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## Summary

For some fifteen years already, the control of public managers over insurance physicians has been a political issue in the Netherlands, as in other Western countries that have a social insurance system. More control should lead to, among other things, a more limited system and an efficient bureaucracy.

An intriguing question, therefore, is how district managers of the selection bureaucracy 'Implementation institute for employees' insurances' (*Uitvoeringsinstituut werknemersverzekeringen*, or *UWV*) relate to these physicians in daily practice. At issue are medical professionals who provide social-medical evaluations with respect to the legislation concerning sick leave and employee disability, among which are the 'Work and income according to labour capacity act' (*Wet werk en inkomen naar arbeidsvermogen*, or *WIA*) and its predecessor, the 'Disability insurance act' (*Wet op de arbeidsongeschiktheidsverzekering*, or *WAO*).

The motivation for this book is not only political, but also scientific. The rare studies in which individual managers are visible mainly focus upon the question of *what* the managers do (Mintzberg 1969, Kaufman 1981, Watson 1995, Noordegraaf 2000). However, without insight into the **mutual influence** between managers and others, the question remains as to *how* management takes form in daily practice (Law 1994, Kunda 1994). This observation has had a significant impact upon this research.

To answer the question of how public managers relate to insurance physicians in everyday practice, I bring together several stories in this book. To begin with, in 2002 an organisational ethnography based upon ethno-methodological principles was conducted of the UWV. The most important part of this effort was the observation of four district managers, each throughout at least one regular working week.

In an ethno-methodological approach, the research focus is upon the way in which individuals behave in social interactions, assuming that they give meaning through and in continuous negotiation with others. Patterns in negation processes within a given group are called 'ethnomethods' (Coulon 1995, Ten Have 2002). Considering that the researcher will need to 'construct' these patterns, only after empirical data collection will it be clear what exactly the object of the research was.

In order to understand this first story, the organisational ethnography, other stories are needed. A second story in this book is, therefore, a theatrical perspective that offers a conceptual framework for social interactions. In it, theatrical processes are used as analogies; processes in which different combinations of individuals prepare, give and evaluate performances, both on stage and behind the scenes of a location. My theatrical perspective is an expanded form of the dramaturgical perspective of Erving Goffman (1990). I make use of more roles, namely including theatrical roles behind the scenes, such as prompter and author; and I assume the existence of multiple interaction areas. The central relational concepts in this story are **roles**, **definitions** and **coalitions**.

A role can be viewed as the whole of behaviour and social rights and duties that is associated with a certain social position or status (Parson 1937, Merton 1968). This jointly constructed whole can be used by individuals to shape their daily actions. This process is called 'role making'. They can also use it to structure a situation by imaginarily viewing themselves from the

roles of others, called 'role taking' (Mead 1934, Blumer 1998).

As part of this, I assume that people act upon the basis of the image that they, at that moment and in that place, have of 'reality'; an image that is created jointly in social interactions (Blumer 1998, Goffman 1990). Under this assumption, the actions of individuals can only be understood when it is clear how they define the situation. What do they consider to be important, a problem, or obvious? By approaching reality as a social construct that is not unambiguous or stable, I (also) do not escape 'inscription' (Latour & Woolgar 1986, Akrich 1992, Czarniawska 1997). In this line of reasoning, neither I nor another scientist can provide a description or representation with which reality is unambiguously revealed. I give meaning to the observed actions, and so I write a reality.

In addition, a premise of this book is the dramaturgical assumption that in social interactions, individuals engage in temporary coalitions in order to create and maintain a certain definition of the situation (Goffman 1990). Such a coalition can be considered as a group of people who together, in one or more social interactions, try to reveal certain information and hide other information. Not individuals thus, but temporary coalitions, form the unit of analysis.

A third story in this book is a conceptual story about the importance of context for and through the development of social interactions. In this research I assume that, in negotiations about the image of reality, people do not start anew every time. An earlier meaning that was attached to a situation can be considered as a congealed connection or a recurring pattern. When a congealed connection is used as a source in a social interaction, we speak of the reproduction of a context. When a congealed connection is used in an adjusted manner, a context is being produced (Goffman 1986, Weick 1995, Giddens 1999, de Ruijter 2000).

The context of the investigated social interactions has the form of a **strong and inescapable field of force**. The district managers have the official assignment of gaining a grip on a 'difficult type of professional' who must implement a crucial and complex phase of one of the most difficult social laws, in the particularly (but not exclusively) hectic year of 2002. Moreover, the district managers need to live up to high expectations, while formally the power relations with the (staff) insurance physicians are ambiguous, and the chance of public exposure increases. In this force field – in theatrical terms the *décor* – the district managers are required to perform certain roles. They are cast, mostly guided by political considerations, in the role of new public manager. In this role they are expected to act in the interest of efficiency.

I bring the different stories together in five episode chapters. On the left-hand pages I develop scenes, by very precisely filleting observation transcripts. On the right-hand pages I offer my theoretical construction of them. The episode chapters are characterised by a thematic structure, guided by the five research questions, based upon an underlying theatrical line.

First I demonstrate that all sorts of things are expected from the district managers. In the third chapter I show, by way of the episode 'Medical Professional Secret', how the conflicting roles of the district manager and the insurance physicians are used to view oneself and the situation. These roles conflict because the efficiency interests of the politically desired new public manager clash with the social-medical interests of the juridically social-medical physician. How do they give rise, in the investigated cases, to a timely and medically careful implementation?

In their formal function as middle manager, the district managers need to reconcile conflicting interests for the sake of the selection process. In this research, however, there is hardly any

overlap between interests (or between, for instance, views, expectations or action). In daily practice, the **conflict**, which in the context of the social interactions of the district managers is magnified, acquires the characteristics of a **stalemate**. The district managers and their coalition partners try to define the insurance physicians away, as a problem and as a solution. They have a strong faith in figures.

In the fourth chapter I construct, by way of the episode 'Upgraded Production Boss', how, in the light of this faith, the image of reality is negotiated. In the (mostly political) context of their social interactions, figures are regarded as a panacea for business problems. How, in the investigated interactions, are professional principles shaped in the bureaucratic reality of implementation?

In the investigated social interactions of district managers, this emphasis on figures leads to the politically desired professionalisation. But in order to meet the stringent requirements for quantitative transparency and quantitative improvement, electronic registration systems acquire an important role in the investigated social interactions. This role becomes so strong that a virtual reality is developed for and by the district managers, which determines their social interactions to a high degree. Technical definitions of the situations form informal rules that the temporary coalitions 'naturally' need to obey. In this way the **registration systems**, innocent in themselves, become a disciplining **registration regime** in which there is little space for concrete insurance physicians.

Then, in the fifth chapter, the question of power is addressed explicitly. The district managers have a difficult task. With ambiguous formal authority, they need to gain control over the insurance physicians, who have a relatively high status and relatively much autonomy. How do they perform this task?

The district manager in the episode 'Going to War' uses the imagery of hunting and guns. However, he hardly engages in the battle with the insurance physicians. In my construction, his temporary hunters' coalition is hardly capable of exerting influence upon the definition that (staff) insurance physicians apply to a situation, and therefore to their actions. There are three reasons why I speak of a **power vacuum**. First, in the social interactions, so much reverence for the (physically absent) insurance physicians is (re)produced that talking to, and certainly appealing to, these physicians is not sufficient for gaining control over their actions. Secondly, the ambiguous formal power relations between the district managers and the insurance physicians are (re)produced strongly in the investigated local practices. Finally, the managers project little authority upon each other. They do not appear to support each other in this managerial powerlessness.

Subsequently, I demonstrate what happens when the district manager and the staff physician do have contact, because they form a temporary coalition together. In the sixth chapter I show, by way of the episode 'Giving Faith', a type of 'best practice'. The medical insurance behaviour needs to be influenced (again) because, in the public domain of sick leave and employee disability, a political change reflex exists with few moments of actual reflection. How does the temporary coalition of management and staff give shape to this continuous flow of political changes?

All players in the episode name the quick succession of unavoidable changes as a complicating factor. Nevertheless, the central underlying theme in the negotiations within their temporary coalition is the relative autonomy of the insurance physicians. There is no mention of any rap-

prochement of the district managers to the social-medical reality of the (staff) insurance physicians. The staff physician, in turn, shields the contents of the medical insurance work from the managers. Thus the singularity of the selection process remains largely out of the scope of the social interactions of the district managers.

However, in a temporary line staff coalition, the reverence for the (staff) insurance physicians assumes smaller proportions than in the rest of this research, in which they, as opponents, appear larger than life. In this respect, the subject of the discussion is not the most important, and it is also not necessary for the district manager and the staff physician to agree in order for the power vacuum to be broken. An important step in being able to – or daring to – enter a dialogue appears to be the creation of images, by the district manager and the staff physician together, of themselves and each other in human proportions. This brings **the long-term goal of effective cooperation** undeniably closer.

The social interactions in all these episodes are characterised by an internal orientation. The images of reality that the district managers and their coalition partners construct together are very much focused upon themselves. However, an inclination to keep the outside world out cannot prevent that it sometimes enters the social interactions, tangibly and inevitably. In the seventh chapter I demonstrate how the contact between district manager and staff physician develops when, in the episode 'Medical Blessing', a client's family participates in the social interactions and, moreover, threatens with media attention. How is the possibility of bureaucratic actions being made public dealt with?

Temporarily, this outside world turns daily practice – the use of roles, the defining, and the forming of coalitions – upside-down. Basic concepts in the bureaucracy, such as equality before the law and carefulness, temporarily acquire a (moral) meaning that is opposite to the formal (juridical) meaning. The bureaucratic roles need to be abandoned briefly. And for the time being, during the (preparation for) the performance for the outside world, the authority of the district manager is an important factor; she 'is' in these social interactions actually the manager of the location. Moreover, as coalition partners, the district manager and the staff physician create a common enemy who binds them. The **external pressure** thus creates **internal cohesion**.

In the closing chapter, I explicitly answer the central question of this research, how public managers relate to insurance physicians. I argue that they **count themselves out, both literally and figuratively**, with respect to these physicians. A paradox of transparency is that, in daily practice, the political call for making the medical insurance work transparent through figures mostly leads to a virtual reality that obscures the view of the concrete actions of (staff) insurance physicians. Moreover, in the power vacuum the district managers figuratively count themselves out. They try to avoid the insurance physicians. A paradox of this avoidance is that the physical absence of (staff) insurance physicians in the social interactions of the district managers actually has as a consequence that they are omnipresent, because they regularly are part of the underlying problems in the investigated social interactions, in particular in the cooperation problems. In my estimation, things will continue to revolve around the insurance physicians as long as mostly short-term goals are pursued in the social interactions of district managers and the long-term benefit of effective cooperation is neglected.

This book is about the interplay between practical actions and the social structures that are created for and by those actions. Throughout it, a picture develops of a public domain with an

interplay that **inevitably generates dramas about content**; an interplay within which people can become imprisoned in a role or may become part of group forces that appear to exceed individual responsibility. Here, the tragedy of the individual and the tragedy of the system coincide.

First, I construct a drama of fragmentation. The interplay between, on the one side, the local dynamics and, on the other side, the context through and within which these dynamics develop, forms a driving force: the district managers are pushed upon the stage of the office, away from the concrete work behind the scenes. In this book, an organisation is considered as a temporary result of organising. In the researched locations, the formal selection bureaucracy can be regarded as two independent organisation processes, with a managerial 'organisation' and a social-medical 'organisation' as temporary outcomes. In this way a bureaucracy develops that does not sufficiently generate meaningful relations.

Next I identify the drama of incident politics. In the UWV, incidents are not incidental. The political attention given to the domain of sick leave and worker disability gives rise to (disturbing) changes that determine the agenda of the selection bureaucracy. At the same time, vulnerable and crucial social-medical selection processes in the UWV themselves generate attention from politics and media. Moreover, the actions in the investigated social interactions have been partly adjusted to the experience that it is necessary to follow the facts. This experience, namely that causes for action lie outside themselves, can have as a consequence that people also place the responsibility for their behaviour outside themselves.

These two bureaucratic dramas of fragmentation and incidental politics activate to a large extent the drama of uprootedness. Through an interplay between introverted practices and their context that keeps pushing and pulling, the (managerially organised) selection bureaucracy threatens to become estranged from the particularness of its primary process. This is problematic, considering that service provision is the base of both its right to existence and its power. Non-medicals who evade this social-medical 'organisation' or are avoided here, run the risk of becoming uprooted. They lose contact with the source and with important development opportunities of the selection bureaucracy.

The images that I have created in this book provide a variety of **starting points** for more cooperation between public managers and insurance physicians. They lie, for example, in the formal organisational structure, in which there are two separate control channels with respect to the (staff) insurance physicians: a management channel and a staff channel. In the political debate, gains can be obtained from a strong awareness of one's own contribution to (the unproductive effects of) the current bureaucratic dramas.

For the district managers and insurance physicians themselves, the obligatory starting point of the dialogue is obvious, as a starting point for the creation of meaningful relations. This option, however, requires a change in the repertoire of actions of both the district managers and the (staff) insurance physicians. In short, the district managers need to step out from behind the figures, and the (staff) insurance physicians need to step down from their pedestals. A possibility for strengthening meaningful relations lies perhaps in joint processes of identification. Factors that enable shared identification among both players are, for instance, pride (we are doing it right), conviction of social relevance (we count), and joy (we like to do it). But joint recognition of the complexity of the work would already constitute an improvement.