Explaining willingness of public professionals to implement new policies: A policy alienation framework

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Abstract

Nowadays, public professionals are often unwilling to implement new policies. We analyse this problem using an interdisciplinary approach, combining public administration and change management literature. From public administration, we use the policy alienation concept, consisting of five sub-dimensions: 1.strategic powerlessness, 2.tactical powerlessness, 3.operational powerlessness, 4.societal meaninglessness and 5.client meaninglessness. These are considered factors possibly influencing the willingness of professionals to implement policies (change willingness). We test this model in a survey among 478 Dutch mental healthcare professionals implementing a new reimbursement policy. First, perceived autonomy (operational powerlessness) significantly influenced change willingness. Second, the meaninglessness dimensions proved highly significant. Strategic and tactical powerlessness were insignificant. This means that clarifying a case for change is important in policy implementation by professionals, while participation on a strategic or tactical level seems less relevant. These insights help in understanding why public professionals embrace or resist implementing particular policies.

1 Introduction

This paper examines factors influencing the willingness of public professionals to implement new policies. It uses a quantitative, survey-based approach. Here, we combine insights from both public administration literature (Freidson, 2001; Lipsky, 1980; Tummers et al., 2009) and change management literature (Metselaar, 1997; Piderit, 2000).

In public administration literature, there is an intense debate concerning pressures public professionals face in service delivery (Ackroyd et al., 2007; De Ruyter et al., 2008; Exworthy & Halford, 1998; Noordegraaf & Steijn, in press). This debate often focuses on the pressures professionals face when implementing new policies (Duyvendak et al., 2006; Freidson, 2001; Van den Brink et al., 2006). Scholars note that many contemporary policies focus strongly on economic values, such as efficiency and transparency. This can be seen as an outcome of the influence of New Public Management (Hood, 1991). Public professionals may have difficulty in accepting the changing trade-off in values which become manifest when implementing a policy program. Here, Emery and Giauque (2003:475) note that 'to focus on only the economic logic of action poses problems for public agents. They have to set aside some other shared values in order to concentrate solely on 'measurement management''. These output performance norms often conflict with professional standards or with the demands of increasingly empowered clients. As a result, public professionals often seem to be unwilling to implementing new policies.

Examples of this unwillingness abound (Duyvendak et al., 2006; Freidson, 2001). For instance, in the Netherlands many insurance physicians involved encountered substantial professional and moral issues with a new policy focused on re-examining welfare clients. In fact, about 240 physicians wanted to participate in a strike against this new policy, and some physicians simply decided to stop working for the UWV (De Boer & Steenbeek, 2005). Further, examples from Canada show that public professionals often do not accept new policies, and therefore sometimes quit and start own organizations, sometimes outside the public domain (White, 1996).

In so, in public administration literature, there are indications of professionals being unwilling to implement new policies. Change management literature has a long history – both qualitatively and quantitatively - examining the willingness of employees to accept or reject changes. The acceptance of and support for organizational changes on the part of employees is generally viewed as critical for the success of planned changes (Carnall, 2007). As such, much attention focused on better understanding the ways that shape employees' responses to change in the hope of improving organizations' ability to impact the degree of support for change initiatives (Piderit, 2000).

In this paper, we explicitly choose an interdisciplinary approach, combining insights from public administration and change management literature. Our goal is to examine factors influencing the (un)willingness of public professionals to implement new policies. Here, we use the concept of change willingness (Metselaar, 1997) as a dependent variable. From public administration, we use the policy alienation concept, consisting of five sub-dimensions: 1.strategic powerlessness, 2.tactical powerlessness, 3.operational powerlessness, 4.societal meaninglessness and 5.client meaninglessness (Tummers et al., 2009). We test these relationships in a survey among 478 Dutch psychiatrists, psychologists and psychotherapists implementing a new reimbursement policy.

The first contribution of this paper is to the public administration literature on pressures public professionals face in service delivery. This is done by explicitly using a quantitative approach, using psychometrically sound scales. Indeed, although scholars acknowledge that public professionals seem to be unwilling to implement new policies, there has been little research on quantitatively measuring this unwillingness and its factors. The debate on pressured professionals has often been characterised by qualitative analyses of a small number of cases (for example Ackroyd et al., 2007; De Ruyter et al., 2008; Hebson et al., 2003). This paper will advance that line of research by using quantitative techniques and a large-N data set. This helps in theory testing and statistical generalization. For instance, is insufficient discretion really a major determinant of resistance to change, as some authors claim (Van den Brink et al., 2006)? Using a quantitative approach, we can test existing

relationships and thereby provide new insights for the debate on pressures public professionals face in service delivery.

The second contribution is to change management literature. Although change management has a long history of examining change willingness, there is not much known about the willingness to implement public policies. Public policies can be seen as the content, the 'what' of the change (Armenakis & Bedeian, 1999). Change management literature includes reviews of several contents, including restructuring, reengineering, introduction of new technology, and Total Quality Management (Burke & Litwin, 1992). However, there has not been much attention on the way public employees react to new public policies. This is in line with the notion that most literature on organizational change and innovation (Burnes, 2004; Carnall, 2007) has concentrated on major changes regarding private sector organizations (Kickert, in press; West & Farr, 1990). In this paper, we look especially at experiences of public professionals with public policies, thereby using concepts from public administration which fit this context.

This brings us to the outline of this paper. In Section 2, we develop a theoretical framework. Here, we combine insights from public administration and change management literature. We end this section with hypotheses concerning possible factors influencing change willingness. In Section 3, our method for testing these hypotheses is outlined. The results of this survey – including hypothesis testing - are shown in Section 4. We end the paper by discussing the contribution this paper can make to the debate of public professionals in service delivery.

2 Theoretical framework

We start this section by reviewing insights from change management literature, thereby focusing on the concept of change willingness. Second, we will introduce the policy alienation concept, originating from public administration. Third, we will combine these concepts, ending with five hypotheses showing how the sub-dimensions of policy alienation can influence the willingness of public professionals to implement policies.

2.1 Change management literature and change willingness

Early change management theories are based on the assumption that organizational change can be successfully planned and controlled by change managers. These are referred to as 'planned change' theories, and are often based on the seminal work of Lewin (Lewin & Cartwright, 1951). Lewin conceptualized change as progressing through successive phases called unfreezing, moving, and refreezing. Building on this early work, others (Fernandez & Rainey, 2006; for instance Judson, 1991) have described multi-phase models for change agents to follow in implementing changes. Although these authors all identified four or more phases, there is a fairly high degree of consensus on three main phases of change (Carnall, 2007). First, the organization must be awakened to a new reality and must disengage from the past, recognising that the old way of doing things is no longer acceptable. Next, the organisation creates and embraces a new vision of the future, uniting behind the steps necessary to achieve that vision. Finally, as new attitudes, practices, and policies are put in place to change the corporation, these must be refrozen (as Lewin put it) or solidified.

The planned change approach dominated the theory and practice of change management until the early eighties. Since then, the 'emergent' change approach has become more prominent (Burnes, 2004; Kickert, in press). The emergent change approach does not consider change as a linear process or a singular isolated event, but sees change as a continuous, open-ended, cumulative and unpredictable process. An emergent change process consists of a continuous sequence of autonomous, local initiatives. Change appear to be unplanned and unexpected (Weick, 2000). Weick states that planned change underestimates the value of innovative sense-making, the ability of small experiments and the extent to which change is continuous. Emergent change is continuous and cumulative. There is no deliberate orchestration of change, no dramatic discontinuity. There are no definite steps in the change.

Although the planned and emergent change approaches differ considerably, they both stress that willingness to implement change by members of an organization is crucial. Metselaar (1997:42) defines this change willingness as 'A positive behavioural intention towards the implementation of modifications in an organization's structure, or work and administrative processes, resulting in efforts from the organization member's side to support or enhance the change process.' According to planned change theories, absence of willingness would mean that top management's intentions to change will not be transformed into real change efforts by lower echelons. According to scholars belonging to the emergent school, unwillingness would impede the process of endless modifications, which cannot cumulate and amplify anymore. Indeed, throughout change management history is has been fairly unambiguous that a crucial condition for success is that employees are willing to implement the change (Carnall, 2007; Lewin & Cartwright, 1951).

In this paper, we use the concept of change willingness to examine the willingness of public professionals to implement a particular public policy. This public policy can be seen as the content, the 'what' of the change. In this way, we can use the knowledge of change management - which has a long history of examining change willingness – in our study concerning policy implementation by public professionals.

2.2 Background of policy alienation

As possible factors influencing change willingness we look at the dimensions of a concept from public administration: policy alienation. The policy alienation is chosen as a central concept for three reasons. First, it is especially designed for public professionals

implementing public policies. This is for example shown by the fact that discretion (Lipsky, 1980), is an integral part of the concept. Second, it takes into account numerous dimensions, so that a more encompassing view can be given on the pressures professionals face. Thirdly, it is one of the few concepts used in the debate on professionals under pressure which has been quantified using a psychometrically sound approach (Tummers, 2009). In so, we can use it to quantitatively examine numerous claims on professionals implementing public policies. This section provides a background of the policy alienation concept, ending with its operationalization in five sub-dimensions.

Alienation broadly refers to a sense of social estrangement, an absence of social support or meaningful social connection. Its use in scientific literature can be traced directly to Hegel and Marx, who both saw capitalism as the main cause of alienation. Sociologists, public administration scholars and other social scientists have used the alienation concept in various studies. As a result, a number of meanings are being attributed to the concept (Kanungo, 1982:24). In an attempt to provide clarity, Seeman (1959) – in a landmark article - differentiated these meanings into five alienation dimensions: powerlessness, meaninglessness, normlessness, social isolation and self-estrangement. As there is no theoretical structure between the five dimensions and presence of all dimensions is not required, scholars could choose which dimensions best fitted their research context (Rayce et al., 2008).

Many scholars used these classifications to devise operational measures for alienation in order to examine the concept in diverse settings. Mau (1992) for example examined four dimensions of student alienation. Rayce et al. (2008) looked at adolescent alienation, using three of the five dimensions. Next, many scholars examined the concept of work alienation, using Seeman's classification. Here, an important study is that of Blauner (1964), who devised operational measures for three dimensions: powerlessness; meaninglessness; and social isolation.

In this paper we use the policy alienation concept, as has been developed elsewhere (Tummers et al., 2009). Policy alienation is defined as a general cognitive state of psychological disconnection from the policy program being implemented, here by a public professional who regularly interacts directly with clients (Tummers et al., 2009). Policy alienation is subjective, that is, it looks at the <u>experiences</u> of public professionals with the policy. In this way, it is congruent with most work alienation research, which focuses on alienation as perceived by the worker (Kanungo, 1982:19).

Policy alienation is as a multidimensional concept, consisting of two dimensions: powerlessness and meaninglessness (for a more elaborate explanation, see Tummers et al., 2009).[1] Here, we build on the works of Seeman (1959) and Blauner (1964). Briefly, powerlessness is a person's lack of control over events in their life. Meaninglessness is the inability to comprehend the relationship of one's contribution to a larger purpose. Professionals can feel powerless while implementing a policy, for example when they do not have any influence on the sort, quantity and quality of sanctions and rewards they issue (Lipsky, 1980). Further, it is also evident that professionals can feel that implementing a policy is meaningless, as it for example does not achieve any beneficial outcomes for society (Van Thiel & Leeuw, 2002). To make the dimensions more specific, we distinguish between strategic, tactical and operational powerlessness, and between societal and client meaninglessness. The definitions of these sub-dimensions are shown in the table below.

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[1] Tummers et al. (2009) considered role conflicts as a third dimensions of policy alienation. In this paper, we do not opt for this, as in alienation literature, role conflicts are generally not considered a dimension of alienation (Kanungo, 1982).

Table 1 Operationalization of policy alienation: Five sub-dimensions

Sub-dimension	Definition	Example of scoring high on the sub-dimension
Strategic powerlessness	The perceived influence of the professionals on decisions concerning the content of the policy, as is captured in rules and regulations.	A professional feeling that the policy is drafted without the help of implementing professionals or professional associations.
Tactical powerlessness	The professionals' perceived influence on decisions concerning the way policy is implemented within their own organisation.	A professional stating that the managers in his organization did not consult him or his colleagues for designing the implementation process of the policy.
Operational powerlessness	The perceived degree of freedom in making choices concerning the sort, quantity and quality of sanctions and rewards when implementing the policy.	Answering 'yes' to a survey-question asking whether the professional feels that his autonomy during the implementation process was lower than it should be.
Societal meaninglessness	The perception of professionals concerning the added value of the policy to socially relevant goals.	Stating in an interview that 'I agree with the policy goal of enhancing transparency, but I do not see how this policy helps in achieving this goal.
Client meaninglessness	The professionals' perceptions of the added value of their implementing a policy for their own clients.	A professional noting that a particular policy seriously harms their clients' privacy.

2.3 Policy alienation and change willingness

Now that we have laid out the different dimensions of policy alienation, we can examine the relationship between policy alienation and change willingness. First, we look at the powerlessness sub-dimensions.

Policy powerlessness and change willingness

When change management scholars examine powerlessness, they often use related concepts such as influence, power and participation (Bouma, 2009). It is well-established that increased influence of employees on change decisions – or low powerlessness - leads to increased commitment and performance, and reduces resistance to change (Wanberg & Banas, 2000). For instance, Sagie and Koslowsky (1994) reported influence in decision making being positively related to acceptance among the individual employees from five Israeli public organizations. In fact, Judson (1991) states that involving employees is perhaps the most powerful lever management can use to gain acceptance of change.

The mechanism which relates influence to change willingness can be traced back to the human relations movement (McGregor, 1960). One of the central tenets of this movement is that employees have a right to have input into decisions that affect their lives. Employees enjoy carrying out the decisions they have helped creating themselves. Also, employees can reach recognition when they are granted the opportunity to make decisions themselves. This recognition is known to motivate employees. In so, the human relations movement predicts that when employees experience influence during the implementation of a change, this increases their willingness to implement this change, by satisfying intrinsic employee needs (Wagner et al., 1997).

We can apply these findings to relate the powerlessness sub-dimensions to change willingness. Looking at strategic powerlessness, we expect that the more public professionals – as a professional group – experience influence on the drafting of the policy, the more they will be willing to implement this policy. Here, the individual public professional does not have to experience this influence directly, but can feel influential as others – such as his or her professionals association – fruitfully represent him or her in the debate. In so, this sub-dimension often concerns indirect, rather than direct, power (Witt et al., 2000).

The tactical level is most closely related to mainstream change management literature, which looks at the influence of employees on decisions regarding changes on the level of

their organizations. Here, it is expected that the more professionals experiences that they cannot influence the way the policy is implemented within their organization, the less they are willing to implement the new policy. This influence might be both indirect and direct. For instance, direct participation takes place when a professional belongs to a working group organized to help make organizational rules according to the new policy, or when a professional informally influences executives responsible for the implementation. Indirectly, professional can feel that he or she is represented by a number of its colleagues who are able to the way the policy is implemented in their organization.

Finally, more operational powerlessness – or less autonomy - is also expected to be negatively related to change willingness. Operational powerlessness can only be exercised directly, by the professional himself. In policy implementation literature, it is suggested that an important aspect for the attitudes of street level bureaucrats is the extent to which organizations delegate authority to make decisions to the frontlines (Meier & O'Toole Jr, 2002). This may be particularly pronounced for professionals, whose expectations of discretion and autonomy contradict notions of bureaucratic control.

In sum, it is hypothesized that:

H1: Strategic powerlessness will be negatively related to change willingness.
H2: Tactical powerlessness will be negatively related to change willingness.
H3: Operational powerlessness will be negatively related to change willingness.

Policy meaninglessness and change willingness
In change management literature, the notion of 'case for change' is closely related to the meaninglessness concept. In both theory and practice, it is often noted that the case for change has to be made vehemently in order to increase change willingness (Armenakis & Bedeian, 1999). This case for change can stress that there are better ways of doing things - better for the organization, better for the employees and better for customers. It is often the first step in planned change approaches. Here, Lewin (1951) notes that a major component of 'unfreezing' is creating a case for change and heightening dissatisfaction with the status quo. Further, Higgs and Rowland (2005:127) note that creating a case for change is the first area of leadership competency associated with successful change implementation. If employees agree that a change has good and necessary objectives, they should be more supportive for this change.

We can apply these findings by relating the meaninglessness sub-dimensions to change willingness. For these sub-dimensions, a clear case for change has to be made which stresses a) the contribution of the policy to society (societal level) and b) the contribution of the policy for the clients of the professionals (client level).

First, we expect that the more societal meaninglessness public professionals experience, the less they will be willing to implement a policy. When professionals perceive high societal meaninglessness, they feel that that a policy program is not actually dealing with specific societal problems, or with the provision of desirable public goods and services, such as delivering financial protection and security. As a result, they might wonder why they would have to implement such a policy. The case for change on a societal level is unclear for them. This may foster them to resist this new policy, exhibiting low change willingness.

Second, more client meaninglessness is also expected to negatively influence change willingness. Here, May and Winter (2009) found that if front-line workers perceive the instruments they have at their disposal for implementing the policy as ineffective for their clients, this is likely to add to their frustrations. They do not see how their implementation of the policy helps their clients, and wonder why they should implement it. Because this evaluation of effectiveness is likely to be based on on-the-job experience rooted in the circumstances that professionals encounter in doing their job, this type of attitude is likely to be particularly important in affecting attitudes and behaviours (Meyers & Vorsanger, 2003).

In sum, it is hypothesized that:

H4: Societal meaninglessness will be negatively related to change willingness.

H5: Client meaninglessness will be negatively related to change willingness.

2.4 Change willingness and job satisfaction

The sixth hypothesis brings into focus the relation between change willingness and job satisfaction. In so, we now look at an effect of change willingness, rather than a factor influencing change willingness. Literature suggests that negative attitudes toward change can have negative consequences for an organization. For example, Rush et al. (1995) found that perceived pressures of change among public employees were associated with increased stress, which, in turn, was associated with lower job satisfaction. Similarly, in a study by Schweiger and DeNisi (1991), employees at two organizations involved in a merger exhibited decreased levels of job satisfaction, and organizational commitment. These employees must comply with a change many of them resisted. This had negative consequences for their job satisfaction. Therefore, we propose that lower levels of change willingness will be related to lower levels of job satisfaction (see also Wanberg & Banas, 2000).

H5: Change willingness will be positively related to job satisfaction.

2.5 The proposed theoretical model

Figure 1 shows the theoretical model representing the hypotheses developed above. We propose that strategic (H1), tactical (H2) and operational (H3) powerlessness lead to less willingness of the public professionals to implement the new policy (change willingness). Further, more experienced societal (H4) and client (H5) meaningless is also expected to negatively influence change willingness. Finally, when professionals are more willing to implement the change, they will be more satisfied with their job (H6). In the following sections, we present the methodology and results of an empirical test of this model.
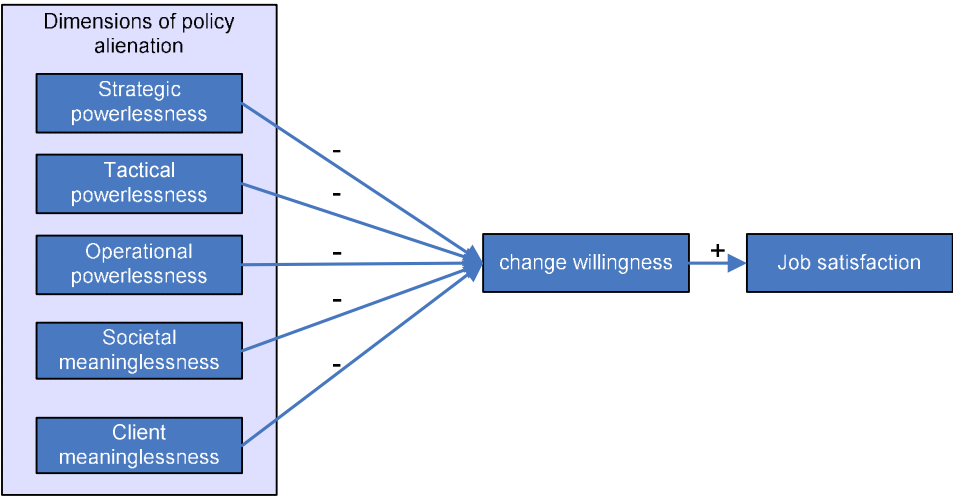

Figure 1 The proposed theoretical model

3   Method

3.1   Using the DTC policy to test the proposed model

To test the proposed model, we used a survey of Dutch mental healthcare professionals implementing a new reimbursement policy. We first provide a short overview of this policy.

Since January 2008, the legislation concerning the financing of mental healthcare has changed in the Netherlands. Previously, mental healthcare services were funded by a compulsory insurance scheme for chronically ill patients (Algemene Wet Bijzondere Ziektekosten, or AWBZ). Nowadays, most activities are covered by a new law, called the Health Insurance Law (Zorgverzekeringswet). This has been part of the conversion of the Dutch healthcare system to a regulated market, which has been under way since 2004 (Helderman et al., 2005). In order to facilitate the creation of a regulated market, a system of Diagnosis Treatment Combinations (DTCs) has been developed as a means for financial exchange related to the provision of healthcare services. In this way, the new Health Insurance Law and the DTCs can be seen as the introduction of regulated competition in Dutch healthcare, in line with New Public Management trends (Hood, 1991:5).

The DTC policy differs significantly from the former method, in which each medical action resulted in a financial claim, i.e. the more sessions that a mental healthcare specialist had with a patient, the more recompense that could be claimed. According to some, this could lead to inefficiency. The DTC policy changes the situation by stipulating a standard rate for each disorder. Within an organisation, these DTCs can be used to compare the diagnosis, treatment and recovery patterns of different specialists. At the system level, insurance companies can use this system to compare, and then make purchasing decisions, over the health services provided to their clients.

The DTC policy was chosen for three reasons. Firstly, the policy is captured in rules and regulations. This is necessary for our study since strategic powerlessness focuses on formal rules and regulations. Secondly, public professionals – here psychotherapists, psychologists and psychiatrists - implement this policy, and this is needed as we want to contribute to the debate on pressured professionals. Lastly, the policy is of major importance to mental healthcare professionals. The significance of the policy is evidenced by the demonstrations held, for example on July 1, 2008, by psychologists against this policy. Further, large scale research shows that many professionals were opposed to using DTCs (Palm et al., 2008:11).

3.2   Sampling and response

We used a sample of 1800 mental healthcare professionals, randomly selected from the databases of two nationwide mental healthcare associations. We received full or partial returns from 478 of these professionals. Of those who did not complete the survey, 204 provided reasons. The majority (157) did not work with DTCs. For example, because DTCs were not yet implemented in their organisation, or because their particular profession, such as primary healthcare, does not use DTCs. Others (17) had retired or changed occupation. Therefore, the response percentage becomes 29%.

Among the respondents were 138 (29%) men and 340 (71%) women. This is consistent with national averages for mental health care professionals, where one can find figures as high as 69% of the total being women (Palm et al., 2008). The respondents' ages ranged from 23 to 90 years (M = 48, SD = 10.9), which is slightly older than the national average for mental health care professionals (M = 44). The educational level was in general very high: 21% having reached an academic level (i.e. minimally a bachelor degree) and 79% post-academic level (PhD or specialisation). This is a clear indicator that we indeed sampled professionals who, in general, have a high educational level (Etzioni, 1969; Freidson, 2001).

3.3   Measures

Constructing scales for policy alienation
To be able to measure the sub-dimensions of policy alienation, we followed three main steps (for an elaborate discussion on the scale development, see Tummers, 2009).

First, for each sub-dimension, ten items were generated. These were formatted as five-point Likert scales, ranging from strongly disagree to strongly agree. We used templates in these items. Using templates – such as stating 'the DTC-policy' instead of 'the policy' or stating 'mental healthcare professionals' instead of 'professionals' - makes it easier for the respondents to understand the items, as they are tailored to the context. This increases reliability and content validity (DeVellis, 2003:52).

Second, to further increase content validity, 21 reviewers examined the initial pool of potential items. These experts were selected for their range of different expertises, such as quantitative methodologists and specialists in mental healthcare (DeVellis, 2003:75). After each interview, we would potentially add or discard certain items, based on expert comments. As a result of these comments, at we chose the six best-fitting items for each sub-dimension to construct a pool of items which could be administered. Harvey et al. (1985 in Hinkin, 1998) recommend at least four items per scale for testing the homogeneity of items within each latent construct. By selecting six items for each sub- dimension, we retain the possibility of deleting further items in the next stages of the scale development process (DeVellis, 2003:57). We checked the validity of this final pool of items by presenting it to three policy alienation experts, two quantitative methodologists and one specialist in mental health care.

Third, we conducted an exploratory factor analysis on the data using a principle components approach with an oblique rotation. In this way, we could identify groups of variables. Based on this analysis, we chosen the best-fitting items for each sub-dimension. The resulting scales for all policy alienation sub-dimensions are shown in the Appendix. They are discussed below.

Powerlessness
Strategic powerlessness was measured using three items, which sought information about the perceived influence of the professionals on decisions concerning the content of the policy, as is captured in rules and regulations. Sample items on the scale were 'In my opinion, mental healthcare professionals had too little power to influence the DTC-policy' and 'We mental healthcare professionals were completely powerless during the introduction of the DTC-policy'. In the present study the scale's Cronbach's alpha was .74.

Tactical powerlessness was assessed using a six-item scale. These items tap a professional's perceived influence on decisions concerning the way the DTC-policy was implemented in their institution. Sample items were 'In my institution, especially mental healthcare professionals could decide how the DTC policy was being implemented (R)' and 'Mental healthcare professionals were not listened to over the introduction of the DTC policy in my institution'. The scale's Cronbach alpha was .86.

Operational powerlessness looks at the autonomy of the professional while implementing the policy (Lipsky, 1980). Sample items were 'I have freedom to decide how to use DTCs (R)' and 'When I work with DTCs, I have to adhere to tight procedures'. The used scale had a Cronbach alpha of .82.

Meaninglessness
Societal meaninglessness is the perception of professionals concerning the added value of the policy to socially relevant goals. Based on expert interviews, we noted three main goals for the DTCs: 1. Increasing transparency in costs and quality of mental health care, 2. Increasing efficiency and 3. Increasing patient choice among mental healthcare providers. Items were for example: 'I think that the DTC policy, in the long term, will lead to transparency in the costs of healthcare (R)' and 'Overall, I think that the DTC regulation leads to more efficiency in mental healthcare (R)'. During the factor analyses it became apparent that these the measures for the three goals correlated highly, which means that they could be measuring only one latent construct: societal meaninglessness (Nunnally & Bernstein, 1994). Therefore, we obtained one scale of societal meaninglessness. The reliability of this scale was .95.

Client meaninglessness refers to the perception of the professionals about the added value of their implementation of the DTC-policy for their own clients. For instance, do they perceive that they are really helping their patients while implementing this policy? Sample items were 'Because of the DTC policy, I can help patients more efficiently than before (R)' and 'The DTC policy is contributing to the welfare of my patients (R)'. The reliability yielded was .91.

Change willingness
We measured change willingness using Metselaar's validated five-item scale which has shown good reliability (Metselaar, 1997). This scale uses templates to specify the change. Sample items are: 'I am willing to contribute to the introduction of DTCs' and 'I am willing to free up time to implement the DTC policy'. The scale's Cronbach's alpha was .85.

Job satisfaction
We used one item to measure job satisfaction: 'Overall, I am satisfied with my job'. We opted for this single item measure, as Nagy (2002:85; but confer Oshagbemi, 1999) states that is it often better to measure job satisfaction with only one item, as 'it is more efficient, is more cost-effective, contains more face validity, and is better able to measure changes in job satisfaction'.

Control variables
Next to the described variables, we adopted common control variables in our regression: gender, age, occupation and managing position (yes/no). That is, any differences in these variables are controlled for in the analyses.

4 Results

4.1 Descriptive statistics

Descriptive statistics and intercorrelations of the variables are presented in Table 2:

Table 2 Descriptive statistics and correlations for the variables in the study

Variable	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Sex	0.71	0.46													
2. Age	47.97	10.89	-.24**												
3. Occupation a.e. researcher	0.04	0.19	-.04	-.24**											
4. Occupation a.e. psychologist	0.74	0.44	.19**	-.07	-.31**										
5. Occupation a.e. psychotherapist	0.45	0.50	-.05	.43**	-.18**	.16**									
6. Occupation a.e. psychiatrist	0.17	0.37	-.22**	.12*	-.06	-.74**	-.28**								
7. Managing position	0.27	0.45	-.17**	.09	-.07	-.19**	-.10*	.29**							
8. Strategic powerlessness	3.75	0.82	.01	.15**	-.08	.01	.24**	-.02	.03						
9. Tactical powerlessness	3.60	0.78	.06	.16**	-.07	.08	.18**	-.03	-.07	.38**					
10. Operational powerlessness	3.48	0.77	.01	.01	.08	-.06	.01	.05	-.01	.29**	.33**				
11. Societal meaninglessness	3.84	0.72	-.10	.27**	-.04	-.08	.24**	.14**	.03	.23**	.26**	.35**			
12. Operational meaninglessness	4.28	0.71	-.10*	.15**	.00	-.01	.12*	.09	.02	.24**	.24**	.37**	.67**		
13. Change willingness	2.53	0.81	.13*	-.18**	-.04	.08	-.09	-.14**	.08	-.21**	-.25**	-.38**	-.59**	-.51**	
14. Job satisfaction	4.15	0.88	.00	.04	-.02	.05	.03	-.03	.08	-.05	-.16**	-.19**	-.14**	-.08	.19**

Note. *p < .05, **p < .01

As can be seen from Table 2, all bivariate correlations on the hypothesized variables were statistically significant and in the expected direction. For example, change willingness was positively related to job satisfaction, but negatively to strategic powerlessness.

Self-reported data from one questionnaire can contribute to inflated relationships between variables due to common method variance, variance that is attributed to the measurement method rather than the constructs of interest (Podsakoff & Organ, 1986). We conducted the Harman's one-factor test to see the extent to which common method variance was a concern. A factor analysis was conducted on all 46 items measuring the variables used in the hypotheses. Here, we choose principle components analysis as this is seen as the preferred method when analysing more than 20 items. We opted for oblique rotation because we expected, based on the proposed theoretical framework, the factors to be related. The factors together accounted for 70% of the total variance (using the eigenvalue greater than one criterion). The first (largest) factor did not account for a majority of the variance (32%). Given that no single factor emerged and the first factor did not account for a majority of the variance, common method variance does not seem to be a significant threat to the obtained results.

4.2 Regression results

Hierarchical multiple regression analysis was conducted to examine the extent to which the dimensions of policy alienation predicted change willingness (Hypotheses 1 to 5). In the first model, we regressed change willingness on the control variables. In the following models, we added strategic powerlessness (model 2), tactical powerlessness (model 3), operational powerlessness (model 4), societal meaninglessness (model 5) and client meaninglessness (model 6). In each step, the change in adjusted R^2 is calculated, and we determine whether each change is significantly different from zero. In the first model, with control variables in the equation, the adjusted R^2 was .07 (F=3.89, p<.01). Entry of strategic powerlessness scores in the second model increased R^2 to .13 (F=4.99, p<.01). By inserting the other dimensions in the subsequent models, the adjusted R^2 increased further, to .41 (F=16.14, p<.01) in model 6. Thus, the dimensions of policy alienation in total contributed considerably to the

experienced change willingness by public professionals. We can now look at the hypotheses for the five dimensions.

Hypothesis 1 predicts that the degree of strategic powerlessness experienced by public professionals will be negatively related to their willingness to implement DTCs. As Table 3 shows, when we look at the final model, strategic powerlessness is not significantly related to change willingness. By inserting other dimensions of policy alienation, the unique contribution of strategic powerlessness becomes insignificant. Thus, this hypothesis was not supported.

Hypothesis 2 predicts that the degree of tactical powerlessness will be negatively related to change willingness. The direct effect of tactical powerlessness on change willingness was insignificant (β=.04 p=n.s.). Thus, results did not support this hypothesis.

The third hypothesis looks at the influence of operational powerlessness on change willingness. As could be expected from public administration literature, the results indicate that more experienced operational powerlessness (or less autonomy) does indeed lower the degree of change willingness (β=-.15 p<.01).

Hypothesis 4 examines the influence of societal meaninglessness on change willingness. In our empirical analysis, this relationship is fairly strong (β=-.39 p<.01). In so, when professionals do not see the value of the policy to achieve relevant social goals, they are less willing to implement this policy.

Lastly, hypothesis 5 looks at the relationship between client meaninglessness and change willingness. The empirical results support this hypothesis. When public professionals feel that the policy does not add value for their clients, they are less inclined to put effort in implementing this policy (β=-.16 p<.01).

Table 3 Hierarchical regression analyses for variables predicting change willingness

	Model 1 – Including control variables	Model 2 – Including strategic powerlessness	Model 3 – Including tactical powerlessness	Model 4 – Including operational powerlessness	Model 5 – Including societal meaningless-ness	Model 6 – Including client meaningless-ness
Woman	.07	.08	.09	.09	.08	.07
Man	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.
Age	**-.15***	**-.14***	-.12	**-.14***	-.07	-.07
Occupation researcher	**-.17***	**-.17***	**-.16***	**-.13***	-.09	-.08
Occupation psychologist	-.19	-.19	-.16	-.17	-.10	-.08
Occupation psychotherapist	-.10	-.05	-.03	-.05	-.06	.05
Occupation psychiatrist	**-.32****	**-.31****	**-.29****	**-.28****	-.14	-.12
Managing position	**.14***	**.14***	**.13***	**.13***	**.12***	**.12****
Non-managing position	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.
Strategic powerlessness		**-.20****	**-.14***	-.08	-.06	-.04
Tactical powerlessness			**-.17****	-.09	-.04	-.04
Operational powerlessness				**-.31****	**-.17****	**-.15****
Societal meaninglessness					**-.49****	**-.39****
Client meaninglessness						**-.16****
ΔR²		.04	.02	.08	.18	.01
F for Δ R²		11.75**	7.56**	28.70**	78.39**	5.69**
Overall R²	.09	.12	.14	.23	.40	.41
Overall F	3.89**	4.99**	5.39**	8.22**	16.79**	16.14**

Note: Standardized beta-coefficients are presented. * p < .05 ** p < .01.

Assumptions are met:
Assumption of independent residuals (Durbin-Watson 2, 1<criterion<3). Assumption of no multicollinearity (No VIF-values above 10 and average close to 1). No exclusion of influential outlying cases had to be conducted (using casewise diagnostics: 4,7% above standardized residual >|2|, Cook's distance max. 0.05 (criterion < 1). Assumption of homoscedasticity and normality met (graph Zresidual Zpredicted random array of dots, histogram of change willingness looks like normal distribution and P-P plot looks like diagonal line).

Hierarchical regression was also used to test hypothesis 6. First, we regressed the control variables (model 1) and the sub-dimensions of policy alienation on job satisfaction (model 2-6) to job satisfaction. Finally, change willingness was inserted in the regression (model 7). In the first model, with control variables in the equation, the overall R^2 was not significant. Entry of the sub-dimensions of policy alienation and job satisfaction increased R^2 to .07 in Model 7 (F=2.51, p<.01). Thus, the sub-dimensions and change willingness in total influenced to the experienced job satisfaction of public professionals. This rather low explained variance is to be expected, as Ajzen and Fishbein (1980) state that variables relate most strongly to one another when they are on the same level of specificity. Indeed, while the sub-dimensions of policy alienation and change willingness relate to the policy level, job satisfaction relates to experiences on a more general job level.

Hypothesis 6 states that, if public professionals are more willing to implement the policy, they will exhibit higher job satisfaction. Looking at Table 4, we see that this hypothesis is supported. More change willingness does indeed increase job satisfaction (β=.13 p<.05). Further, we see that more operational powerlessness lowered the experienced job satisfaction (β=-.13 p<.05). We did not hypothesize this relationship. In the present case, more experienced operational powerlessness a) reduced change willingness and b) reduced job satisfaction.

Table 4 Hierarchical regression analyses for variables predicting job satisfaction

	Model 1 – Including control variables	Model 2 – Including strategic powerlessness	Model 3 – Including tactical powerlessness	Model 4 – Including operational powerlessness	Model 5 – Including societal meaningless-ness	Model 6 – Including client meaningless-ness	Model 7 – Including change willingness
Woman	.01	.01	.02	.02	.02	.02	.02
Man	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.
Age	.03	.03	.05	.04	.06	.06	.07
Occupation researcher	.02	.01	.02	.03	.04	.04	.05
Occupation psychologist	.06	.06	.07	.07	.09	.08	.09
Occupation psychotherapist	.02	.03	.04	.04	.06	.06	.05
Occupation psychiatrist	-.01	-.01	.01	.02	.04	.04	.05
Managing position	.10	.10	.09	.09	.09	.09	.07
Non-managing position	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.	Ref.cat.
Strategic powerlessness		-.06	-.02	.02	.02	.02	.02
Tactical powerlessness			-.13	**-.10***	-.09	-.09	-.08
Operational powerlessness				-.17	**-.14***	**-.15****	**-.13***
Societal meaninglessness					-.10	**-.15***	-.10
Client meaninglessness						.07	.09
Change willingness							**.13***
ΔR^2		.00	.02	.02	.01	.00	.01
F for ΔR^2		1.43	6.26**	10.42**	3.44*	1.14*	4.31**
Overall R^2	.01	.02	.03	.06	.06	.07	.07
Overall F	0.69	0.78	1.40	2.33*	2.45**	2.34**	2.51**

Note: Standardized beta-coefficients are presented. * p < .05 ** p < .01.

Assumptions are not completely met:
Assumption of independent residuals (Durbin-Watson 1.0, 1<criterion<3). Assumption of no multicollinearity (No VIF-values above 10 and average close to 1). No exclusion of potentially influential outlying cases had to be conducted (using casewise diagnostics: 27/422=6,4% above standardized residual >|2|, Cook's distance max. 0.05 (criterion < 1). Assumption of homoscedasticity and normality not met, as is expected when measuring job satisfaction.

4.3 Analysis

After reviewing the hypotheses, we can draw Figure 2, showing the relationships which proved significant. Here, we see that more strategic or tactical powerlessness did not decrease change willingness, as was expected based on the literature. More operational powerlessness (or less autonomy) did decrease change willingness. This means that the more mental healthcare professionals have the feeling that their autonomy is low during the implementation of the DTC-policy, the less supportive they are towards this policy. The most important factor for explaining change willingness proved to be societal meaninglessness: The perception of professionals concerning the added value of the policy to socially relevant goals. Last, when professionals had the feeling that the DTC-policy was not contributing to the welfare of their own clients, their willingness to implement this policy also decreased.

   Examining the factors concerning job satisfaction, we see that more change willingness is indeed related job satisfaction, as hypothesis 6 predicted. Further, when the psychologists, psychiatrists or psychotherapist experienced low autonomy, this had an indirect (via change willingness) and direct relationship on job satisfaction. We did not hypothesize this last relationship. In the concluding section, we discuss what these results mean for the debate on the pressures public professionals face in service delivery.
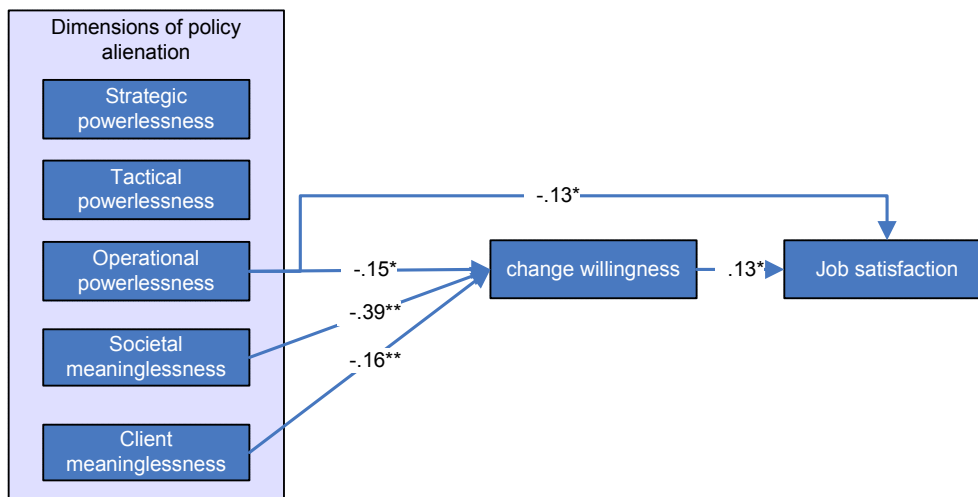

Figure 2 Final model, only paths that achieved significance at the .05 level or lower are drawn

5 Conclusions

The purpose of this paper was to examine factors influencing the (un)willingness of public professionals to implement new policies. Based on literature from change management and public administration, a theoretical model was constructed linking the five policy alienation sub-dimensions to change willingness. This model was tested in a survey of 478 mental healthcare professionals who were implementing a new reimbursement policy. This interdisciplinary quantitative approach worked adequately, as the policy alienation sub-dimensions – together with control variables - explained over 40% of the variance on change willingness. The satisfactory internal consistency values (ranging from .74 to .95) and the meeting of the regression assumptions increased the reliability and validity of the study. Based on the theoretical framework and the empirical results, a number of conclusions can be drawn, which can add to the debate of public professionals in service delivery.

Firstly, we quantitatively observed that operational powerlessness as experienced during policy implementation strongly influences both change willingness and job satisfaction. In public administration literature, this operational powerlessness is referred to as discretion (often used for street-level bureaucrats during rule execution) or autonomy (often used for professionals) (Noordegraaf & Steijn, in press). Indeed, the notion of autonomy is argued to be one of the defining characteristics of professional work. This study empirically shows the important role of perceived autonomy during policy implementation. This adds weight to statements in the current debate on pressured professionals, where one can hear claims made - by leading authors such as Freidson (2001) - that the autonomy of the professionals is diminishing. When this is indeed the case, this lower autonomy can have severe effects. Our study empirically showed that lower perceived autonomy indeed lowered change willingness and job satisfaction.

Secondly, we observed that societal meaninglessness strongly influences change willingness. Professionals who had the feeling that the policy did not contribute to societal goals (such as efficiency or transparency), were far less willing to implement the policy. This is an interesting observation. It shows that many professionals felt those goals as sufficiently important. This is contradictory to some research on New Public Management. Here, arguments are made that business goals such as more efficiency or transparency are almost by definition not welcomed by professionals (Emery & Giauque, 2003; Van den Brink et al., 2006). However, in our study, it does not seem that professionals are against these business goals as such. Mental healthcare professionals are unwilling to implement a policy precisely because it does not reach these business goals. In so, it seems unwarranted to assume that public professionals opt against business goals. In fact, they just might be protesting because the policies aimed to achieve these business goals are not achieving them.

Third, change willingness of implementing professionals is more dependent on the perceived added value of the policy for society and their own clients, than on their perceived influence on a strategic or tactical level. This could be a sign that, for public professionals, it is more important to see the logic of a new policy than to have the feeling of being able to influence its shaping. This is an important observation. Increasing perceived influence may not work as such a 'powerful lever', as some authors claim (for example Fernandez & Rainey, 2006; Judson, 1991). Influence on a strategic and tactical level does not have a direct effect on willingness to implement a policy, although indirect effects remain possible (Bouma, 2009). Instead, more attention should be targeted towards the way professionals perceive the added value of the policy for society and their own the clients, and the factors influencing this.

This brings us to directions for further research. Researchers could further investigate the relationship between meaninglessness and change willingness. Here, the Public Service Motivation (PSM) concept could be helpful. Brewer and Selden (1998:417) describe PSM as "the motivational force that induces individuals to perform meaningful public service'. Perry (1996) identified four PSM dimensions: attraction to policy making and politics, commitment to the public interest, compassion and self-sacrifice. Commitment to the public interest is closely related to societal meaninglessness. It concerns the degree to which a person feels that he or she should contribute to community. Compassion seems more closely related to

client meaninglessness. Compassion focuses on being considerate to other – sometimes less privileged – people. These two PSM-dimensions can moderate the meaninglessness-change willingness relationship. For example, when professionals feel that a policy does not contribute to society (high societal meaninglessness) and have a high commitment to serving this public interest, they might be less willing to implement such a policy (low change willingness). However, when they do not have such a high commitment to serving the public interest, this relationship might not hold. Other factors might be more influential for explaining their change willingness. Further examining this could be a fruitful direction for further research.

A second direction for further research is to test the proposed model using different kinds of policies in various public domains domains. The results of this study and the implications outlined should be interpreted in light of the study's context and sample. Enhancing the study's generalizability is the fact that we sampled a high number of public professionals, working in different occupations, positions and places. A limitation to generalizability is that the model was only tested on one policy. As such, one should be cautious in generalising this to other public-sector policies or domains. A possible direction for further research would be to test the model using a comparative approach, examining different kinds of policies in various public domains.

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Appendix: Scales for policy alienation and change willingness

Table 5 Items of the policy alienation scale

Policy alienation scale (Tummers, 2009)

Template words are indicated by underlined type

Strategic powerlessness

1. In my opinion, professionals had too little power to influence the policy

2. We professionals were completely powerless during the introduction of the policy

3. Professionals could not at all influence the development of the policy at the national level (Minister and Ministry of X, National Government)

Tactical powerlessness

4. In my organisation, especially professionals could decide how the policy was being implemented (R)

5. In my organisation, professionals have - by means of working groups or meetings - taken part in decisions on the execution of the policy (R)

6. The management of my organisation should have involved the professionals far more in the execution of the policy

7. Professionals were not listened to over the introduction of the policy in my organisation

8. In my organisation, professionals could take part in conversations regarding the execution of the policy (R)

9. I and my fellow professionals were completely powerless in the introduction of the policy in my organisation

Operational powerlessness

10. I have freedom to decide how to use the policy (R)

11. While working with the policy, I can be in keeping with the client's needs (R)

12. Working with the policy feels like a harness in which I cannot easily move

13. When I work with the policy, I have to adhere to tight procedures

14. While working with the policy, I cannot sufficiently tailor it to the needs of my clients

15. While working with the policy, I can make my own judgments (R)

Societal meaninglessness

16. I think that the policy, in the long term, will lead to goal 1 (R)

17. I think that the policy, in the short term, will lead to goal 1 (R)

18. I think that the policy has already led to goal 1 (R)

19. Overall, I think that the policy leads to goal 1 (R)

Client meaninglessness

20. With the policy I can better solve the problems of my clients (R)

21. The policy is contributing to the welfare of my clients (R)

22. Because of the policy, I can help clients more efficiently than before (R)

23. I think that the policy is ultimately favourable for my clients (R)

Table 6 Templates used in DTC policy

Standard Template	Template used in DTC policy
Policy	DTC policy or DTCs
Professionals	Mental healthcare professionals
Organisation	Institution
Clients	Patients
Policy goal	Three goals were identified: Increasing...
	- Transparency in the costs and quality of mental healthcare
	- Efficiency in mental healthcare
	- Patient choice among mental healthcare providers

Table 7 Items of the change willingness scale

Change willingness (Metselaar, 1997)

Template words are indicated by underlined type

1. I intend to convince my colleagues of the benefits of the <u>change</u>
2. I intend to dedicate myself to the current goals (such as goal 1) of the <u>change</u>
3. I intend to reduce the resistance of my colleagues/employees to the <u>change</u>
4. I intend to free up time to execute the <u>change</u>
5. I intend to put effort into executing the <u>change</u> properly
6. I intend to persuade my colleagues of the advantages of the <u>change</u>

The further use of this policy alienation scale for scientific research is permitted, subject to appropriate reference to the author. I would highly appreciate your permission to use anonymous data to further validate the scales with other target groups. If you wish to use the scales for commercial purposes (for example in consultancy or organisation research), you should first contact the author to seek permission.