

Government 1521
Bureaucratic Politics:
Government, Military,
Social and Economic Organizations

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Lecture 24:
Bureaucratization and Loose Coupling
in Education and the Modern Hospital

Announcements

Third paper Qs on the Web. Due Monday, May 4th, 8PM.

Next Office Hours:

Tomorrow, 3-5PM.

Class Party/Review Session: review week? Or would this
take too much of your time?

Pre-Bureaucratic
History of the Hospital

Rosenberg: Philadelphia General Hospital.

Fused with almshouse; common in 19th c. cities as means of
regulating poor/sick.

“Admission to an almshouse ward – even for unavoidable illness or
injury – was a confession of failure. For both the institution’s
internal order and its process of recruitment mirrored closely the
values and relationships that reigned outside its walls. Most
significant was the unavoidable blurring of the distinction
between sickness and dependence, for in fact the primary
requirement for admission to an almshouse ward was
dependence, not some particular diagnosis.” [114]

Weberian Slippage

Almshouse: Clients become Functionaries

John Miller (blacksmith, 1854):

- (1) First admittance, male medical unit
- (2) Then, alcoholics' ward
- (3) Medical unit again
- (4) Transferred to "outwards" and begins work
[cupper, leecher, ward nurse]
- (5) Readmitted to medical

Becomes a "career line" of sorts [Rosenberg, 129].

Bureaucratizing Hospital Retains "pre-Weberian" Features

Karen Orren, Stephen Skowronek, Eric Schickler:
new institutions contain layers of the old.
Change never discrete even when it seems that way.

- Almshouse: "drunkard's wards."
- Hospital: Detox ward.
Social stigma attached to both.

Authority of Doctors

1. Contact with poor and ill creates problems of order [Rosenberg, 130].
2. Work requirements impose order and hierarchy upon patients
3. Doctors' dress and presence are more ordered. Difficult to access.

Hypothesis: Is the social and economic power of the physician tied to the organizational form of the hospital or clinic?

Separation of Almshouse and Hospital

The issue did not redefine itself, even as the hospital grew ever more prominent and self-contained. In 1900, for example, Blockley's medical staff again formulated the now commonplace demand. The hospital, they charged,

being a part of the Almshouse, there is strenuous objection on the part of many people to take advantage of the treatment therein accorded patients, because of the stigma of pauperism which they believe is attached to an inmate of the institution.

In order to overcome this feeling your Board desires to separate the two institutions, removing the Almshouse to a suitable location, where the inmates may be properly cared for and yet have some light duties to perform so as to help sustain themselves and to make of the present location a hospital in every sense of the term, one from which the stigma is removed, and that no citizen would hesitate to enter when in need of treatment.

Significantly, this plea was made as part of an effort to "promote, encourage and enlarge the clinical teaching at the Philadelphia Hospital" so as to "make it one of the best medical and dental schools in the world."²⁹ Yet it was not until the 1920s, as we shall see, that the physical separation of the almshouse, hospital, and lunatic asylum became a reality.

Separation of Asylum from Psychiatry

Blockley
authorities were proud to emphasize that the insane department as well as the neurological work had:

become more truly than ever before an integral part of the Hospital and has been absolutely removed from the category of "asylums:" where restraint or confinement were the chief objects aimed at,—not treatment, improvement, and cure. The services of four eminent specialists in nervous and mental diseases are now given to the inmates of this department . . . The enormous mass of valuable material which these wards contain is being classified, studied, and utilized, primarily for the benefit of the patients themselves, but also for the advancement of medical science and the good of the community.

Problem:
Separability of Sickness and Dependency

Difficult (impossible?) to distinguish illness from dependence/poverty. Moral distinctions reigned, but embed ambiguity within them.

“Were the occupants of the “old ladies” ward dependent or sick? Should they be considered a part of the hospital – or of the outwards, the term used to describe that portion of the institution assigned to paupers well enough to work? The decision was determined as much by the accident of circumstances as by the application of clear and universal criteria.” [114]

Other Forms of Bureaucratization

1. Clinical laboratory
2. Radiology specialty
3. Work increasingly professionalized; no longer given to patients [nurses wear uniforms w. Maltese cross]
4. Centralization of cooking, laundry, administration



Nurses on Parade

But Chronic Illness Wards Persist

Eighty-nine patients had slept on the floor the previous night. The problem, of course, lay in the continued presence of patients who no longer needed attention, but could not be discharged because they were unable to care for themselves, "and if we send them away when they are unfit to care for themselves we open the way for adverse criticism." Many of those legitimately occupying beds were old and chronically ill, sufficiently ill to need some care but not so ill as to require active medical treatment:

This group of patients crowd the hospital wards and interfere with the satisfactory treatment of those requiring more active medication. If space could be found for the establishment of special wards for these elderly and somewhat helpless patients, it would be of great advantage to the aged themselves, while giving a needed relief to the medical and surgical wards.

Loose Coupling

Simultaneous existence of emerging Weberian bureaucracy with "pre-modern" features of organization.

Universities and schools: the German research university co-exists with the eighteenth- and nineteenth-century liberal arts college. The same faculty teaches both.

[There is a] remarkable constancy of educational results in the face of widely differing deliberate approaches. Every so often we adopt new approaches or new methodologies and place our reliance on new panaceas. At the very least we seem to chorus new slogans. Yet the academic growth within the classroom continues at about the same rate, stubbornly refusing to cooperate with the bright new dicta emanating from the conference room . . . [These observations suggest that] we would be making a great mistake in regarding the management of schools as similar to the process of constructing a building or operating a factory. In these latter processes deliberate decisions play a crucial part, and the enterprise advances or stands still in proportion to the amount of deliberate effort exerted. If we must use a metaphor or model in seeking to understand the process of schooling, we should look to agriculture rather than to the factory. In agriculture we do not start from scratch, and we do not direct our efforts to inert and passive materials. We start, on the contrary, with a complex and ancient process, and we organize our efforts around what seeds, plants, and insects are likely to do anyway The crop, once planted, may undergo some development even while the farmer sleeps or loafs. No matter what he does, *some* aspects of the outcome will remain constant. When teachers and pupils foregather, some education may proceed even while the Superintendent disports himself in Atlantic City.
