EDITORIAL PREFACE

Does Public-Private Literature Remain Sparsely Spread Across Many Academic Fields in the Future?

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Many “new” business concepts or managerial tools such as pay performance and quality control are commonly implemented in public organizations, but it would be a mistake to believe that the issues of high-performance and high quality can be produced only with public employees who are motivated by financial rewards, power and status. Even if programs for pay-performance and managing quality do not work in private industrial production, their applications in public services are taken for granted quite often. This raises the fundamental questions: are researchers and practitioners condemned to the vicious circles and self-defeating strategies that underline the myth “private is better than public”, because it is more often present in today’s organizations and in social life in general? How can researchers and practitioners debunk the myths of differences if they believe in privatization? At present, answering these questions is crucial, because hybrid organizations that mix characteristics of private and public organizations are increasingly popular mechanisms for implementing health policy. In today’s fast-paced and crazed world, the real hidden challenges reveal themselves more in ideologies than in new managerial tools and techniques. As Alan Williams says: “ideology affects not only what we seek to achieve, but also how we judge reality.”

In health care these issues are even more complicated, because the institutional and professional cultures are embedded in the tension between “caring” and “managing”. Therefore, as Ryan describes in his article, the clinical and managerial skills must be nurtured while fostering professionalism and pride in high quality care. Nevertheless, this can be seen more the issue of obscure conceptions than the issue of training and education. For example, if the role of Medicaid is the role of “public interest”, we really need to do cultural analysis of the role of Medicaid waivers that is, according to Perez, poorly understood and in need of scholarly attention. Likewise, researchers and scholars need to study how culture driven preference formation impact
on resource allocation decisions in public and private health service delivery, as Kylänen with her colleagues suggest in their article.

As far as new or old journals are concerned, each journal has an audience and tailoring the editorial to the established readership is clearly important. IJPPHME is a multidisciplinary journal and so an editorial on the authority of and relevance of mainstream thinking and practice will be inappropriate. However, the articles and other valuable opinions are expected to be anchored by the distinction between “public” and “private” as a central preoccupation and characteristic of organizational, political and social life. Therefore, IJPPHME highlights all the submissions from all disciplines as far as they join a long-standing debate about the grand dichotomy of public/private in organizing, managing and governing services. It asks and answers key questions about the extent to which organizing and managing is fundamentally public and/or private. By doing this we believe that the public-private literature will not remain sparsely spread across many academic fields.

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