 Powerlessness**

The first main dimension of alienation stated by Blauner (1964) is powerlessness. A powerless worker feels himself as a thing, as an object which is controlled and manipulated by other people or an impersonal system like technology. Blauner discerned four ‘modes’ of industrial powerlessness (1964: 16): 1) separation from ownership of the means of production and the finished products; 2) the inability to influence general managerial policies; 3) the lack of control over the conditions of employment, and 4) the lack of control over the immediate work process.

In our view, we can translate these four modes to three factors influencing policy alienation. In this way, we can define ‘policy powerlessness’ as the degree of influence public servants have to shape public policy. This influence may be exercised on a strategic, tactical and operational level.

When there is a low degree of possible influence on the *strategic level of the policy* the professionals will likely experience a feeling of powerlessness. This can be the case when, for example, a new policy is drafted without the help of the professionals who have to implement this policy. As a result professionals may become alienated from the policy that they have to implement. It can be stated that the more the civil servant is able to influence the public policy on a strategic level, the less he will become alienated from this public policy.

The *tactical level* refers to the decisions, which for instance are made by a policy implementing agency, how the policy goals have to be achieved by the agency itself. These of course will influence the conditions under which the civil servants have to work and perform their tasks. This also refers to the question how these policy goals will be transformed into

specific performance requirements, which the organization and its units have to accomplish as well as how resources are allocated among these units (e.g. staff, budgets) in order to contribute to these performance goals. In many agencies, performance management systems have been introduced to manage the implementation of public policy programs in a prosperous way. However, we also notice that the introduction of these systems may lead to perverse effects, in which the output has become more important than the societal outcomes that have to be realized (Smith, 1995). If civil servants have the opportunity to address these perverse effects at the agency level and if this translated in performance criteria, the chance that policy alienation will occur, will be smaller.

Exercising control over the immediate working process is another mode that has been described by Blauner. In an industrial setting this is an important issue, because: “The variations in control over the immediate activity of work are a principal focus of the present study (...) Whether a worker controls his socio-technical environment depends on his freedom of movement, freedom to make choices, and freedom from oppressive constraints”. (Blauner, 1964: 20). In public administration literature this topic is primarily be described in terms of the *discretion* a civil servant has to implement public policies at the street level (*influence at the operational level*), where he is confronted with the daily and concrete situations in which he has to apply specific programs or rules. Discretion means that the street-level bureaucrats have a certain degree of freedom in making choices concerning the sort, quantity and quality of sanctions and rewards (Davis (1971:4; Ringeling, 1978; Lipsky, 1980). We expect that the more a civil servant perceives to have discretion in implementing a public policies, the lower his feeling of powerlessness. These feelings will be higher when there are detailed and programmed rules, instructions and procedures that have to be followed as well as the existence of very specified goals that have to be accomplished (Ringeling, 1978).

### 3.2 Meaninglessness

The second dimension of alienation that Blauner (1964:23) distinguished, is *meaninglessness*, the opposite of which is a feeling of purpose and function. We expect that the higher the degree of meaninglessness caused by a public policy, the higher the degree of policy alienation.

Meaninglessness is in the job alienation literature defined as “the inability to comprehend the relationship of one’s contribution to a larger purpose” (Sarros et al., 2002:304). In relation to policy alienation, the central question is whether a public professional perceives his activities as meaningful for the actual achievement of the goals which are laid down in the policy program.

According to Blauner (1964: 23) meaning depends on the relationship of the worker to the product, the process and the organization of work. Work is more meaningful when someone a) works on a unique and individuated product; b) works on a larger part of the product; c) is responsible for a larger span of the production process.

When we translate this to policy alienation we can again use a distinction between the strategic, the tactical and operational level. At the *strategic level*, meaninglessness refers to the perception of a civil servant that he a policy program is actually not dealing with specific societal problems or the provision of desired public goods and services, like delivering financial protection and security (which can be seen as the expression of substantial rationality). If this is the case, than policy alienation may occur.

At the *tactical level*, the meaninglessness of the activities a civil servant is based on the contribution the agencies itself and its managerial policies actually give to the handling of

specific problems or the delivery of public goods. One could state - in relation to the existence of the perverse effects of performance management - that if the agencies adopt managerial policies that are more focused on output goals that do not have a clear relationship with the societal or outcome goals, the chance that policy alienation may occur, increases.

At the *operational level*, meaninglessness refers to the civil servant's perception of the contribution of his own job or his own activities to deal with concrete and individual cases. For instance, is he really able to help people? Is the answer to this question negative, then policy alienation might occur.

### 3.3 Normative Integration

The third dimension of alienation is according to Blauner (1964) *social isolation*, which is the opposite of normative integration. Social isolation can be described as a lack of a sense of belonging to and an inability to identify with the organization in which somebody works. According to Blauner (1964: 24): "membership in an industrial community involves commitment to the work role and loyalty to one or more centers of the work community. Isolation, on the other hand, means that the worker feels no sense of belonging in the work situation and is unable to identify or identifying with the organization and its goals."

Although normally 'social isolation' is mentioned in the literature as dimension of alienation, it is in our view better to use its opposite 'normative integration', which has an inverse relation with alienation.

An important factor influencing normative integration is the existence of *consensus* between the work force and management on "standards of behavior, expectations of rewards, and definitions of fair play and justice, and when there are agreed-upon "rules of the game" which govern the relation between employers and employees" (1964: 25). Related to *policy alienation* this consensus not only relates to the work force and management, but also to consensus between work force and *policy makers*.

According to Blauner a factor influencing the degree of normative integration is the *application of bureaucratic and administrative principles* that can both enhance feelings of isolation (when employees are seen as means to the ends of profit and company growth) as reduce it – because the principles refer to universalistic standards of justice and fair treatment.

### 3.4 Factors influencing policy alienation

The discontent of public sector professionals with policy programs they have to implement can be related to several factors, which in turn may enhance feelings of powerlessness and meaningfulness and contribute to normative disintegration. In particular we will pay attention to three factors: 1) the implementation of several NPM strategies; 2) the use of (a certain type of) ICT, and 3) increasing role conflicts due to conflicting logics which public professionals face.

#### *The effects of NPM strategies*

New public management (NPM) strategies refer to a variety of reform strategies which have at least two common features: lessening or removing the differences between the public and private sector and shifting the emphasis from process accountability towards accountability in terms of results that have been achieved (Hood, 1995: 94). More in detail, new public management strategies refer to a shift in value priorities from political values like universalism, equity, security and resilience towards efficiency and individualism, thereby

defining the role of the citizen as a homo economics, a shift from inputs and processes towards results and outputs; a shift towards measurement and quantification, especially through the development of performance indicators and benchmark systems; a preference for more specialized and 'lean', 'flat' and autonomous organizational structures; a substitution of formal and hierarchical relationships between or within organizations by contract or contract-like relationships; a much wider deployment of markets and market-type mechanisms for the delivery of public services and a greater emphasis on service quality and consumer orientation (Pollit, 2003:27-28).

The nature of these reform strategies may result in identification problems, when policy programs are based on these new public management strategies. Two reasons for this can be given. First, public professionals may have difficulty to accept the changing trade-off between values, which become manifest when a policy program is being implemented, due to the value shift in priority that favours the value of efficiency (and efficiency-enhancing instruments like market governance or performance management) (see e.g. Clark & Newman, 1997). The second reason is that perverse effects, due to the extreme implementation of these reform management strategies, occur, which contribute to a perceived cleavage between the output and the societal outcomes of a policy program.

### *The effects of ICT*

A main topic in the study of Blauner concerns the relation between technology and alienation. Beninger (1986 in Kumar, 2004) argues that computer-based (/information) technology embodies essential characteristics that are bound to alter (or have already altered) the nature of work among workers, professionals and managers. In this respect, Zuboff (1988) differentiates between two different effects of information technology. The first possibility is that '[computer-based] technology can be applied to automating operations according to a logic that hardly differs from that of the nineteenth-century machine system – replace the human body with a technology that enables the same processes to be performed with more continuity and *control*' (Zuboff, 1988:9). This is phrased in terms of *automating*. Automating presupposes formalization and standardization of the working processes as well as they way rules should be applied, which may diminish the degree of influence which a public professional – in terms of discretion – in order to implement a policy program in a specific case (Bovens & Zouridis, 2002). This may add to policy alienation.

Conversely, information technology can "...generate information about the underlying productive and administrative processes through which an organization accomplishes its work. It provides a deeper level of transparency to activities that had been either partially or completely opaque" (Zuboff, 1988:9). This is labeled *informating*. Managers can choose between these possibilities. If ICT enhances the transparency of the operational decision-making process, as well as the access to information, knowledge and people which a person might consult, than he would be able to make better decisions in concrete cases. Furthermore a professional would be able to learn and develop new skills as well as to require a more comprehensive understanding (Burris, 1998:148). Hence, when ICT is used in an *informating* way, the chance of policy alienation to occur will be smaller.

### *The effects of role conflicts*

An important factor influencing policy alienation concerns in our view the fact that public professionals nowadays face contradicting demands which lead to role conflicts.

A factor like this is not mentioned by Blauner with respect to work alienation, and seems peculiar for policy alienation given the essence of public policy, given the fact that in the public sector multiple values and rationalities are very common and important (Van der Lans, 2006; WRR, 2004). Policy alienation may be the result of the tension that exists

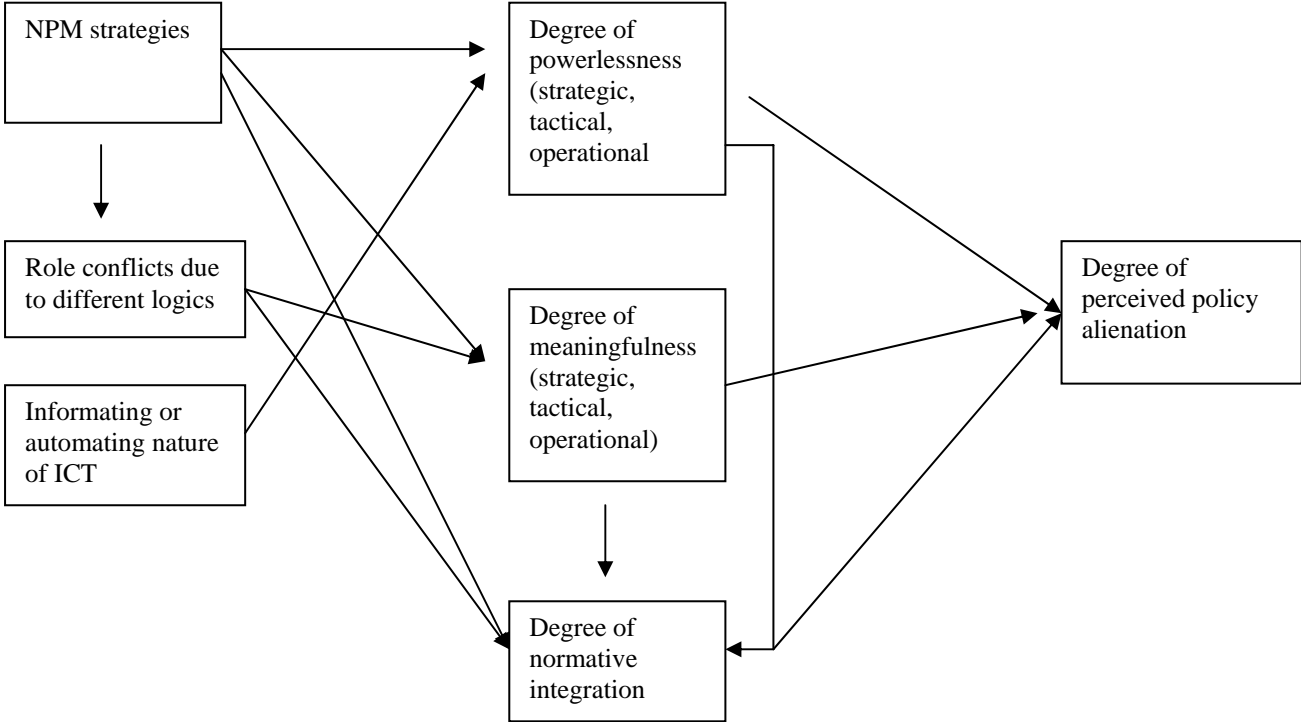
between different logics, which stress different values and have a legitimacy of their own (WRR, 2004; Bekkers, 2007). We can discern the following logics.

The *institutional* logic implies a number of demands that are derived from the contents of a policy program, for instance laid down in formal rules and regulations, like the policy goals and the values that lay behind, which have to be accomplished. The *provisional* logic formulates a number of (managerial) demands, which guide a proper implementation of the law by the implementation agency or agencies. The *professional* logic expresses a number of demands that should be followed if one wants to be a member of a professional community. A professional is trained by this community and is obliged to follow a number of professional norms, working procedures en working standards. The *demand* logic focuses on the demands and values that a citizen (very often in his role as a client of public administration) find important and which reflect his own, personal situation.

As a result a public sector professional when interacting with clients may generate *role conflicts* between these logics or rationalities. These role conflicts may especially influence the degree of normative integration that a public sector professional may experience, when he is implementing a specific policy program. A lack of integration may occur, if the professional experiences the trade off between the logics and resulting values as unjust or ineffective.

**2.5 A conceptual framework of policy alienation**

Based on our theoretical exploration we expect that the following factors, and their possible interdependence, could explain the degree of policy alienation that public sector professionals may experience.





With respect to this model, some remarks have to be made in advance. First, we expect that NPM strategies, which their focus on efficiency benefits and their performance orientation, will influence all three dimensions of alienation. Furthermore we expect that the content of these strategies may also influence the nature of the role conflicts that may, due to fact that original balances between the four logics may shift due to a dominant value shift in favour of efficiency. We expect that role conflicts will influence the degree of meaningfulness and normative integration, but not the degree of powerlessness. In contrast, ICT will only influence the degree of powerlessness.

Second, there might also be a relationship between the dimensions of powerlessness, meaningfulness and normative disintegration. Powerlessness can be seen a necessary but not a sufficient condition for meaningfulness. In our view these dimensions are therefore not independent. In the same way, we expect that both dimensions will contribute to feelings of normative (dis)integration, for instance because a lack of power implies that one is not able to resolve the normative tensions that occur when different logics have to be applied.

### **3. THE CASE OF THE INSURANCE PHYSICIANS**

The second objective of this paper is to demonstrate the usefulness of the concept of policy alienation by applying it to the work of the insurance physicians who implement the new work disability rules. Therefore we will present a small case study, based on a content analysis of existing written and internet sources, in order to explore the usefulness of the concept and the influence of relevant factors. However, as this is only a first explanatory analysis, we will not present a full case study report, in which every factor is being studied in detail. But first, we present some background information.

#### **3.1 Background**

As mentioned above, between 1987 and 2003 the number of welfare recipients based on work disability rose substantially. In that period, work disability funds were often used by companies as an easy way to smooth internal reorganizations. This became very costly for the state. Therefore, at the beginning of this century, the Dutch government drafted stricter policies in order to reduce costs as well as the number recipients.

The so-called ‘Adjusted assessment decree’ (Aangepast schattingsbesluit, or aSB), which was implemented in October 2004, changed the insurance conditions for the group of recipients which already received work disability benefits. Besides this Act a new law was drafted for new claimants, the so-called ‘Work and income according to labor capacity act’ (WIA). The WIA was implemented in 2006. The WIA also replaced the existing work disability policies, of which the ‘Work disability act’ (WAO) was the most important. These two new policy programs have to result in a total cost saving of 2 billion Euros a year (SZW, 2005). Both programs have been mainly implemented by the Dutch Implementation Institute for Employees’ Insurances (UWV) (Hartman & Boerdam, 2004). In this case study we only focus on the alienation effects of the aSB.

Implementation of the new decree implies that approximately 340.000 recipients have to be reexamined (Deursen, Van der Burg, & Veldhuis, 2007). It concerns all recipients, younger than 45 years (before 1 July 2004) who were not already exempted from earlier reexamination rounds. The UWV expects that because of these, stricter, reexaminations approximately 110.000 recipients will lose their financial support, mostly part-timers and those with

psychological complaints (Hartman & Boerdam, 2004:52). Those who (partially) lose their support, have to look for a (part time) job. If this is not possible, citizens can sometimes apply for an unemployment benefit. In other cases, they can apply for state assistance. Both kinds of benefits are nearly always substantially lower than the work disability support which these citizens have received in the past.

Within the UWV so-called insurance physicians have to implement these new and stricter regulations. Insurance physicians ‘provide social-medical evaluations with respect to the legislation concerning sick leave and employee disability’ (Berendsen, 2007:225). We have chosen this case, because many insurance physicians were reluctant to implement the aSB, as they could not identify fully with this policy. For example, approximately 240 physicians wanted to participate in a strike against this policy and a number of physicians stopped working for the UWV because of the aSB (NVVG, 2005). Hence, we expect that manifestations of policy alienation can be found in this case.

### **3.2 Manifestations of policy alienation**

Policy alienation has been defined as the mode of experience in which the public sector professional, who on a regular basis interacts directly with clients, cannot identify himself with the public policy he has to implement. A report of the NVVG (2005) – the main professional association of the physicians – gives us an indication of possible alienation. The motive given for the writing of the report was “the media commotion concerning the working experience of physicians reexamining the WAO clients within the framework of the aSB.” (NVVG, 2005:6). The NVVG sent a questionnaire concerning this subject to their members. Approximately 100 Physicians returned this questionnaire. One question was: ‘Do you think that it is appropriate the insurance policy conditions were changed (aSB) for the group who already has an alimony based on work disability?’ This is an interesting indicator for policy alienation, although the answer one could give is only dichotomous. 52% of the insurance physicians answered ‘yes’ to this question and 48% answered ‘no’. So, almost half of the physicians did not agree with a main element of the policy program. Other data also reveals identification difficulties of insurance physicians with the new policy (NRC, 2005b; UWV, 2005; WAOcafé, 2006). As one physician stated:

The UWV [Dutch Implementation institute for employees' insurances] is nowadays also called the Lourdes of the North: you visit the agency being work disabled, you leave able to work ... In my opinion, it is becoming extremely controversial. I can't concord it with my conscience anymore. I swore an oath which comes down to protecting the weak. Physician (anonymous) about the aSB (cited in NRC, 2005b)

As a result, approximately 240 physicians wanted to participate in a strike against these policies and a number of physicians stopped working for the UWV because of these new policies (NVVG, 2005). However, other physicians do not have difficulties identifying with the contents of the new insurance rules. For example, physician Goossens cited in an interview about the aSB: “I can work in all freedom...Of course we work at the UWV to implement public policy, but this public policy is not contradictory to the beliefs I hold as a medical practitioner” (WAOcafé, 2006).

Hence, we can conclude that many physicians cannot identify fully with the aSB, but that this is by no means universal. Why do many physicians have problems identifying with the aSB? This can be clarified by looking at the separate dimensions of alienation.

### 3.3 Dimensions of policy alienation

In this section we describe how the experienced degree of powerlessness, meaningfulness and the lack of normative integration of the insurance physicians have contributed to policy alienation effects of the aSB.

#### 3.3.1 Powerlessness

Powerlessness may be the result of not being able to influence the contents of a policy program at different policy levels. Has the powerlessness of the insurance physicians as perceived by them, contributed to policy alienation?

##### *Influence at the strategic level*

With respect to the strategic level we have found hardly any evidence that the physicians have been consulted about the contents of the new insurance policy and were able to influence the shaping of the aSB. If physicians want to influence a policy, for example the aSB, they feel they have to do so by means of their professional association. But, although physicians tried to do so, they did not see any results, as is expressed in an internal UWV report:

In the recent past professionals already gave many signals and designed many proposals for improvement of the quality of their profession to the board of the UWV. But they do not recollect any of these in the present policies...The attitude of the professionals towards the UWV is negative (UWV 2005:4).

The board of directors of the UWV knows that the physicians often complain that the UWV blindly accepts what the government asks them to implement. They do not take the proposals of the physicians into consideration. However, the board does not see it as its job to intervene in the political debate. Their main task is to implement the resulting policies, according to one of UWV board members (NRC, 2005b). However, the UWV does perform feasibility tests, also regarding the aSB, in order to know in advance if a law will encounter technical and legal difficulties when it is implemented. In these tests a rather 'technocratic' approach prevails. Furthermore, the main professional association of the physicians, the NVVG, has not interfered with the political debate concerning the drafting of the new insurance rules (WAOcafé, 2005a). They did not define it as their task to do so.

Hence, physicians have not really been able and/or willing to influence the shaping of the aSB on a strategic level, which may contribute to feelings of powerlessness. At the same time, some physicians do not define themselves as responsible for not having tried or not having been able to influence the shaping of these new insurance rules. As one insurance physician expresses in an interview:

"the UWV is an implementer of a policy, we live in a democratic country, so in a sense we all wanted this. Although you might disagree with the policy, for instance the reexaminations or the WIA: the majority decides" (WAOcafé, 2006).

This argument is often heard among physicians (NVVG, 2005). They see the aSB as having democratic legitimacy, and for this reason they do not alienate from it. They perceive themselves as powerlessness, but are responsible for their powerlessness:

"It is a political decision and we must do our job in the framework imposed upon us. It is difficult to tell someone he is being qualified more work able than before, while nothing changed medically. But I do not feel responsible. Within the framework, I can execute my job without harming my integrity or ethical standards" Physician (anonymous) about the aSB (cited in NVVG, 2005:48)

### *Influence at the tactical level*

Also at the tactical level, we have looked how physicians have been able to influence the allocation of resources (e.g. money and competences) and their formal position in implementation of new insurance rules. The (permanent) reorganization of the UWV seems to be a factor, which have influenced substantially the position of the physicians within the organization, and which also added to their perception of being powerless.

The UWV was established in 2002 through a merger of six organizations that implement social security policies in order to create a 'lean' and more integrated organization at the implementation level (NRC, 2006). The UWV is an independent agency that stands in a horizontal relationship to the Ministry of Social Affairs. The relationship between both organizations is based on a contract based form of governance, in which results and costs play an important role. Hence, managerial considerations, which can be framed in terms of New Public Management reform strategies, played an important role in the establishment of the UWV and its daily management.

The UWV is responsible for implementing the two main employees' insurance acts: the WAO and the 'Unemployment act' (Werkloosheidswet, or WW). The objective of the reorganization has been a cost reduction of 25% or 400 million Euros. 50% of the personnel, almost 10.000 people, have to find another job. Many physicians were, and are, afraid to loose their job (WAOcafé, 2005a, 2005b).

In the slipstream of this reorganization several problems emerged that have a destabilizing influence on the UWV. According to many employees, the UWV is 'a Moloch, where people have difficulty identifying with' (NRC, 2005b). It is also a fragmented organization, with many specialist departmental units having their own production norms. As a result different visions exist, also arising from various backgrounds of the organizations and organizational units that merged together (UWV, 2005).

Due to this reorganization, the working conditions of the UWV employees, including those of the insurance physicians, got worse. Lower salaries for new physicians and a discussion about the forced handing in of lease cars did not improve morale, as could be expected (NRC, 2005b; WAOcafé, 2005c). Besides, physicians have to perform other tasks, for example administrative tasks. They expressed also the feeling that they were declining in the UWV hierarchy. One physician phrased his discontent in the following words: "The UWV is a top down organization, very authoritarian, with worsening working conditions, hidden behind a façade of commercials and pieces of paper like 'UWV Perspective' and 'You and the UWV' " (WAOcafé, 2005b). The general effects of the reorganization, influencing the position of the physician within the UWV, enlarged the emerging problems with the implementation of the aSB.

### *Influence at the operational level*

Did physicians have been able to influence the daily and operational implementation of the new insurance rules? How did these new rules influence their professional discretion? The majority of physicians perceive that their level of discretion - after the introduction of the aSB - has decreased. A physician stated that he was forced to make decisions that contradict his own professional norms when implementing the aSB (NRC, 2005a). Kroneman, head of the UWV-department, which task it is to restore the trust between UWV management and professionals, generalizes this feeling: "physicians had the feeling that they could influence their job less and could also use their own professional standards less" (NRC, 2005a). The NVVG (2005) drew the same conclusion. Of the 98 physicians who returned the questionnaire about the aSB, 63% answered 'yes' to the question: 'Do you have the feeling that your professional autonomy is less than it should be?'. The main reasons given were the

implementation of new regulations and the accompanying internal instructions how to apply these new rules (53%). Hence, a feeling of increased powerlessness, which can lead to identification problems with the aSB, can be discerned among the insurance physicians; however, this is not a general feeling. Some physicians do not feel that the aSB has lessened their discretion. As one physician stated, he can make his decisions ‘in all freedom’ (WAOcafé, 2006). Other physicians stated that they have considerable discretion, but that they have to provide a more thorough argumentation for their work, which takes more time (NVVG, 2005:34).

We conclude that many physicians experience feelings of powerlessness when implementing the new insurance regulations - both on a strategic, tactical and operational level. However, this is not universal. Furthermore, some physicians think that they themselves cannot be held responsible for not being able to influence the contents of the policies that they have to implement, due to the fact that this is the way a democracy works.

### **3.3.2 Meaninglessness**

Meaninglessness has been defined as the inability to comprehend the relationship of one’s contribution to a larger purpose, which can be found at the strategic, tactical as well as the operational level of a policy program. However, at this stage of our research project, we have only information with respect to the strategic and operational level.

#### *Influence at the strategic level*

Regarding the strategic level the following observations can be made. The official objective of the aSB is to increase the participation of the work disabled by looking at someone’s potential instead of someone’s limitations (SZW, 2005). There are two underlying arguments why this increased participation is aimed for. First, the notion that it is nearly always healthier for people with physical or psychological problems to be active. Second, the social security in the Netherlands has become too expensive and must be restructured to save money, especially in the case of the work disabled policies. As stated, the aSB and the WIA have to result in a total cost saving of 2 billion Euros a year (SZW, 2005). The goal of the job of the insurance physician is to determine to what extent a person is a rightful claimant of welfare based on the disability to work.

How do physicians define their contribution to the achievements of these objectives? In the eyes of many, the efficiency goal of the AsB seems to be the most important goal they have to achieve. Numerous insurance physicians state, that “of course the reexaminations are just a cost-savings policy” (WAOcafé, 2006). This implies that in the implementation of the aSB NPM based consideration (cost reductions and efficiency gains) seem to dominate the trade offs between relevant values, which in the end leads to a shift in value orientation.

In other words, many of the physicians do not believe they are contributing to a meaningful public policy, but are in fact used to implement another ‘hidden’ policy which favors another trade off between efficiency and the values they cherish as a medical professional. This enhances their perception of contributing to a meaningless policy program, which may lead to policy alienation.

However, also other opinions, but our impression is that this is a minority, are brought forward. “This [the aSB] is a political decision that I agree with. The WAO escalated in the past. A greater appeal on people’s own responsibility is in my opinion appropriate in the contemporary society of emancipated citizens” (NVVG, 2005:47, see also Kuik, 2007)”. The

majority of the physicians seem to sympathize with their former clients (NVVG, 2005:13,42-43).

#### *Influence at the operational level*

At the operational level, the meaningfulness of their work is being influenced by the perception of the societal effects that might emerge in concrete, individual cases. Many physicians perceive that many of the work disabled persons, who after the reexaminations are considered to be able to work again, will not be able to find a job. For instance, research has shown that eighteen months after the implementation of the aSB, only 34% of the now qualified work able people have a job. This job is mostly part-time or on a flexible basis (Deursen et al., 2007). Perhaps even more important, two third of the people who were reexamined, state that their situation after the reexaminations has been deteriorated. This is also perceived by many physicians:

"I cannot put my signature under a medical evaluation which inevitably results in state assistance for the person...someone who is unemployed for ten years, and searching for a job again, that it impossible. The statements of the Social Economic Council (SER) hold ground. They state that you shouldn't construct a reexaminations decree. Physician (anonymous) about the aSB" (cited in NRC, 2005b)

"When you correctly implement the new rules, you know you should qualify those people work able. But you also know that those people cannot find a job. They were receiving benefits based on the disability to work, now they are receiving financial support based on unemployment. And after that, maybe state assistance. I think this is harsh, particularly for the older group receiving work disabled alimony. Many have a working partner or an own house and cannot even receive state assistance. Maybe they have to sell the house. These people are referred to reintegration agencies. But this doesn't work; much more money should be available" (cited in NRC, 2005b)

In this way many physicians question the meaningfulness of the new rules and the way they contribute to the objectives of the new policy program. Not only are many clients transferred to other laws and other compartments of the social security system, they also see that these clients will receive benefits that are often substantially lower than the alimony based on work disability. This initiates a role conflict between the institutional logic on the one hand and the needs of clients (client rationality). We will elaborate this issue in the next paragraph.

Hence, we can conclude that many physicians are doubtful about the meaningfulness of their work. Two factors influence this perception. First, they question the official objectives of the policy program and the trade offs between the dominant values c.q. objectives. They believe that the efficiency goals are more important than the health goals. Second, they question the effects of their work for individual recipients. In stead of getting former disabled people into a new job, the reassessment of them will result in a group of unemployed people without chances of a future job. This may lead to a role conflict between the institutional logic and the client logic. This can explain the lack of normative integration to which insurance physicians are subjected to, as we shall see in the next section.

### **3.3.3 Normative Integration**

Normative integration is the third dimension of policy alienation. The essence of this dimension is the existence of *consensus* between the work force and management on "standards of behavior, expectations of rewards, and definitions of fair play and justice, and when there are agreed-upon "rules of the game" which govern the relation between employers and employees". The question then rises to what extend this consensus is affected by the aSB.

The existence of consensus is closely related to role conflicts many physicians are experiencing after the introduction of the aSB.

### *Role conflicts*

Role conflicts affect the normative integration of the insurance physicians. Role conflicts are conflicts between different role senders, as perceived by the insurance physicians concerned. They can be understood as a result of the implementation of the aSB. In this case we observe the following role conflicts.

The first role conflict emerges from the tension between the institutional logic (policy goals) and the client logic (desires of the client), which also contributes to the meaningfulness of the AsB. As also has been pointed in the previous subsection insurance physicians doubt whether the reassessment of a client actually contributes to the participation objective of the aSB. Many physicians perceive that many of the reassessed work disabled persons will not be able to find a job and will not be able to participate in a working life. Furthermore, physicians have actually seen that the daily living situation of these re-examined people has worsened.

Some physicians also experience a second role conflict which emerges from the tensions between the institutional logic (policy goals) and the professional logic (applying professional medical standards). This conflict is closely related to the role conflict between the institutional and client logic. For instance, the NVVG (2005:12) asked the physicians: ‘Do you think that your assessment exceeds your standards of professionalism, ethics and fairness?’. 66% answered ‘no’ to this question and only 34% answered ‘yes’. The most important reason for this was rules and regulation. An insurance physician phrased this role conflict in the following words:

Modern diseases like ME [Myalgic encephalomyelitis, Chronic Fatigue Syndrome] and whiplash cannot be objectively proved. The same holds, for example, for burnout and depression. Although I know, being a physician, that these complaints can wreck people's everyday lives, the aSB does not see it as a valid argument for being work disabled, and so these people often do not receive alimonies based on the disability to work. Physician (anonymous) about the aSB (cited in Kennedy, 2005:2)

If physicians do not have the power to make their own judgments, based on their own discretion, then these conflicts may even become more manifest. As stated earlier “physicians perceived that they had less and less discretion, they could not implement their own professional norms” (NRC, 2005a). Hence, there is also relationship between the emergence of such a role conflict and the power a physician might have to solve it. Another factor that has contributed to this powerlessness is that the professional association of insurance physicians was not able or willing to influence the shaping of the aSB, which was further strengthened by the rather weak status of this association in comparison to other medical associations, like surgeons and radiologists (UWV, 2005:7).

A third and last role conflict emerges from the tension between the provisional logic (which is dominant in the way the managers of the UWV perceive the implementation of the new rules) and the professional logic. Berendsen (2007) describes this conflict as follows. Managers want the work to be done as effective and efficient as possible: “They have a strong faith in figures” (Berendsen, 2007:227). The physicians, on the other hand, want to hold on to their own professional standards and to their professional discretion. However, the following citation illustrates that the discretionary power of the physicians is the object of a battle between the managers and professionals. Besides, the citation also shows that the role conflicts between managers and professionals are also influenced by the powerlessness of the professionals to end this battle.

“The number of people which you qualify work able has to rise. When you too often qualify persons durable and fully unable to work, the managers summon you. When this happens once, it already has an annoying influence on your work. You examine the next patient more critical and, yes... you start faltering. When you consider qualifying someone durable and fully unable to

work, you are beginning to think, let's not, because otherwise..." Physician (anonymous) about the aSB (cited in WAOcafé, 2005b)

Furthermore, our case study shows that these role conflicts are also caused by applying NPM strategies in which the management of an agency is primarily perceived as managing 'the machinery of government'. According to many physicians, this focus on quantity resulted in an environment where the physicians are seen as mere "producers" (UWV, 2005:7), "robots of medical evaluations" (Kennedy, 2005:1) which only have to focus on the "quantity" of medical evaluations which qualify clients as being able to work (Kennedy, 2005; NRC, 2005b; UWV, 2005; WAOcafé, 2005b). However, the agency and the responsible minister actually deny this, which in the end adds to the already existing feelings of alienation. Moreover, the physicians are not in the position to convince the management of the UWV and the minister of the rightfulness of their perceptions, which can also be understood in terms of powerlessness.

Hence, we have described that the three role conflicts – emerging from tension between the institutional and client logic, from the institutional and professional logic and from the professional and provisional logic – add to feelings of policy alienation. These conflicts are also influenced by the perceived meaninglessness and powerlessness of the physicians. Hence, the three dimensions of policy alienation – powerlessness, meaninglessness and normative integration – mutually influence each other. Furthermore, we observe in this case that NPM based reform and management strategies have also contributed to the emergence of these role conflicts.

#### **4. Conclusion**

Our case study shows that several factors seem to be important in explaining policy alienation effects. First, we observe that the three dimensions of policy alienation are mutually influencing each other. The perceived powerlessness of the public sector professional, in this case the insurance professional, seems to enlarge his/her perception of meaningfulness and lack of normative integration, because he/she has not the discretionary power to solve the tensions which result from the meaninglessness of the policy program that has to be implemented and the role conflicts that emerge during its implementation. Second, we observe that in this case role conflicts and the implementation of NPM based reform strategies strongly influence the perceived powerlessness, meaninglessness and lack of normative integration of the policy program, due to an as dysfunctional perceived trade-off between efficiency and other relevant values which should be taken into account when implementing a policy program. The effects of ICT could not be studied here because our research material was insufficient to deal with this factor.

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