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The Impact of growing managerialism amongst professionals in Australia: A comparative study of university academics and hospital nurses

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Abstract

This paper reports on the impact of growing managerialism on the work practices of two groups of professionals (nurses and academics) within Australian public hospitals and universities. The findings suggest that one factor that may affect how employees respond to such policies and programs is whether managers implementing them come from the same professional values and beliefs. The evidence suggests that when those from the same profession undertake the tasks of management, there is a significant trend towards mediating any proposed changes in work practices for colleagues according to the long established beliefs and values of the profession. In effect, this bottom-up force appears to have the effect of “cushioning” the top-down push somewhat for colleagues. However, the opposite was evident where the profession was relatively newly established (as in the case of nurses) and where senior management was more likely to come from outside the profession.

Introduction

Past research (of academics and nurses) suggests that whilst the work practices of most public sector employees within Western countries have been affected by the implementation of recent managerialist policies, the impact on academics and nurses has not been uniform (Ferlie, Ashburner, Fitzgerald & Pettigrew, 1996). Managerialism in theory refers to the adoption of private sector management tools by the public sector. There have been seven major changes in the way the public sector operates resulting from managerialism (detailed below). The most important change in relation to this paper has been the introduction of increased employee accountability (Hood, 1991).

However, the impact of managerialism has affected the outcomes and processes of other agendas – particularly quality initiatives and other human resource programs have been implemented within public organisations (Ferlie et al, 1996). Some researchers argue that the implementation of the quality initiatives in the UK have been a front for the political objective of cost cutting in the provision of some public goods and services. This has forced public sector employees to “do more with less” (Kirkpatrick & Lucio, 1995; Avis, 1996; Pollitt & Bouckaert, 1995). Similarly, Harris (1999) argues that within Australian hospitals and universities, new programs (such as job rotation) and organisational policies (such as quality initiatives) have been introduced with multiple agendas, one of which was to achieve significant cost-cutting, the other was to achieve significant changes to employee work practices. These policies have been accompanied by increased levels of accountability for all employees, so as to facilitate the achievement of the stated hidden agendas – namely cost cutting and reduced flexibility for employees (Hood, 1991; Harris, 1999).

This study examines the impact of such policies/programs on the workplace flexibility of Australian public-sector nurses and academics. The paper is in two parts. The first part details the background to changes in the workplace for nurses and academics working within public hospitals and universities. The remainder of the paper details the results of a study examining how the recent introduction of job rotation for nurses and the implementation of a quality initiative for academics have affected their work practices. The research question is:

“How have nurses and academics within Australian public hospitals and universities responded to the implementation of recent managerialist policies/programs aimed at reducing their flexibility within the work place?”

Literature Review - The impact of managerialism at a general level

The introduction of new public management reforms such as managerialism and “marketisation” within public sector bureaucracies has led to radical changes in the way work is structured and practised in most western countries. Hughes (1994) argues that the traditional bureaucratic mode of operation was focused on processes and as such it failed to adequately make public sector employees accountable for their outcomes. The new focus on outcomes prompted a number of specific practical changes within the public health and higher education sectors of a number of western countries. For example, the introduction of performance-based management and key performance indicators for measuring the performance of public sector employees against specific criteria significantly impacted on how human resources were managed.

During the past decade, the managerialist approach has been implemented within the Australian public sector and according to Parsons (1995:473):

“... managerialist approaches to implementation have come to form the dominant “operational” paradigm in the administration (qua management) of public policy.”

At a macro level, the managerialist approach has comprised seven major changes in the way the public sector operates (Hood, 1991:4-5). In addition to becoming outcomes focused, professional managers have been given more autonomy to manage. They have been expected to identify services and appropriate standards of services and introduce performance indicators to monitor and evaluate performance. Furthermore, there has been a trend towards desegregation of units within the public sector via corporatising and privatising; and increased competition has been promoted by a government initiative to make greater use of contracts and the tendering process (Hood, 1991; Degeling, Sage, Kennedy, Perkins & Zhang, 1999). The final change has involved the introduction of a new focus on increased accountability. Increased accountability has often a prerequisite for achieving the “hidden” cost cutting goal.

According to Hood (1995:99), at a general level the implementation of managerialism across OECD countries has not been uniform. For example, within Britain and New Zealand, the focus has been on separating policy development from service provision, whereas in Australia, its adoption has been about increasing managerial control to achieve government objectives (Harris, 1999).

The emerging trend across a number of western countries has been that the implementation of managerialism within public universities, schools and hospitals has been associated with three outcomes. They are a general reduction in per capita funding, increased efficiency and the implementation of a new type of professionalism geared towards achieving stated government goals, irrespective of the values and beliefs associated with professional culture (Hood, 1995).

The introduction of managerialism has focused attention on the difference between general management and traditional public administration. For example, although public administrators have traditionally been responsible for managing internal components, not all aspects of this function were undertaken. In particular, the “controlling of the performance [of staff] was always rather weak. Often there was no idea what was produced, how well it was produced, who was to take the praise or blame...” (Hughes, 1992:292).

As a result, the public service adopted the use of “seniority” as a means of promoting staff, even though it was widely acknowledged that such a system rewarded “the time-servers and punish[ed] the able” (Hughes, 1992:292). With the replacement of seniority by merit, the assumption is that the performance of employees is monitored to varying degrees. Furthermore, Armstrong (1998) argues that the role and power of public sector managers has expanded significantly to incorporate more functions affecting how employees work. In particular, they argue that public sector managers are now far more involved in performance management, monitoring and evaluation.

However, public sector managers are not a single entity managing in a singular way. According to O’Neill and Hughes (1998:36), current public sector employees operate within a career service maze that compromises an “uncomfortable” mix of traditional practices, namely process management (Baker, 1989) along with new performance-based practices emerging from a wave of managerialist reforms since the late 1980s. Hence, whilst public sector managers may have more power in theory to undertake more monitoring and evaluation of employee’s performance, its implementation has not been uniform.

There is also a difference in the way public sector managers manage the implementation of new policies (Brunetto, 2000). Traditionally, public sector managers responded to new initiatives using the process management approach that involves focusing more on developing new organisational policies, rather than on actually implementing the practical changes within the workplaces. One impact of managerialism has been the introduction of performance-based management. This type of management reward behaviour that links goals to outcomes achieved. According to O’Neill and Hughes (1998) both types of management are evident within the public sector today.

The impact of managerialism on professional employees

Historically, professional employees have been largely protected from rapid changes in the workplace (Dingwall & Lewis, 1983). According to the Anglo American model, professional employees are those that are eligible to belong to professional associations that work with universities and the government to control “the licensing, accreditation and practice arrangements” (Evetts & Buchner-Jeziorska, 1997:239). Their objective in doing so is to achieve

control of the occupation (both work and employees) whether they are within organisations or operating individually (Dingwall & Lewis, 1983), and this power is a mediating force on the effectiveness of managerialist approaches. The academic profession has a long established tradition. Whilst nursing as a more recently recognised profession, has arguable less leverage in this relationship.

Managers are considerably concerned about the power of professional employees to ignore hierarchical authority (Avis, 1996; Gleeson & Sham, 1999). Professional employees are different from ordinary employees in that they have their own form of authority, culture and ethical codes (Greenwood as cited in Ham & Hill, 1993:145). A number of authors (Cheng, 1990; Parsons, 1995) argue that professional employees place more importance on their professional authority than formal hierarchical authority. The power of professional autonomy may in fact be substantial enough to allow professional actors to reject/ignore the organisational method of solving problems, without encountering organisational discipline. Furthermore, because of their expertise and position within the bureaucracy, these groups of actors may have the power in practice to potentially cause policy goals to be "skewed", since their perception of the intended goal may be quite different to the original policy goal (Ham & Hill, 1993:121).

The implementation of new policies within the Swedish higher education sector provides an example of where academic managers faced conflict between the traditional practises and managerial goals associated with their profession. According to Lane (1990:237), government attempts to implement new policies failed because they challenged the academic's "basic modes of operations". In addition, Bates (1998:6) argues that the work practices of academics are "based on an apprenticeship model of handing down knowledge and teaching methods from one generation to the next". Accordingly, academics are apprenticed into the "craft" of teaching indirectly, firstly as undergraduates themselves, and secondly, as junior academics receiving messages about the value of teaching in a variety of ways (Bates, 1998). Hence, work practices are based largely on past practice and senior academics play a major role in modelling those practices.

However, the impact of managerialism in the late 1980s and 90s has been to curtail the autonomy of professional employees. Yeatman (1990) argues that the cost cutting goal of managerialism has forced many professionals acting as middle level managers to employ bureaucratic strategies that ration and restrict access, despite the apparent conflict with their professional ethics. Similarly, Gleeson and Sham (1999) argue that English universities use middle managers to filter reforms from senior management to lecturers. In contrast, Ackroyd and Ackroyd (1999:177) argue that accountability for academics within British universities depends on whether they are post-1992 or pre-1992 universities. They argue that post-1992 universities have adopted managerialism to a greater extent and that this was possible because the management was largely non-academic. The new reforms were far less successful in pre-1992 universities where the managers were senior academics (Ackroyd & Ackroyd, 1999).

However, within other public institutions, the issue of gaining greater control of professionals has been approached differently. According to Hoggett (1994), the strategy has not been to attempt to directly control professionals; rather it has been to convert professionals into managers, thereby placing the responsibility for management tasks firmly in their domain. In turn, middle and senior professionals were expected to use their professional status to ensure that junior professionals embrace the required organisational changes necessary for professional managers to achieve efficiency indicators (Avis, 1996).

One outcome is that there is now greater ambiguity in the identity of professionals undertaking management responsibilities. In particular, Gleeson and Sham (1999:470), argue that within public organisations there is a growing number of professionals performing middle management tasks who are faced with the dilemma of mediating the "potentially conflictual relations between professional and managerial interests". Professional managers are now expected to manage "budgets and people" with efficiency goals in mind, but they are also expected to manage the concerns of the profession caused by reduced autonomy in conjunction with falling work conditions.

It is unlikely that professional employees will ever be easy to manage because of the power associated with their professional authority. According to Elston (1991) there are three main forms of professional autonomy at an individual and collective level. At a collective level, professionals can expect to have political autonomy (in recommending policy decisions), economic autonomy (in determining remuneration) and technical autonomy (in determining professional standards and control performance for the profession). In addition, at an individual level, the higher the hierarchical position of the professional, the greater their credibility within the profession because in many cases, demonstrated excellence in the profession is also the only route to hierarchical authority (Bates, 1998). For example, a Vice chancellor is likely to have firstly had to demonstrate excellence within his or her discipline before embarking upon an administrative career.

Research undertaken by Ferlie, Ashburner, Fitzgerald & Pettigrew (1996:174) suggest that increased consumer pressure has affected the ability of public professionals to maintain their technical autonomy in the health and higher education sector in Britain whilst in Australia, the work practices of all public servants have been affected by government attempts to ensure that performance is measured against government objectives. This has been part of a bigger agenda aimed at remodelling "public bureaucracies in the public interest" (Harris, 1999:269). According to research by Harris (1999) employees of Australian public hospitals and universities have experienced increased control measures as their institutions struggle with decreasing per capita funding and efficiency drives coupled with a desire to radically change their traditional work practices. Similarly, Degeling, Sage, Kennedy, Perkins and Zhang (1999:174) argue that within Australia and New Zealand all medical personnel within public hospitals experienced "negotiated accountability arrangements" adding "explicit accountability to management" to established professional accountability measures. However, their research findings suggest that the level of knowledge and skill required of medical staff in addition to their established values and culture "limit the authority of hospital-

appointed medical staff” (Degeling et al, 1999:185). In summary, the literature review is ambiguous in determining whether increased accountability has affected the flexibility and choices of nurses and academics to the same extent in undertaking their work.

The research study

Two managerial approaches are discussed in this paper. The implementation of a quality initiative within the teaching function of academics and Australian Department of Employment, Education & Training (DEET)

The introduction of a quality initiative entitled *Higher education: quality and diversity in the 1990s* (Australian Department of Employment, Education & Training, 1991) (hereafter referred to as the ‘quality initiative’) was specifically aimed at assuring the quality of all functions undertaken by academics. Some researchers (Sharpam & Harman, 1997; Marginson, 1998) argue that the quality initiative was aimed at assuring the quality of teaching by academics faced with the outcomes of managerialist goals – increased clients to be serviced with reduced per capita funding. In terms of the teaching function, the initiative aimed at ensuring that appropriate assurance processes became embedded within the development and delivery of courses taught within the teaching units of each faculty. In turn, the quality initiative aimed to make the teaching function as important, and therefore as managed, monitored, evaluated and rewarded - as the research function of academics. If successfully implemented, the work practices of academics could have been more controlled by management, possibly allowing less choice by academics as to how they divided their time between research and teaching. Academics and their managers may, of course, differ about the value of the outcome.

Implementing job rotation within the specialist unit of a public hospital

In theory, the potential benefits of job rotation within a public hospital include cross training, reduced stress, monotony, boredom, absenteeism and turnover rates and increased innovation and motivation. In practice, interviews with senior management suggest that the job rotation scheme within the specialist hospital was presented to nurses with a dual aim - to improve job satisfaction and to increase nurses’ skills. From a management perspective, the aim of the job rotation scheme was to increase the work flexibility of nurses so that management could use nurses in multiple areas, thereby reducing the overall cost of patient care (Degeling et al, 1999).

Methodology

This study used case study analysis to compare the responses of academics and nurses to the introduction of new management policies and programs aimed at changing their work practices. Comparative studies permit in depth research into “the interrelation between organisational structure, role expectation and managerial activities”, a research area previously lacking in public sector research (Noordegraaf & Stewart, 2000:435). Comparative case studies using grounded theory methods provide a recognised process for generating substantive theory, that is research that relates to an empirical area of inquiry (Glaser & Strauss, 1967). They involve a detailed examination of data collected from a number of social units with the idea of undertaking an analysis of the context and processes identified in the study (Hartley 1989).

Population and Sampling

The sample method of this study was typical of qualitative research. Schofield (1990) argues that generalisations about processes are possible as long as the study uses multi-case sites and each site is specifically chosen based upon its “fit with a typical situation” (1990:207). Therefore, “typicality” is the prime determinant of the sample choice of universities and the hospital unit ensuring the credibility of the findings.

In the case of the university sample, the first step was to choose a typical example of each type of university found in Australia. The Higher Education Council (HEC) (1992:28) argues that there are four types of public universities in Australia. They differ in origin, structure, mission goals and objectives, ranging from the “Oxford-Cambridge model” (often called “sandstone universities”), to those with a tradition of technical training, in addition to universities set up to operate within the context of quite different “patterns of demand and regional need”, and finally universities set up in the last thirty years “with a brief to attempt a new kind of undergraduate education” (HEC, 1992:29). In this study, because of the time and cost constraints, the sample of universities was restricted to those located in one region of a state, and therefore only one example of each of the four types of public Australian universities was included. In the case of the specialist unit within a public hospital, it was important to choose one large enough to include upper and middle management within a discrete specialist unit willing to participate in the study.

Purposeful sampling is a strategy employed to achieve “information-rich cases” (Patton, 1987:52). The advantage of criterion sampling is that it “allow(s) patterns to emerge” (Patton, 1987:57). In terms of the university study, the second step involved gaining information from a homogenous group of academics, which were comparable across the four universities. In the case of the hospital unit study, it was also important to find a homogenous group of

senior hospital administrators undertaking management responsibility. Therefore, in each case study, a purposive method of sampling was used to ensure that information typical of the position and knowledge was obtained.

The next step was to find representative academic and nurse managers responsible for implementing new policies within the organisations.

Research Design

The research was carried out in three stages. The first stage involved conducting semi-structured taped interviews with a senior representative of the university and hospital unit management. In the case of universities, it was usually the Chair/Deputy Chair of the main decision making body of the university, usually called the Academic Board, Senate or Committee. This decision-making body has the authority to approve and/or change academic teaching programs. In the case of the specialist hospital unit, all three members of the upper management team were interviewed. The interviews lasted between one and two hours.

The second stage involved conducting semi-structured interviews with a senior representative of the management from within the Commerce or Business faculties of each of the four types of universities, as well as sending out questionnaires to each of the middle management team. In the case of the specialist hospital unit, all seven members of the upper management team were interviewed. Interviews again lasted between one and two hours.

The third stage involved emailing and posting a questionnaire to full time academics within the disciplines of "Accounting", "Organisational Behaviour and Human Resource Management" and "Economics" of the four universities as well as the nurses employed within the specialist unit. The response from both groups was relatively low – approximately 22 percent. As such, the small sample size remains a limitation to the overall findings. Tables 1 and 2 illustrate the research sample.

Table 1
University Sample

Public Universities	Senior university managers	Teaching Unit managers	No of academics that responded*
Total			22/111 Responses
Regional (R)	Chair of Acad. Board (R1)	Assoc Dean (R1)	2/16 (R3)
Sandstone (S)	Deputy Chair of Acad. Board (S1)	Senior Admin. Officer (S2)	6/30 (S3)
Technical (T)	Chair of Teaching & Learning Committee (T1)	Assoc Dean (T2)	5/29 (T)
New (N)	Deputy Chair of Acad. Committee/Chair of Teaching & Learning Committee (N1)	Dean (N2)	9/26 (N)

* (Total number of full time academics in the "Accounting", "OB/HRM" and "Economics" departments in 1997)

Table 2
Public Hospital Sample

Public Hospital	Upper Management	Middle/Lower Management	Nurses
	3	7	6
Specialist Hospital Unit	(Director, Two Senior Public Administrators)	(Mainly consisting of nurses promoted to middle & supervisor level)	(out of a possible 30 full time employees)
	H1	H2	H3

In summary, the sample involved in the study included seven actors employed in upper management (four in academia and three in hospitals), eleven actors employed in middle/lower management (four in academia and seven in hospitals) and twenty-eight actors undertaking professional duties (twenty-two in academia and six in hospitals). Discourse analysis of the interviews was undertaken in the following way. The responses given in the interviews and questionnaires were content coded and categorised according to emerging general themes within the data. The frequency of each emerging general theme was then quantified.

The data is presented in the following way. Firstly, the responses of senior management to the following questions are examined in this paper:

"Describe your approach to implementing the policy/program and, comment on the impact of their approach."

This is followed by the responses of middle/lower management to the following question:

"Describe how the program/policy affected the work practices of your employees."

Lastly, the responses of the professionals to the following questions was examined:

"How have you been affected by the implementation of the new policy/program?"

In total, the data was used to examine how nurses and academics had responded to the implementation of policies/programs aimed at reducing their flexibility in the workplace.

Results from senior professional managers

To obtain information about the impact of new policies and programs on senior professional managers within the universities and the specialist hospital unit, they were asked to, firstly, describe their approach to implementing the policy/program and, secondly, to comment on the impact of their approach.

In the case of the public universities, each of the four interviewees gave similar responses. The response to the new policy was to organise a new committee with the task of developing new organisational policies in line with the goals of the quality initiative. The committees, usually called the “Teaching and Learning Committees” were responsible for developing a “Teaching and Learning Strategic Plan”, although the name of the plan varied across universities. The Committee comprised a mixture of senior and middle academic managers. The plan detailed the university teaching philosophy in broad terms and included guidelines for developing and reviewing both the course curriculum and delivering teaching and learning. In addition, the HR policies for academics were changed in each university to reflect the growing importance of the teaching function. For example, in terms of promotion, the HR policies were changed to include performance in teaching along with research as a requirement for each academic position.

However, in each case, there was no accountability mechanism in place to ensure that the strategic plans or HR policies were implemented at the faculty level, although faculties were accountable to senior university management for developing new faculty policies relating to the teaching function. Senior university management believed that faculty management was responsible for implementing the policy, but had no mechanism in place to assure successful implementation. A typical response was that of T1:

“The uni has a strategic [teaching] plan. The faculties were supposed to take them on board and to implement them as operational ... what they [senior university management] discovered was that there were faculties who appeared to have taken no particular notice and some who have taken selective notice of some of the [university performance] indicators and either added a little distinctiveness of the school thing. I think that it [university strategic plans] have been challenged. I don't think that anybody has reconciled those things yet.”

In contrast, the decision to implement job rotation within the specialist unit came from senior management, was accompanied by only limited organisational policy formation, and one of the senior managers was given direct responsibility for implementing it. Meetings between one senior manager and all of the middle/lower management and some nurses to inform them about the introduction of job rotation occurred via “half a dozen meetings”(N1). Job rotation only applied to some of the middle/lower managers and all of the nurses. In theory there was a choice involved for the nurses as to whether they would be involved in job rotation, however the findings from nurses suggested that in practice, information about, and choice regarding participation in the job rotation program was limited. In fact, some nurses only found out a day before they were expected to move. H1 explained how he informed the staff before he had the rosters for nurses changed:

“I oversaw the whole process of it ...From the start, we had different sorts of meetings with different people – one with managers above my level and then with some of the people it was going to impact on the most ... the staff working in the unit – about 3-4 meeting with staff of in-patients, 2-3 with management here and above...”

Hence, the evidence suggests that there was a difference in the ability of senior management within universities and the specialist hospital unit to implement the policy/program.

Results from middle/lower management

To obtain information from middle/lower managers from universities and the specialist hospital unit about how they have responded to the new policy/program, they were asked to describe how the program had affected the work practices of employees. Each of the public universities' interviewees responded similarly by stating that the faculty had been responsible for developing a faculty teaching and learning plan detailing the teaching philosophy and monitoring and evaluation practices of the faculty. A typical response included:

“We probably have a policy on it. Well ... in terms of staff ... we have... but I'm not sure it's actually fulfilled ... The teaching courses belong to the faculty but the department actually runs it and they staff it. Our faculty has developed policies ... that we are trying to implement at the moment, but to be honest with you they haven't been implemented.”

This evidence suggests that the way academic managers responded to the quality initiative was to develop new faculty policies. Academic middle management believed it was up to the heads of individual departments to implement the changes. When managers were asked if the goals of the quality initiative were achieved, the responses were negative. One respondent's comment is illustrated:

“It's been negative. We can make it appear that there are some wins in teaching and learning issues. [For example] the Teaching and Learning Management Plans are potentially very useful documents but in the main as I have observed throughout the Education Committee, they have often come out as

window dressing and rationalising what has been the outcome of a set of more physical positions, that we have only got this many people [lecturers] we have got a reduced sessional budget and we've got an increased pool of students..."

The findings from academic managers suggest that the implementation of the quality initiative on academics was far less than the impact of significant cost cutting. Academics did not report experiencing more monitoring, evaluation and reward as a result of the implementation of the quality initiative, however, most were affected by the managerialist aim associated with servicing increased number of students with reduced per capita funding. Academic managers reported that they had choices about how to implement the quality initiative and used their power to determine their implementation approach.

In contrast, middle and lower hospital unit managers stated that whilst they had been informed rather than consulted about job rotation, it was up to upper management to implement. When they were asked how the information about job rotation had been presented to nurses at meetings, five of the seven middle and lower managers believed that communication from senior management had more to do with "controlling them" rather than "giving them ownership of workplace practices". In addition, when middle and lower management were asked whether they believed that the goals of implementing job rotation were achieved, the unanimous response was that only some were achieved. Firstly, the findings suggest that the cost to the hospital were reduced because the nurses could be placed in more areas and placed where they would normally chose not to work at times that they would normally chose not to work. Hence, the managerialist aim was achieved. Secondly, the findings suggest that the gains for nurses were significantly less in comparison. Instead, the majority of middle and lower managers stated that nurses had far less freedom and choice within the job and that stress in the job may have actually increased. Thus, the evidence suggests that within universities the power of implementation was decentralised whilst within the specialist hospital unit, power of implementation was centralised.

Finally, academics and nurses were asked how they had been affected by the implementation of the new policy/program. In the case of academics, there was minimal evidence of increased monitoring and evaluation by academic managers. The majority of the academics interviewed (88 percent) stated that they operated relatively autonomously in the delivery of their teaching to students. In practice they reported that they operated in an environment largely devoid of advice or supervision from academic management at any level, and appeared to have rarely received advice or interacted with Heads of Schools about content, assessment or teaching modes for the subjects they taught. Only 12 percent of academics had received advice from either the Head of School or the Dean about changing the content, assessment or mode of teaching of a particular subject, and in every case, the issue related to cost issues. In addition, when academics were asked whether they felt that they were rewarded for teaching excellence to the same extent as research excellence, the responses indicated only 12 percent felt rewarded for their teaching effort. A further 12 percent said that they felt "somewhat" rewarded, while the majority (68 percent) did not believe that they were rewarded for their teaching effort. Hence policy changes did not equate to changes in workplace practices.

A majority of nurses commented that a positive benefit from job rotation was an increased opportunity to learn. However, there was an emerging understanding from nurses that job rotation may have benefited the hospital unit, but it had negatively impacted on their choices about where they worked and when they worked. A typical response is as follows:

- "[There is a] lack of rotation to areas I would like to go and too much pressure put towards us going to areas I don't want to go
- Too many broken promises about where I can go... lack of effective follow through from managers to implement changes
- Jack of all trades- master of none
- Disruption to normal routine – splitting of days off
- Lack of continuity
- Not long enough to thoroughly learn new skills ... has caused anxiety for staff who are working in uncomfortable areas"

In summary, the responses from academics and nurses suggest a significantly different impact on work practices caused by the implementation of new policies and programs emerging from the implementation of managerialism.

Discussion

Evidence from the research suggests that there are similarities and differences in the impact on academics and nurses, from the implementation of new policies and programs associated with managerialist aims. Both groups of professionals have been affected by cost cutting within their organisations. Both groups service more clients with fewer resources. However, there is a difference in the autonomy and choices that nurses and academics have within the workplace. The findings suggest that new programs have reduced the choices nurses can make within their workplace. In contrast, Australian academics appear to be similar to pre 1992 British academics because new policies and programs have less impact on them.

There are likely to be two reasons why some professionals have been differently affected by the managerialist

agenda. Both nurses and academics are considered professionals, but the advantage for academics within Australian universities is that they are managed by senior academics that are still strongly inculturated within the long established values and beliefs of their profession.

Any new policy that challenges traditional beliefs (particularly in relation to the relative value of teaching versus research) would require academic managers to firstly change their beliefs and then to model those beliefs for colleagues (Bates, 1998). These findings support earlier research (Young, 2000; Rothschild & Miethe, 1994) that suggested that public sector managers would resist new changes if they compromise the established values of professional managers. In contrast, the senior management at the specialist hospital unit were not nurses and therefore there was possibly not a shared cultural belief system binding management and colleagues.

In addition, managers have more choice about how a new policy and program will be implemented. Within the specialist hospital unit, managers seemed to be using performance based management; with one senior manager given responsibility for ensuring that implementation outcomes were achieved. In contrast, within the university, both senior and middle managers managed new policies by concentrating on developing policies rather than implementing them. This finding supports previous research, which indicates the traditional public sector process management approach is still in use within some public sector workplaces (Brunetto, 2000; O'Neill & Harris, 1998).

There are several implications for public sector professionals from this study. The evidence suggests that the way professionals work has been affected by managerialist objectives. However, some professionals still have some choice as to how they respond to changes within the workplace. Those professionals who are managed by managers chosen from within the same profession are more protected from negative workplace changes as long as the managers use the traditional process management approach. In effect, this bottom up force has the effect of "cushioning" the top down push somewhat for colleagues. The option for managers to mediate proposed organisational changes according to long established traditions is compromised when performance management is introduced, because it forces managers to be held accountable for achieving particular outcomes. Under such conditions, professional employees appear to have far less choice about how they work because management has far greater control of employees.

Conclusion

The findings from this research study suggest that public sector professionals are not a homogenous group in the way that they have been affected by managerialism and the "hidden agendas" aimed at cost cutting or reducing employee flexibility in the workplace. Even though few have escaped the imperative to service more clients with less resources, those managed from within the profession seem to have more autonomy in determining their work practices.

The implications for public sector professionals in western countries may be less about focusing on the employees in general and more about examining the impact of different types of management. Past research (Parsons, 1995; Avis, 1996) has focused on the different work conditions and levels of autonomy between ordinary public sector employees and those within a profession. However, professional public sector employees are by no means homogenous in terms of their autonomy and flexibility within their workplaces. In addition, Ackroyd & Ackroyd's (1999) study clearly differentiated autonomy outcomes for the same profession as being determined by whether management came from within or outside the profession. Longitudinal studies are required to examine how management from within and outside the profession, as well as performance versus process management styles affect the long term productivity, turnover, job satisfaction and employee commitment of professionals. The short-term gains in efficiency from reducing professional autonomy may in fact have grave longer-term costs if job dissatisfaction leads to a "brain-drain" in certain professions.

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