

# PROFESSIONALS IN BUREAUCRACIES: AUTONOMY VS. INTEGRATION

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THE intent of the Banff Conference is to bring nurses from the areas of service and education together to examine some of their major conflicts, compatibilities, and common problems in relation to their ultimate aim of improving the nursing care of patients. On the premises, first, that the roots of many of our problems lie in the larger phenomenon of professionals working in bureaucracies, and second, that we can more ably examine the relationships of practitioners and educators if we keep such dynamics in mind, I should like to focus upon the tendency of large-scale organizations to try to integrate the professionals into their goal structures, and the tendency of professionals to behave as autonomous individuals and groups, regardless of the particular aims of the bureaucracies in which they work. Throughout, attention will then be given to nursing service/nursing education implications.

Many negative words are associated with the term bureaucracy, among them: red tape, depersonalization, rigidity, rules, regulations(1), and to a considerable degree, these negative associations are well deserved, as very often it seems that bureaucracies function and develop impetu of their own without regard to the goals to which they are purportedly committed(2). I remember one story told by Peter Drucker, pertaining to the Second World War, in which the R.A.F. bombed a very important German factory. The factory was designed like a wheel. The administrative tower was in the center of the wheel and the munition plants were located in "spokes" radiating out from it. While the R.A.F. managed to knock out all the munitions plants, the administrative tower remained undamaged. Apparently it

was three years before the people in the administrative tower realized the munition plants weren't working! Sometimes I think that our hospitals, community health agencies and schools of nursing function like that administrative tower, in that they could carry on for a considerable period without patients or students, for we, too, develop momentums which are frequently unrelated to our "raison d'être."

As emphasized above, one of the central characteristics of bureaucracies is that of integration(3). A bureaucracy is in a sense like an octopus which reaches out and tries to absorb and neutralize the effects of any one individual, or any ideas that are not absolutely consistent with those of the organization. This phenomenon has important implications for professionals working in bureaucracies: On the positive side, this press for integration tends to channel professionals' energies into attaining the goals of the organization rather than attaining their own individual and/or sub-group goals. One must keep in mind that there is such a state as "underorganization," or put another way, "underbureaucratization," and realize that were it not for the structure and control of formalized institutions such as hospitals and public health units, individual professionals, however committed, could not give the range of complex health services which exists today(4).

On the negative side, however, bureaucratic pressures can seriously attenuate if not eradicate goals and behaviors of professional groups and individuals(5), to the extent that professionals either leave the system or "switch (to bureaucratic goals) rather than fight." While it is one thing for bureaucratic pressures to cause professionals to modify what might be regarded as "too idealistic" expectations toward more realistic levels (a process which can be functional for clients, professionals, and organizations), it is quite another matter when the effect on professionals is to quit asking "What is in best interests of 'my' client/'my' student," and ask only "What is best for the organization?" This tendency to press bureaucracy's norms on, for example, the student nurse and/or the graduate nurse can take its toll; but let it be underlined that head nurses and supervisors are also vulnerable, for some have already given up on demanding what is best for the patient. On the other hand, many have not, and the instructor who is inconvenienced by a head nurse who, for example, will not permit a particular student to look after a particular patient because the patient's needs are not consonant with the student's skills, should take care not to label the head nurse as "uncooperative."

In terms of organizations of the future, this tendency towards organizational integration is likely to be even more pervasive as more

and more specialized groups come into agencies, additional goals become more complex, and, in many cases, more conflicting in their nature.

Marlene Kraemer has conducted research on the impact of bureaucracies on nurses, particularly on newly graduated nurses. She has reported that in about six months' time after coming into an agency to work, the professional value conflicts of a large proportion of the new graduates is such that they leave the organization, succumb to the norms of bureaucracy, or leave the field of nursing entirely (6).

The above factors constitute a very serious social phenomenon because taking the extreme of the pathologies which can develop in bureaucracies, one can argue that it really doesn't matter how competent the nurse is upon graduation *if* she subsequently works in environments which cause her *not* to seek high goals of professional service to the clients. The education that she has undergone then becomes irrelevant, if not a source of conflict. On the other hand, if the impact of bureaucracy on professionals is so pervasive, it can be argued, too, that it doesn't matter too much how nurses are educated during their formal training period *so long as they subsequently work in bureaucracies with high standards of professional performance*. Indeed, we could argue that one could take a fairly mediocre nurse, put her in a very good working situation, thereby effecting positive changes in her behavior and attitudes — and really produce a fine "nursing product."

I think that a rule of thumb which proves to be the most useful in examining professional-bureaucratic conflicts is to ask, what is best for the patient? The competing demands of various professions within any organization and the demands of the organization itself are so great that one cannot reasonably approach problems by asking what is best for any group in the organization; yet I think we do not usually try to solve the problems in complex institutions by asking what is best for the client. Usually we ask what is the cheapest, or what will produce the least conflict, argument, or uproar. I think we have to be more determined and skillful in analyzing what constitutes "client benefit" — too often we construe that as being identical with what *we* see as "good" for clients.

Stevens has recently written an article about the law profession, and talks extensively about the accusations of legal practitioners that the education of lawyers today is not at all relevant to the problems of the outside world. Conversely, the legal educators state that they should certainly not teach what the practitioners advocate, otherwise, things will continue to be in the mess that they now are (7). We are,

then, faced with a kind of war, if you will, between teachers and practitioners in any profession; but I don't think that it should mean that we look at such tensions resignedly or give up trying to eradicate some of the basic sources of misunderstanding. The more committed we are to definite goals, toward doing what is right for the patient rather than for teachers, practitioners, and/or organizations, the more potential I think there is for resolution for some of these conflicts.

#### References

1. Herbert Stroup, *Bureaucracy in Higher Education*, (New York: The Free Press, 1966), pp. 16-24, 189, 190, 235.
2. Peter M. Blau, *Bureaucracy in Modern Society*, (New York: Random House, 1956), especially pp. 6-15.
3. William Kornhauser, with the assistance of Warren D. Hagstrom, *Scientists in Industry*, (Berkeley: University of California Press, 1963), pp. 159-161; see also the extensive examination of bureaucratic-professional conflicts and compatibilities in the chapter on "Bureaucratization and Professionalization," in Shirley M. Stinson's unpublished Ed.D. dissertation, *Deprofessionalization in Nursing?* (New York: Teachers College, Columbia University, 1969), pp. 204-246; and David Smith, "Organizational Theory and the Hospital", *Journal of Nursing Administration*, 2 (May-June, 1972), 19-24.
4. Harold Wilensky emphasizes this principle in *Industrial Society and Social Welfare*, (New York: Russell Sage Foundation, 1958), p. 240.
5. For example, see Marlene Kraemer's "Role Models, Role Conceptions, and Role Deprivation," *Nursing Research*, 17 (March-April, 1968), 115-120.
6. *Ibid.*
7. Robert Stevens, "Aging Mistress: The Law School in America," *Change in Higher Education*, 2 (January-February, 1970), 32-42.