

Policy alienation of public professionals: The construct and its measurement

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Abstract

Currently, there is an intense debate on the pressures facing public professionals during policy implementation. Frequently professionals have difficulty identifying with new policies, resulting in among else diminished policy performance. We examine this problem using the concept of 'policy alienation', for which we have developed and tested a scale for its measurement. Policy alienation is conceptually associated with five sub-dimensions: strategic powerlessness, tactical powerlessness, operational powerlessness, societal meaninglessness and client meaninglessness. Likert-type items have been developed for these sub-dimensions which together create a policy alienation scale. The initial scale was reviewed by interviewing 21 experts. These items were then administered in a survey of 478 Dutch healthcare professionals implementing a new financial policy: Diagnosis Related Groups (DRG, or DBC). The resulting 23-item policy alienation scale demonstrated good psychometric qualities. A reliable and valid policy alienation scale can ultimately help in understanding and enhancing policy performance.

1 Introduction

In 2008, the Dutch government introduced the Health Insurance Law. This was part of a process to convert the Dutch healthcare system into one based on a regulated market. In the Health Insurance Law, a system of Diagnosis Related Groups (DRGs, in Dutch Diagnose Behandelings Combinaties, or DBC's) was developed as a means of determining the level of financial exchange for mental healthcare provision. The DRG-policy differs significantly from the former method, in which each medical action resulted in a financial claim, i.e., the more sessions that a professional caregiver (a psychologist, psychiatrist or psychotherapist) had with a patient, the more recompense that could be claimed. This former system was considered by some to be inefficient (Kimberly et al., 2009). The DRG-policy changed the situation by stipulating a *standard* rate for each disorder, such as a mild depression. This was a major change, not welcomed by many professional caregivers. In one large-scale survey, about 90 per cent of these professionals wanted this policy to be abandoned and some openly demonstrated against it (Palm et al., 2008). The following two quotations¹ are illustrative:

“Within the new healthcare system economic values are leading. Too little attention is being paid to the content: professionals helping patients. The result is that professionals become more aware of the costs and revenues of their behavior. This comes at the expense of acting according to professional standards.”

“We experience the DRG-policy as a disaster. I concentrate as much as possible on treating my own patients, in order to derive some satisfaction from my work.”

This example is not unique: public professionals often appear to have difficulties identifying with the policy they have to implement, which nowadays often focus on efficiency and financial transparency. This can be seen as an outcome of the influence of New Public

Management (NPM) (Freidson, 2001; Jos & Tompkins, 2009; Noordegraaf & Steijn, forthcoming 2011). These economic values may take precedence over more traditional professionals values, such as providing the best care possible, solidarity and professional autonomy. These issues fit within a wider trend of a debate concerning the pressures public professionals such as teachers, social workers and physicians face when they are involved in service delivery processes (Ackroyd et al., 2007; Thomas & Davies, 2005).

In this article, we quantitatively analyze, in terms of ‘policy alienation’, these identification problems that professionals face with new policies. Policy alienation is defined as a general cognitive state of psychological disconnection from the policy programme being implemented by a public professional who, on a regular basis, interacts directly with clients (Tummers et al., 2009). The purpose of this article is to present a reliable and valid policy alienation scale. Earlier studies have used qualitative case studies to explore the policy alienation concept (Tummers et al., 2009; Tummers et al., forthcoming 2011). We take the next step by developing a reliable and valid quantitative scale for assessing policy alienation.

What is the added value of having such a scale? Firstly, there is an increasing need to quantify the experiences of public professionals with policies with NPM-characteristics. To date, most studies on NPM and professionals have had a rather qualitative nature (examples are Ackroyd et al., 2007; Thomas & Davies, 2005). The strength of this qualitative research is that it captures the plethora of reasons for increasingly problematic public professional employment such as the quality of line management. Quantitative research can help in theory testing and statistical generalization, which can provide new insights to the debate concerning the experiences of NPM at the ‘street-level’, where policies are implemented.

The second contribution of a policy alienation scale is focused on theory development. Indeed, although prominent scholars have emphasized the crucial role of committed implementers (Ewalt & Jennings, 2004; May & Winter, 2009), few have developed and tested

a framework for analyzing this topic. Policy alienation is embedded in the alienation tradition, which has a long history in the sociology of work and organization. In addition, insights drawn from the policy implementation literature are used. As such, we explicitly opt for an interdisciplinary approach in developing a coherent framework for analysing the identification problems of public professionals implementing policies, something which can be highly beneficial for the advancement of theory in policy implementation (O'Toole, 2000). Here, we also identify with Pandey and Scott (2002) who note that sound measurement, through the careful development of concepts and measurement scales, can be highly beneficial for public management practice.

In the next section, we will examine the policy alienation framework and its background. We will then describe the method (Section 3) and outline our results (Section 4 and 5) as they relate to the goal of developing a policy alienation scale. This includes the generation of an item pool which was refined through 21 interviews, resulting in a scale which was then tested in a survey of 478 public professionals. We conclude by discussing the contribution a policy alienation scale can make to the public administration discipline, for both researchers as well as practitioners.

2 The policy alienation framework

2.1 Background to policy alienation

The intellectual roots of alienation as a concept can be found in the work of Karl Marx (1961 [1844]), who was inspired by among else Hegel. Marx argued that many workers suffer from objective alienation, as they did not own the resulting product of their labour, or the means of production. Marx argued that this objective alienation from their work resulted in a subjective reality as the workers felt alienated from their consciousness ('their species being'), or, in

else, from themselves. Most contemporary scholars have examined this subjective notion of alienation more closely (Kanungo, 1982, 61-62).

Scholars have used the (subjective) alienation term in various analyses and this has given rise to a number of meanings being attributed to the term (Kanungo, 1982, 24). Seeman (1959) differentiates among various meanings using a number of dimensions of alienation. Blauner (1964), provides operational measures for three work alienation dimensions as classified by Seeman: powerlessness, meaninglessness and social isolation.

The concept of work alienation is also recognized in the public administration literature. For instance, Pandey and Kingsley (2000) have shown that work alienation is a strong predictor of the extent to which public employees experience 'red tape'. Further, in his renowned work 'Street-level bureaucracy', Michael Lipsky argues that street-level work is by definition alienating work (1980, 75). He stressed classic features of work alienation such as being unable to control the pace of work (a form of powerlessness) and working only on segments of the product (potentially resulting in meaninglessness).

Researchers examining work alienation tend to look at what can be called 'local alienation' (Kalekin-Fishman, 2000): phenomena focused on one aspect, such as work or a policy. At the same time, there are also more traditional debates about the philosophical underpinnings of alienation (Geyer, 1996). Given the abundance and diversity of literature on the subject, the alienation concept continues to be viewed as a useful concept in researching a range of phenomena.

2.2 Defining policy alienation

Tummers, Bekkers & Steijn (2009) were the first to conceptualise policy alienation. In this article, we develop operational measures for this policy alienation concept. Policy alienation fits within the 'local' alienation category (Kalekin-Fishman, 2000), as it focuses on one

aspect, that is, a particular policy. Moreover, it is subjective in that it looks at the experiences of public professionals with policy. As such, it is similar to the majority of work alienation research which also focuses on alienation as perceived by the worker (Kanungo, 1982).

How can the concept of alienation be linked to the world of policy implementation? Public policies are seen as referring to the binding allocation of values, for society as a whole, in a situation of structural scarcity due, for example, to a lack of financial or natural resources (Easton, 1965). As a result, trade-offs become unavoidable between these values, for example between efficiency and equity (Stone, 2003). Frontline public employees implementing public policies are sometimes able to make their own judgements on the appropriate trade-off when applying a policy to an individual case, such as when a police officer decides whether to impose an on-the-spot fine (Lipsky, 1980). When professional case workers have to implement a policy, many such trade-offs will occur. These public professionals, as members of professional communities or associations, also have to deal with professional norms and standards. Here, we will focus on the alienation that public professionals experience in implementing policy in such a situation. They might, for instance, feel alienated from a policy if they cannot see how it is beneficial for their clients. More specific, we distinguish between two dimensions of policy alienation: policy powerlessness and policy meaninglessness.

2.3 Policy powerlessness

Seeman (1959, 784) defines powerlessness as “the expectancy or probability held by the individual that his own behaviour cannot determine the occurrence of the outcomes, or reinforcements, he seeks”. In the realm of policy formulation and implementation, powerlessness relates to the degree of influence public professionals have over shaping a policy programme. This influence may be exercised on strategic, tactical or operational levels.

Strategic powerlessness refers to the perceived influence of professionals on decisions concerning the content of a policy, as is captured in rules and regulations. This form of powerlessness can occur, for example, when a new policy is drafted without the help of the professionals, by for example not consulting their professionals associations or labour unions. A good example is the policy called ‘The Second Phase’, which was implemented in Dutch secondary schools. Labour unions and professional teacher associations had little influence over the drafting of the policy (Parliamentary commission education reforms, 2008). This lack of influence increased the strategic powerlessness felt by many teachers. As one teacher noted (cited in Tummers et al., forthcoming 2011): “something which irritated me was that the new policy was presented as follows: teachers, this is it, this is an important improvement for secondary education. In my view, the politicians did not take the knowledge and experience of teachers into account”.

Tactical powerlessness refers to professionals’ perceived influence (or rather lack thereof) over decisions concerning the way a policy is executed within their own organization. Professionals can feel involved, for example, if they take part in working groups or meetings on the execution of the policy programme. As such, participation during organizational implementation can help to decrease tactical powerlessness (Judson, 1991). Conversely, management may choose not to involve professionals. The more that professionals feel they have some influence over decisions concerning the way a policy is executed in their organization, the less they experience tactical powerlessness.

Operational powerlessness relates to the influence of professionals during actual policy implementation. As such, while the tactical level looks at the influence of the professional on the way the organization executes the policy, operational powerlessness examines the influence professionals perceive themselves to have while actually implementing the policy. For instance, do they have to adhere to rigid procedures while

implementing the policy? In the public administration literature, this is described in terms of a civil servant's discretion (Lipsky, 1980). Operational powerlessness may be particularly pronounced in professionals whose expectations of discretion and autonomy contradict notions of bureaucratic control (Freidson, 2001). The greater the perceived discretion when public professionals implement a policy, the lower their feelings of operational powerlessness.

2.4 Policy meaninglessness

The second dimension of policy alienation is meaninglessness. In general, Seeman (1959, 786) notes that meaninglessness refers to the individual's sense of understanding of the events (here, the policy) in which he or she is engaged. Similarly, Sarros et al. (2002, 304) define meaninglessness as "the inability to comprehend the relationship of one's contribution to a larger purpose". In the sphere of policy implementation, one can distinguish two types of policy meaninglessness.

First, on a societal level, meaninglessness can refer to the perception of professionals concerning the added value of the policy to socially relevant goals. For example, a professional may perceive that a policy programme is not actually providing desirable public services, such as security. When this is the case, a professional may experience high societal meaninglessness. The concept of societal meaninglessness is particularly relevant for public professionals implementing policies. These professionals often blame politicians for 'initiative overload' and for a lack of resources to effect change (Turnbull, 2002, 369). They often feel unable to provide the desirable public goods or services. Against this background, it is not surprising that public professionals are often mistrustful of new policies and experience high societal meaninglessness.

Second, on the client level, meaninglessness reflects the perceptions of the value added for their own clients by professionals implementing a policy. Thus, whereas societal meaninglessness looks at the perceived added value of the policy to socially relevant goals,

client meaningfulness examines the perceived added value for the individual ‘clients’ of the professional when implementing the policy. If professionals do perceive that they are really helping their own clients when implementing a policy, they will probably experience a low level of client meaningfulness. The client meaningfulness dimension is closely related to the ‘social work narrative’ as this is experienced by frontline workers, such as implementing public professionals, who focus on helping clients achieve long-term success (Maynard-Moody & Musheno, 2003). Public professionals want to make a difference to their clients’ lives when implementing a policy.

2.5 Policy alienation framework

Having described the background to, and the dimensions of, policy alienation, we can move on to develop a policy alienation framework that includes definitions of the sub-dimensions. These sub-dimensions will act as guides in scale development and thus need to be appropriately defined. The policy alienation framework is shown in figure 1:

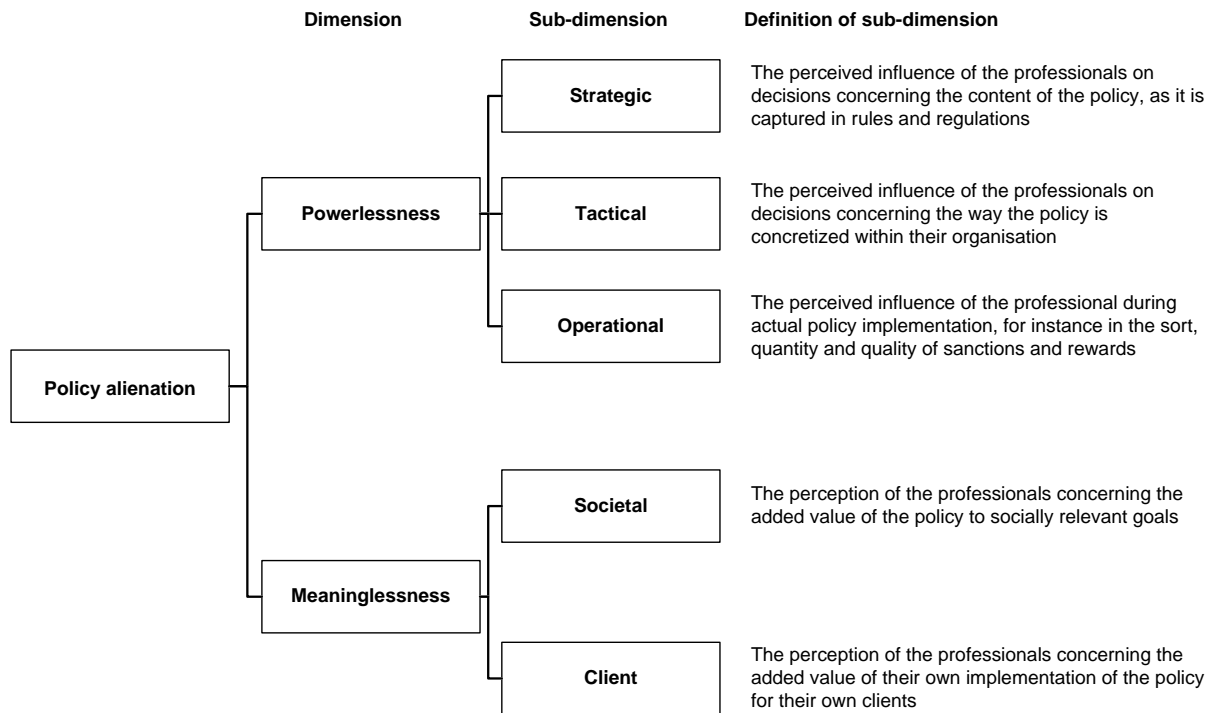


Figure 1. The policy alienation concept, including definitions of the sub-dimensions

3 Method

3.1 Using the DRG-policy for scale development purposes

We can now start to develop a scale to measure policy alienation. Our study, used for scale development, involves mental healthcare professionals implementing the DRG-policy (part of the new Health Insurance Law), as discussed in the introduction. The Health Insurance law and the DRG-policy can be seen as the introduction of regulated competition in Dutch healthcare, in line with NPM trends, and more specifically as a shift towards greater competition and efficient resource use (Hood, 1991).

We used this DRG-policy for three reasons. Firstly, public professionals – here psychotherapists, psychologists and psychiatrists – are tasked with implementing this policy, and this is necessary as the concept is designed to add to the debate on public professionals in service delivery. Secondly, the DRG-policy has a strong focus on economic goals, such as efficiency and transparency, and it is policies which pursue these types of goals that

professionals seem to have problems with. Thirdly, moves towards similar payment systems in healthcare have been observed in other countries (Kimberly et al., 2009).

3.2 Item generation and expert review

For each sub-dimension of policy alienation, ten items were generated in the form of five-point Likert scales. We used templates in constructing these items. Templates allow researchers to adapt items to their specific situation by replacing general phrases with more specific ones: ones that fit the context of their research. For example, instead of using the terms ‘the policy’ and ‘professionals’, the researcher can rephrase these items to suit the specific situation, here replacing them with ‘the DRG-policy’ and ‘mental healthcare professionals’. This approach has been found to increase reliability and content validity (DeVellis, 2003). As an example, one of the template items for tactical powerlessness was:

In my organization, professionals could take part in conversations regarding the execution of the policy

In our study this becomes:

In my institution, mental healthcare professionals could take part in conversations regarding the execution of the DRG-policy

To further increase content validity, 21 experts examined the initial pool of items. These experts were selected for their various expertises (DeVellis, 2003, 75). They included three scholars specialised in literature on work and policy alienation, four scholars specialised in quantitative methodology in psychology or public administration, one specialist in electronic surveys and eight public administration scholars. Further, five mental healthcare specialists

were interviewed: the chairmen of the two nationwide mental healthcare associations, one scholar in healthcare management and two mental healthcare professionals.

After each interview, we would potentially add or discard items based on the expert's comments. Based on the expert interviews, we chose the six best-fitting items for each sub-dimension to construct a final pool of items. Harvey et al. (1985 in Hinkin, 1998) recommend a minimum of four items per scale for testing the homogeneity of items within a latent construct. By selecting six items, we retained the possibility of deleting items in later stages of the scale development process (DeVellis, 2003, 57). We checked the validity of this pool of items by presenting it to three alienation experts, two quantitative methodologists and one specialist in mental healthcare.

The mental healthcare specialists also assessed the templates to determine appropriate terms for the DRG case study. Based on their recommendations, we used the following terms in the templates:

Table 1 Templates used in DRG-policy

<i>Term in standard template</i>	Term used with DRG-policy
Policy	DRG-policy or DRGs
Professionals	Mental healthcare professionals
Organization	Institution
Clients	Patients
Policy goal	Four goals were identified: Increasing... <ul style="list-style-type: none"> - Transparency in costs - Transparency in quality - Efficiency - Patient choice among providers

3.3 Sampling and response rate

The final pool of items was tested using a base sample of 1,800 mental healthcare professionals, randomly selected from the databases of two nationwide mental healthcare associations. We received returns from 478 of these professionals. This is viewed as a

sufficient number for scale development purposes given that Nunnally and Bernstein (1994) suggest that 300 responses is sufficient. We asked the non-respondents for reasons why did they did no fill out this survey. The major reason for not responding was that the professionals did not work with DRGs, as they were for example not yet implemented in their organisations. The next most frequent reasons offered for not-participating were retirement or change of occupation.

Of the respondents, 340 (71%) were women. This is consistent with national averages for mental healthcare professionals, where 69% are women (Palm et al., 2008). The mean age was 48, which is slightly older than the national average ($M = 44$). Given the large number of respondents and the similarity of the respondents on demographic variables and the reasons for not participating given by the non-respondents, we can be convincingly confident that our respondents were representative for the population.

3.4 Analysis based on principal components analysis

An exploratory factor analysis was conducted on the data using a principle components approach with an oblique rotation. At this early stage in developing a policy alienation scale, exploratory factor analysis is favoured over methods which test hypothesized groups, such as confirmatory factor analysis. We opted for principal component analysis as it is a proven procedure, common in the social sciences (Field, 2005, 629-631). We opted for oblique rotation as this is the favoured rotation method when factors are expect to be related (Field, 2005), which we indeed expected, based on the policy alienation framework (Tummers et al., 2009).

4 Results of factor analyses

In the theoretical framework, we distinguished between two dimensions: powerlessness and meaninglessness and, as anticipated, these two dimensions emerged when analysing the data.²

We have structured the discussion on the results according to these two policy alienation dimensions for reasons of clarity.

4.1 Exploratory factor analysis: Powerlessness

Before conducting a factor analysis, the inter-item correlation matrix was examined. If our various items truly measure the same underlying dimension (i.e. powerlessness) we would expect them to be interrelated. On this basis, we deleted only one item which had a correlation below .4 with the other items considered and did not add theoretical value to the scale.

The initial factor solution contained four factors, with the items proposed for strategic powerlessness loading onto two distinct factors. We retained those items which best fitted our definition of strategic powerlessness, thus deleting two items. As a consequence, the final exploratory factor analysis produced a satisfactory three-factor solution, each of which could clearly be identified. These factors were retained based on the scree plot, the Kaiser's criterion and the theoretical meaningfulness of the factors (DeVellis, 2003).

Having obtained the factor structure, we then determined the Cronbach's alphas for each scale. The alphas for the strategic, tactical and operational powerlessness scales were all acceptable (.74, .86 and .82, respectively). To check for potential redundancy, we tested whether deleting items would increase scale reliability but concluded that it was not necessary to delete any items. The results of the exploratory factor analysis are presented in table 2.

Table 2 Policy powerlessness factor loadings for the final item pool items

<i>Item</i>	<i>Factor (F) loadings</i>		
	F1	F2	F3
<i>Strategic powerlessness – eigenvalue 1.6, 10.4% variance explained</i>			
In my opinion, mental healthcare professionals had too little power to influence the DRG-policy	.74		
We mental healthcare professionals were completely powerless during the introduction of the DRG-policy	.83		
Mental healthcare professionals could not at all influence the development of the DRG-policy at the national level (Minister and Ministry of Health, Welfare & Sport, Parliament)	.73		
<i>Tactical powerlessness – eigenvalue 5.0, 33.6% variance explained</i>			
In my institution, especially mental healthcare professionals could decide how the DRG-policy was being implemented (R)		.77	
In my institution mental healthcare professionals have - by means of working groups or meetings - taken part in decisions on the execution of the DRG-policy (R)		.83	
The management of my institution should have involved the mental healthcare professionals far more in the execution of the DRG-policy		.65	
Mental healthcare professionals were not listened to over the introduction of the DRG-policy in my institution		.81	
In my institution, mental healthcare professionals could take part in conversations regarding the execution of the DRG-policy (R)		.78	
I and my fellow mental healthcare professionals were completely powerless in the introduction of the DRG-policy in my institution		.65	
<i>Operational powerlessness – eigenvalue 2.3, 15.4% variance explained</i>			
I have freedom to decide how to use DRGs (R)			.50
While working with DRGs, I can be in keeping with the patient's needs (R)			.76
Working with DRGs feels like a harness in which I cannot easily move			.78
When I work with DRGs, I have to adhere to tight procedures			.68
While working with DRGs, I cannot sufficiently tailor to the needs of my patients			.80
While working with DRGs, I can make my own judgements (R)			.77
Factor loadings < .4 are not shown. R = reverse item			

Inter-factor correlations are presented in table 3. The facts that, prior to rotation, all the items loaded significantly onto the first factor and, secondly, that the factors are not independent supports the view that these are all dimensions of the same trait (i.e. powerlessness).

Table 3 Policy powerlessness: sub-scale intercorrelations (All significant at the $p < .01$ level)

<i>Component</i>	<i>SP</i>	<i>TP</i>	<i>OP</i>
Strategic powerlessness	1		
Tactical powerlessness	.29	1	
Operation powerlessness	.23	.19	1

4.2 Exploratory factor analysis: Meaninglessness

As with powerlessness, prior to conducting the factor analysis for policy meaninglessness, we examined the inter-item correlations. We deleted one item, concerning client meaninglessness, as its correlation with all the other items was less than .4.

The final exploratory factor analysis contained four factors. The initial factor analysis had additional factors, with a number of the items addressing societal meaninglessness loading onto different factors. Closer inspection revealed that these items lacked clarity. On deleting these items (two items for each of the four goals), the resulting final factor exploratory analysis had four factors: three addressing societal meaninglessness (transparency, efficiency and patient choice) and one client meaninglessness.

The transparency scale of societal meaninglessness requires some explanation. The items were first developed for two separate scales: transparency regarding the costs of care, and transparency regarding the quality of care. The exploratory factor analysis led to them becoming merged into one dimension transparency. Further, we see in table 4 that three items had factor scores for both the transparency and the efficiency goals. This is related to the fact that these items concern the transparency (and so related to the transparency goal) of costs (which is related to the efficiency goal). We assigned these items to the transparency factor as they are primarily concerned with transparency issues and their factor scores on the transparency factor were considerably higher.

After determining the final factors, the associated Cronbach's alphas were calculated. The alphas for the three societal meaninglessness factors were all acceptable (.91, .91 and

.90). Although deleting one item from each scale would have increased the alphas, we did not do this because they were already very acceptable. However, for client meaningfulness, we did delete one item, firstly because it was not that clearly formulated and, secondly, because deleting the item increased the Cronbach's alpha from .86 to .91. The factor structure did not change on deleting this item, and the results are shown in table 4.

Table 4 Policy meaningfulness factor loadings for the final item pool items

<i>Item</i>	<i>Factor (F) loadings</i>			
	F1	F2	F3	F4
<i>Societal meaningfulness (goal transparency) – eigenvalue 1.1, 5.3% variance explained</i>				
I think that the DRG-policy, in the long term, will lead to transparency in the costs of healthcare (R)	.56	(.40)		
I think that the DRG-policy, in the short term, will lead to transparency in the costs of healthcare (R)	.53	(.41)		
I think that the DRG-policy has already led to greater transparency in healthcare costs (R)	.49			
Overall, I think that the DRG regulation leads to more transparency in healthcare costs (R)	.51	(.47)		
I think that the DRG-policy in the long term leads to transparency in the quality of healthcare (R)	.73			
I think that the DRG-policy in the short term leads to transparency in the quality of healthcare (R)	.74			
I think that the DRG-policy has already led to greater transparency in healthcare quality (R)	.48			
Overall, I think that the DRG regulation leads to more transparency in healthcare quality (R)	.64			
<i>Societal meaningfulness (goal efficiency) – eigenvalue 10.7, 53.6% variance explained</i>				
I think that the DRG-policy in the long term will lead to more efficiency in mental healthcare (R)			.75	
I think that the DRG-policy in the short term will lead to more efficiency in mental healthcare (R)			.80	
In some treatments, the DRG-policy leads to more efficiency (R)			.77	
Overall, I think that the DRG regulation leads to more efficiency in mental healthcare (R)			.79	
<i>Societal meaningfulness (goal patient choice) – eigenvalue 1.3, 6.4% variance explained</i>				
I think that the DRG-policy in the long term will lead to more options for patients in choosing between mental healthcare providers (R)				.88
I think that the DRG-policy in the short term will lead to more options for patients in choosing between mental healthcare providers (R)				.85
Because of the DRG-policy, patients with certain disorders have more options in choosing between mental healthcare providers (R)				.80
Overall, I think that the DRG regulation leads to choices for patients between mental healthcare providers (R)				.76
<i>Client meaningfulness – eigenvalue 1.6, 8.2% variance explained</i>				
With the DRG-policy, I can better solve the problems of my patients (R)				.92
The DRG-policy is contributing to the welfare of my patients (R)				.92
Because of the DRG-policy, I can help patients more efficiently than before (R)				.89
I think that the DRG-policy is ultimately favourable for my patients (R)				.75

The factors were correlated as expected, as shown in table 5.

Table 5 Intercorrelations among the meaningfulness sub-dimensions (All significant at the $p < .01$ level)

<i>Component</i>	<i>SZ-T</i>	<i>SZ-D</i>	<i>SZ-K</i>	<i>OZ</i>
Societal meaningfulness (goal - transparency)	1			
Societal meaningfulness (goal - efficiency)	.52	1		
Societal meaningfulness (goal - patient choice)	.51	.46	1	
Client meaningfulness	.49	.45	.55	1

4.3 Descriptive statistics on policy alienation and its dimensions

Having identified the items which belong to each sub-dimension, we can determine the degrees of powerlessness and meaningfulness experienced and, from this, the extent of policy alienation. The results of this analysis is shown in table 6.

Table 6 Descriptive statistics of policy alienation and its dimensions

	Min.	Max.	Mean	SE	Measurement method:
Policy alienation	2.12	5	3.82	0.54	mean of 1 and 2
1. Powerlessness	2	5	3.61	0.61	mean of 1.1-1.3
1.1 Strategic powerlessness	1	5	3.75	0.82	
1.2 Tactical powerlessness	1.33	5	3.60	0.78	
1.3 Operational powerlessness	1	5	3.48	0.77	
2. Meaninglessness	2.17	5	4.05	0.66	mean of 2.1 and 2.2
2.1 Societal meaningfulness: Overall	1.67	5	3.84	0.72	mean 2.1.1- 2.1.3
2.1.1 Societal meaningfulness: Goal transparency	1.5	5	3.87	0.73	
2.1.2 Societal meaningfulness: Goal Efficiency	1.5	5	3.67	0.91	
2.1.3 Societal meaningfulness: Goal patient choice	2	5	4.00	0.78	
2.2 Client meaningfulness	1.75	5	4.28	0.71	

Examining table 6, we see that we decided to measure powerlessness, meaningfulness and policy alienation by weighting all the sub-dimensions equally. This makes sense since,

otherwise, the weight of the sub-dimensions could be a result of the number of items or, for societal meaningfulness, the number of goals identified. Second, the table shows that professionals differ in their score on policy alienation, which ranged from 2.12 to 5. Third, and most important, the average policy alienation score is quite high at 3.82. Other studies (Mengelberg & Velthuys, 2007; Palm et al., 2008) have similarly found that mental healthcare professionals in general have problems identifying with the DRG-policy. This consistency in findings adds weight to the validity of the policy alienation scale.

We have now constructed an initial policy alienation scale. Next, we will investigate the validity of this scale by examining its theoretical and empirical relationships with other concepts. If the relationships between the concepts are in line with those suggested by the theory, we can be more confident that we have truly measured policy alienation: a process known as construct validity (DeVellis, 2003).

5 Results of construct validity tests

This section focuses on the construct validity of the policy alienation scales. We examine the relationship of policy alienation with a measure on the job level (job satisfaction) and a measure on the policy level (change willingness). Table 7 shows that these concepts are related to policy alienation as predicted. This is discussed below.

Table 7 Correlations between policy alienation, its sub-dimensions and the related concepts

<i>Concept</i>	<i>Policy alienation</i>	<i>Powerless-ness</i>	<i>Meaningless-ness</i>	<i>Strat.P.</i>	<i>Tact.P.</i>	<i>Oper.P.</i>	<i>Soc.M.</i>	<i>Oper.M.</i>
Job satisfaction	-.18**	-.17**	-.13*	n.s.	-.16**	-.19**	-.14**	n.s.
Willingness to change	-.59**	-.38**	-.60**	-.21**	-.25**	-.38**	-.59**	-.51**

Note * $p < .05$ ** $p < .01$ n.s. = non-significant

5.1 Policy alienation and job satisfaction

First, we examine the relationship between policy alienation and job satisfaction. Participative decision-making has been linked to higher levels of satisfaction (DeHart-Davis & Pandey, 2005). Further, greater autonomy often leads to a higher degree of satisfaction (Hackman & Oldham, 1980). Several studies have shown that experiencing work meaningfulness significantly decreases satisfaction (DeHart-Davis & Pandey, 2005; Hackman & Oldham, 1980). Based on these findings, we would expect public professionals who score highly on the policy alienation dimensions to exhibit low job satisfaction.

To test this, we used one item to measure job satisfaction: ‘Overall, I am satisfied with my job’. We opted for a single item measure on the basis that Nagy (2002, 85) states that measuring job satisfaction with one item “is more efficient, is more cost-effective, contains more face validity, and is better able to measure changes in job satisfaction”.

Our data show that public professionals who score highly on policy alienation are indeed less satisfied with their job: policy alienation correlated negatively and significantly with job satisfaction ($r = -.18, p < .01$). Further, the dimensions making up policy alienation also both correlated negatively with job satisfaction (powerlessness: $r = -.17, p < .01$; meaningfulness: $r = -.13, p < .05$). The correlations are moderate, which could be expected since policy alienation is measured on the policy level whereas job satisfaction is measured on the, more general, job level (see also DeVellis, 2003, 61).

5.2 Policy alienation and change willingness

Metselaar (1997, 34) defines change willingness as “a positive 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”. High change willingness is expected to be related to both low powerlessness (Piderit, 2000) and meaningfulness (Metselaar, 1997). For example, if public professionals

perceive the goals of a new policy to be very meaningful (i.e. low societal meaningfulness), they are more likely to have a positive attitude towards its implementation (a high change willingness).

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

As anticipated, policy alienation was negatively related to change willingness ($r = -.59, p < .01$). That is, public professionals experiencing high policy alienation are less willing to make efforts to support the implementation of the policy. It is interesting to note that the correlation between powerlessness and change willingness is considerably weaker than that between meaningfulness and change willingness ($r = -.38, p < 0.1$ and $r = -.60, p < 0.1$, respectively). One possible conclusion from this is that, for public professionals, it is more important to see the logic of a new policy – to understand the 'case for change' in change management terms – than it is to have the feeling that one is able to influence the shaping of that policy.

6 Conclusions and discussion

The purpose of this research was to establish a validated scale for the measurement of policy alienation. Based on a theoretical framework of policy alienation, an initial scale was developed. This scale was refined through discussions with 21 experts. The refined scale was then validated in a survey of 478 mental healthcare professionals who were involved in implementing a reimbursement policy. The results indicate that five sub-dimensions of policy alienation are valid: 1) strategic powerlessness, 2) tactical powerlessness, 3) operational

powerlessness, 4) societal meaninglessness and 5) client meaninglessness. Following factor analyses, the final scale consisted of 23 items (see Appendix). The construct validity of the scale was examined by looking at the relationships with job satisfaction and change willingness. The significant correlations found indicate that the scale behaves as expected. This increases our confidence policy alienation was measured with the proposed scale.

Like all studies, this study has limitations. It should be viewed as a first endeavour at developing a scale for measuring policy alienation. The scale could be improved by including additional items for strategic powerlessness and some positive items for the sub-dimensions related to meaninglessness. Once the scale has been thus improved, it could be retested in a similar large scale survey among mental healthcare professionals implementing DRGs. A confirmatory factor analysis could then be used to validate the scale structure obtained in this follow-up study. Another limitation is that the scales were only tested on one policy.

Although the study's generalizability was improved by the fact that the sample included a large number of public professionals, working in different occupations, positions and places, one should be cautious in generalising this to other public-sector policies or domains. A logical direction for further research would be to first validate the scale in a second survey on the DRG-policy, and then to test the refined policy alienation scale using a comparative approach, examining different kinds of policies in various public domains.

There are a number of potential uses for the policy alienation scale. First, it could be used to carefully examine the numerous claims made concerning professionals in the public sector. In the contemporary public management literature there is an intense debate concerning the perceived worsening state of professionals in service delivery (Freidson, 2001; Noordegraaf & Steijn, forthcoming 2011; Thomas & Davies, 2005). Some argue that the degree of autonomy open to professionals is no longer sufficient (Van den Brink et al., 2006). Further, Emery and Giauque (2003) note that focusing only on the economic logic of an

action is problematic for public professionals. A psychometrically-sound policy alienation scale could help to examine such claims critically. Do professionals really experience insufficient discretion while implementing policies? Do they really view the goals of contemporary policies, which are often predominantly economic, as meaningless? Here, the policy alienation scale could be used alongside more general, job-level concepts such as personal disposition to resist change and Public Service Motivation. This would allow a broader view, looking at attitudes on both the policy and the job levels.

The policy alienation scale also has potential uses for public management practitioners, such as managers, policy makers, chairmen of professional associations and implementing professionals themselves. Since our policy alienation scale takes into account five sub-dimensions, a more all-encompassing view of the possible problems facing professionals when implementing new policies can be obtained. By addressing these problems highlighted using the policy alienation scale, managers, professionals and policy makers could increase policy performance. For instance, in the case studied the results highlight that professionals do not see that the policy is valuable for their own clients (client meaningfulness on average very high: 4.28 out of 5). Practitioners could study the reasons for this high score and possibly adjust the policy to increase its effectiveness for clients.

Concluding, our research shows that a policy alienation scale can be valuable for both scholars and practitioners alike. Additional research, both scholarly as well as applied, is needed to explore the concept and its associated value further.

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Endnotes

¹ Quotations are drawn from open answers from the survey, which is described in this article.

² On conducting a factor analysis including all items and looking for two factors in total, all the items written to tap powerlessness fell within one factor, and all the items for meaningless in the other. When opting to retain factors based on the obtained scree plot, the Kaiser's criterion and the theoretical meaningfulness of the factors, seven factors were retained, as described in this section: 1. strategic powerlessness, 2. tactical powerlessness, 3. operational powerlessness, 4. strategic meaningless goal transparency, 5. strategic meaningless goal efficiency, 6. strategic meaningless goal client choice, 7. client meaninglessness).

Appendix: Policy alienation scale

Policy alienation scale

Template words are underlined

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 organization, especially professionals could decide how the policy was being implemented (R)
5. In my organization, 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 organization 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 organization
8. In my organization, 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 organization

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)

The further use of the policy alienation scale for scientific research is permitted, subject to appropriate reference to the author. If you wish to use the scales for commercial purposes (for example in consultancy or organization research), please first contact the author for permission.

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