On the Importance of Understanding the Complexity of Healthcare Services

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The pure types of public and private health service providers are very difficult to identify. For example in the English National Health Service (NHS), care is currently provided through a quasi-market including ‘diverse’ providers from the private. Thus, many English healthcare providers are better understood as hybrids, as noted by Allen et al. in the first article of this issue. Intriguingly, they raise concerns about the possible deleterious effects of diminishing aspects of publicness on English healthcare. We should not turn a blind eye to this. In the future, public providers may be even mainly funded by private sources, but citizens may be under to impression that public providers are paid by their taxes. In these cases, a citizen’s voice does not make a difference and equal access to services will decline tremendously.

Both public and private managers try to learn how use human resource (HR) practices that actually works. The conventional wisdom says that public managers should learn the practices from their private counterparts in order to become “top managers”. Who says so and based on what? Clearly, managers in every organization have to be skilled enough to communicate with their employees etc. But if public employees have been always genuinely intrinsically motivated or even altruistic, the philosophy of human resource management (HRM) adopted from private managers can be against the mission of public organizations and highly deleting (cf. Guyot, 1962). For example if primary care physicians’ wages would be based only on performance-pay, the risk of redundant prescriptions cannot be avoided. Besides, according to latest studies it is very hard to find even private companies that really use scientific evidence for any of the HR practices. Basically, most of us would answer true to the following statements:

1. Combining managerial judgment with validated test results is optimal for selecting successful new employees.
2. Incompetent people benefit more from feedback than highly competent people.
3. Task conflict improves work group performance while relational conflict harms it.
4. Being intelligent is a disadvantage for performing low-skilled jobs.
5. Integrity tests do not work because people lie on them.

But each of these statements is false. Each has been disproved by hundreds studies in the field (Rousseau & Barends, 2011, p. 222). Incontrovertibly, the comparative studies of
public and private management and leadership has found more similarities than differences between public and private managers. Therefore, in the second article, Tynkkynen et al. cumulates the knowledge of HRM in public and private health organizations: there are no differences in HRM. Let’s put forward the radical supposition that differences do not exit, because employees both public and private healthcare organizations are still embedded in public values: helping people. This hypothesis might be worth to test in the future.

The complexity of healthcare is not only the issue of service delivery, but the issue of the controversial power of pharmaceutical industry. Basically, OECD countries spend a considerable amount of money on privately manufactured pharmaceuticals when measured as a percentage of GDP. In spite of this, only few organizations work to change prescribing behaviors and societal attitudes towards medicines (Gaud, 2009). Recently, Irving Kirsch (2010) with his colleagues have uncovered mounting evidence that pharmaceutical firms frequently manipulate scientific data withholding negative findings from publication and publishing positive data multiple times. In concrete terms, the more we have appointments with physicians, the higher will be the costs of medicine, but less healthier we may feel. Pharmaceutical firms are also interesting organizations from publicness point of view. Most of the governments in the world are not involved in their manufacture. Thus, Walker’s article will maintain our focus on the right questions: what public value is promoted if pharmaceutical firms call on physicians to promote their firm’s brands? Can we avoid the manipulation and domination by others if we do not have the value of privacy?

In the United States, the dominant sectoral type is neither public nor private, but the private not-for-profit hospital. Gaughan analyses the insurance healthcare system in the United States and provides arguments for a uniquely expensive and poorly performing system. Her article raises an interesting question: how health care reforms are expected to change the structure of health care service delivery, if non-profit service providers are more anchored by the economical than political authority? As Gaughan concludes the issue, the political authority is indeed expanding, but so is its responsibility or financing a predominantly private health care system.

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REFERENCES


