We Are Being Framed! How bureaucrats and bureaucracy have come to dominate healthcare

Abstract

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We Are Being Framed!
How bureaucrats and bureaucracy have come of dominate healthcare

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SUMMARY: This paper takes a stand against looking upon healthcare as a business. To apply business practices in a healthcare setting is rarely questioned. Lakoff's theory of framing is used to analyse this phenomenon and his advice on how to change the frame in a political context is suggested as one route to changing the frame in a healthcare context.

KEY WORDS: Bureaucracy, healthcare, economics, framing

I grew up in a small village in the Netherlands, there were three GPs and we all knew that Dr. F. was a cranky sod, but very good and effective; Dr. J. was very kind, but sometimes missed things and Dr. D. was always cheerful even when diagnosing someone with terminal cancer. The practice was managed by the spouse of the doctor or as in the case of Dr. D. his daughter. The 13,000 people in the village each had their favourite and the fact that you could just walk in without an appointment, call on the day and get a home visit on the same day was not seen as anything special or out of the ordinary. If you turned up in the waiting room and there were 10 people ahead you waited until it was your turn, which could take some time as emergencies were automatically prioritised. I experienced this personally, when I had (as a 6-year-old boy) taken a shortcut while cycling around a corner. My misfortune was that the corner was fenced off with barbed wire. My dad carried me to the doctor's surgery while I was dripping blood everywhere. The help was immediate and combined with a stern lecture (this was after all dr. F.): 'Now, dear boy, let this be a lesson in life: don't cut corners!' Healthcare in those days was not ruled by business but by health and care.

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Healthcare as caring for health or healthcare as business?

In the 1980s I worked as a clinical psychologist for a regional addiction service. I remember board level discussions on how to attract more patients: what could we do to increase the flow of patients into our service; how could we make our service operate easily accessible, how could we keep people in treatment long enough for our therapies to have an impact and how could we provide addiction healthcare to as many as possible people? How different are the discussions now in many community mental health settings and in many IAPT (Improving Access to Psychological Therapies) Centres. The questions here are often the opposite: What are the exact criteria for allowing people access to the service? How can we get people through the system as quickly as possible and how can we exclude people that don't belong in our service? Why do we do this? Because it is not good business to offer our scarce services to patients/clients who should have gone elsewhere! When I was working in a community mental health setting (2010) I experienced the beautiful insanity of this type of sectorial thinking. In this region there was a community mental health team, an addiction service, a dual diagnosis service and an assertive outreach service. Many clinicians were part of at least two of these services. As a newbie I attended all patient reviews of these teams and the following happened. Each team (between 6 and 10 professionals) met for around three hours each week to discuss all new referrals to the team. Each team had between five and 10 new referrals each week. To my surprise around 80% of all new referrals were 'bounced' back to the GP, without being seen by anyone. The reason was: 'This patient's drinking seems to make him more suitable for the addiction service' (the community mental health team); 'This person's drinking seems to be function of his anxiety problem, so he will be better placed in the Dual Diagnosis team' (the addiction service); 'The problem seems to be primarily drinking and the mental health issues are a consequence of this, so he would be better served in the addiction unit' (the Dual Diagnosis Team). When I asked why this was done, the answer of the general manager was that this is 'good business': 'We have to use the resources for the proper problems, otherwise it will be chaos, just imagine that monies allocated to addiction treatment get used for mental illness treatment.' He looked visibly shaken when he said that…..When I argued that in the same amount of time all these patients could have been given an assessment/triage session of at least 45 minutes and they could have been internally referred, the answer was that this was not in the service specifications, so it could not be done.

Another example was a forensic psychiatric institution in the Netherlands in the late 1970s. A ward of 15 patients would have a staffing allocation consisting of a full time consultant psychiatrist, a full time trainee psychiatrist (speciality doctor), a full time consultant psychotherapist, a full time consultant

clinical psychologist, full-time occupational therapist and a full-time activity coordinator; a full-time social worker. The patients would have access to creative therapies, arts therapies and drama therapies as well as family psychotherapies. The ward based staff would consist of at least 10 members of staff during the day, present on the ward; of which at least half would be mental health nurses (all with further diplomas or masters degrees in forensic nursing or the like). The other members of the ward based team would be people with at least a masters degree in psychology, social work etc. Now, such a ward would have a fraction of this staffing. But, patients have not become less complex; the bureaucracy has not been decreased dramatically. So it is the same type of problems, the same patients, but we have to offer quality healthcare with a fraction of the staff that we had 35 years ago and the staff now is trained to a lesser extent.

Healthcare is treated as a business, healthcare is business.

> 'Health Care Is a Business – or Should Be'. (Richard E. Ralston, 2007, Americans for Free Choice in Medicine).

This is absolute nonsense. We have been 'framed' into believing this. To be clear, in organising healthcare, it will be useful to – sometimes – use principles and methodologies from the world of business. In the same way that many professional spheres 'borrow' from each other, healthcare can benefit from some business principles. In the same way that certain elements of the arts world are beneficial to business; how mechanical engineering can be helpful in understanding some functions of the body and brain ….

In healthcare we seemed to have gone many steps further than this – healthcare is business! This may be strongly influenced that certain elements of business have deeply penetrated in healthcare. The pharmaceutical industry for one has deeply penetrated the health sector. In mental health, the publication and distribution of the diagnostic bibles (DSM and ICD) are certainly no loss making enterprises for their respective organisations (the American Psychiatric Association and the United Nations).

We have been framed

When I said that we have been 'framed', I meant that in a double sense. Firstly of course, it means we have been put in an impossible position (more about that later), whereby whatever we do it will never be good enough. The second 'framing' is that we are being framed in the sense that George Lakoff means in his excellent book *Don't Think of an Elephant* (Lakoff, 2004).

Lakoff is a cognitive psychologist but he weaves together insights shared by sociologists, political scientists, and communications specialists. Frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions. In politics our frames shape our social policies and the institutions we form to carry out policies. To change our frames is to change all of this. You can't see or hear frames.

They are part of what cognitive scientists call the 'cognitive unconscious' structures in our brains that we cannot consciously access, but know by their consequences: the way we reason and what counts as common sense.

In Lakoff's words (2004):

> 'We also know frames through language. All words are defined relative to conceptual frames. When you hear a word, its frame (or collection of frames) is activated in your brain. Reframing is changing the way we sees the world. It is changing what counts as common sense. Because language activates frames, new language is required for new frames. Thinking differently requires speaking differently. Facts never speak for themselves. They take on their meaning by being embedded in frames, themes which organize thoughts, rendering some facts as relevant and significant and others as irrelevant and trivial. Framing matters and the contest is lost at the outset if one allows one's adversaries to define the terms of the debate'.

In other words, this means that as soon as we allow people to frame healthcare as business, we are lost. In the same way that politicians are lost who accept the frame that the next election is about tax relief (Who can be against relieving suffering people from the burden of taxes?) or safer borders (Who in his/her right mind would be against safer borders?). When we accept the frame that healthcare is business, then we also accept that it is about profit and loss, that it is about maximising resources and optimising productivity. It is impossible to debate the importance of quality healthcare in the context of business.

The idea that people can consciously control their reasoning, and therefore will automatically draw the right conclusion based on facts, has been proven to be a fallacy by neuroscientist Antonio Damasio as described in his book *Descartes' Error* (2005).

We, human beings, are not the rational 'creatures', we believe we are since the enlightenment. In fact our brain cannot reason without emotion. Lakoff argues that framing is a natural phenomenon. Framing ensures the possibility of interpreting, and metaphors frame our understanding of the world. Damasio and Lakoff see the brains as physical connections (synapses) between billions of neurons. Those connections are made and strengthened by repetition.

Basically there are two basic emotions by which the brain structures itself (via emotional pathways); epinephrine for 'negative' emotions and dopamine for 'positive' emotions (Damasio, 2005). Which leads to six basic emotions: fear, disgust, surprise, sadness, happiness and anger (Castells 2009).

Lakoff describes six major errors in the brain; optimism bias, the fundamental attribution error, the illusion of control, reactive devaluation, risk aversion and the salient exemplar effect (Lakoff, 2009).

Framing therefore is making connections between parts of the brains mainly because of repetition, not only by words but also by images and especially stories. Stories are particular effective especially if they link with any of the basic emotions. Those stories are emotional narratives, and are especially effective in creating and reinforcing strengthening connections in the brain (Lakoff 2009).

Arguing against a frame is very hard and almost always done with the wrong method. Most of the time when arguing against a frame we try to negate the frame, and overrule it with hard facts. Debunking a frame by negating is according to Lakoff just repeating the frame (2009). In a discussion about improving the quality of healthcare provision, the 'healthcare-is-business' perspective promotes:

- Clearer descriptions of what exactly IS good healthcare
- More people checking if the healthcare workers follow the guidelines
- More ways in which healthcare workers can evidence that they do what they should be doing
- A larger quality and compliance department.

By going along with any of these, means that we are accepting that healthcare is business. Many healthcare workers are taken away from look after patients while they are describing what exactly good quality healthcare is (and let's face it, good quality healthcare is just as difficult to quantify as the singing of a perfect aria in opera – more about that later); many good healthcare workers are being moved away from direct patient contact because they have to evidence that what they have done is what they should have been doing (the opera metaphor becomes very interesting, but more about that later). Arguing within the frame of the healthcare-is-business model is hopeless: the people framing healthcare as caring for health will always lose.

The 'healthcare-is-business' perspective is helped enormously by recent publications of failings in the quality of healthcare. These were widely publicised and were heart breaking stories of very vulnerable people being damaged by a healthcare system that was supposed to help them. In the press the general narrative was divided. It seemed that smaller part of the narratives was focused

on the quality of the healthcare and how reduced investment in the healthcare had resulted in staff shortages with the ensuing results. A much larger part of the narratives was focused on the fact that this was a clear example of lacking controls and by improving the quality control, all would be well. The latter frame was clearly fuelled by a healthcare-is-business perspective. This frame won: increased inspection regimes by the Care Quality Commission were called for and are now being implemented. To frame healthcare as business, leads to a perception of healthcare workers as employees. And as we all know from business research employees are inherently not doing what they should be doing, hence we need to set up controls, detailed instructions, etc. If there are still problems, it means that we are in fact dealing with a really complex group of employees, who clearly are not properly lead or managed and we need to set up even more control, more checks and more bureaucracy!

They have convinced us that healthcare is business, we should balance the books whatever the cost. This results in setting tight budgets, being focused on savings. A consequence of these 'savings' and performance improvements is that the level of training, education and experience has changed (e.g. less trained, less educated, less experienced). Also the patient/staff ratio has changed: less staff for more patients. As a result of the pressures on staff, mistakes are being made and as in any normal organisation THINGS GO WRONG. This is – in the healthcare-is-business frame – attributed to the carelessness, lack of information, lack of motivation, lack of dedication of front line staff. This can be countered – in the healthcare-is-business frame – by more detailed protocols, specific operational manuals, check lists, etc.

Let's compare this to opera. What would happen if we were to look upon opera as a business in the same way as the 'healthcare-is-business' frame looks upon healthcare (van Bilsen, 2014). Our 'opera-is-business' analysts goes to the opera and attends 'La Boheme'. When he is reviewing the performance afterwards he makes the following recommendations:

- The lead singers are only singing for around 35% of the time of the performance.
- The same goes for a number of members of the orchestra.
- This is therefore a unique opportunity of some streamlining and increased efficiency; when not singing they can help in the orchestra, so we need less people in total.
- There are also a number of silent moments during the opera, they can be scrapped, which would reduce the length of the opera with about 25%; again a big efficiency saving.

- There are quite a number of people who just stand or walk around, but they have no clear role in the opera; they can be scrapped for economy's sake!
- The costumes are all different, which is very costly; why can't we have one costume for men and one for women.

Do you think that anyone in his/her right mind would want to go to this opera? In healthcare however, we accept the business paradigm without too much challenge and have been working in this frame for quite some time.

So what to do?

What we have been trying to do is to rationally debate the negative consequences of the 'healthcare-is-business frame'. Without much success as it is clear for any observer that the ratio of frontline healthcare staff to managers/ compliance administrators, healthcare inspectors has continued to shift in favour of the latter. As Lakoff and Damasio state: rationality will only get us so far. In order to put healthcare as a caring for health organisation back on the map, we have to change the frame. Lakoff lists 11 strategies that can be used in a political context (Lakoff, 2004). When we apply these strategies to the healthcare debate, we are left with eight strategies and they would look as follows.

We have to frame the issues relentlessly from a 'healthcare-is-caring-for-health' perspective and be not apologetic about this. *The issue is not quality control, but quality. The issue is not evidencing what we do, but doing high quality healthcare interventions. The issue is not, how do we evidence respectful healthcare but delivering care that is relentlessly respectful. When discussing our services we need to be unapologetic about the amount of staff we have and need. When a unit is overstaffed, we should be able to proudly declare that this is how much the notion of 'healthcare is caring for health' is worth to us.*

Don't Think of an Elephant comes in handy: we should not debate the issues using arguments that count in a 'healthcare-is-business frame'. If we keep their language and their framing and just argue against it, we will lose any debate, because we are reinforcing their frame. *We need to create our own narratives of micro case studies that reinforce our perspective. These case studies need to have an emotion evoking character so as to become powerful frames. Think about the negative cases regarding healthcare that got the headlines. Can we come up with case framed from a perspective 'healthcare-is-caring-for-health' frame which are just as emotive?*

Rational arguments by themselves will not win the day: we need to frame the truth effectively from our 'healthcare-is-caring-for-health' perspective.

We need to find and define the moral perspective of 'healthcare-is-caring-for-health' perspective. We need to find and define what the underpinning (moral) values are of the 'healthcare-is-caring-for-health' frame and flaunt them unashamedly in all communications. *What is the moral underpinning of 'healthcare-is-caring-for-health' frame? Good things do take time. Healthcare is complex and complicated. Good quality healthcare is a fundamental right. Health professionals know best about health (just like an opera singer is perhaps the best person to find out what the best way is to use her/his voice, provided she/he is trained well). We should work against many amoral issues that are now going on for staff in healthcare: it is an accepted issue that junior doctors work extremely long hours; for many hospitals nursing shifts are 12 hours (with a long break somewhere in the middle); healthcare managers put in between 60 and 100 working hours; senior staff are often seen to be multi-tasking (typing on laptops while talking to patients etc.). All these working practices are based on the 'healthcare-is-business' frame: why employ two doctors each working 50 hours if we can employ one working 100 hours and we call it efficiency; why work in three shifts (and be more expensive) if we can get staff to work in two shifts (we call this optimising resources). We should unreservedly and unashamedly state that these practices go against the notion of high quality healthcare: all the science shows that after 50 hours of working the performance really drops; long shifts lead to fatigue and burn out in combination with work avoidance. The 'healthcare-is-business' frame does not take into consideration these normal human consequences of these decisions: people get tired and become less efficient after long hours; 12-hour working days with a break somewhere; typing on laptops while having a meaningful conversation with patients is just as effective as trying to extinguish fire with petrol. From a 'healthcare-is-business' frame; if things do go wrong, it is NEVER because of the decisions made about staffing and resources; because they are very rational from a 'healthcare-is-business' frame. The people in the front line get blamed: the 100 hour per week working doctor now needs to complete more paperwork to demonstrate she/he is not forgetting anything … We should unreservedly advocate that humans are not robots and can only work effectively for a number of hours. Good healthcare in a caring-for-health frame needs motivated people that feel the tasks ahead are manageable and that there are sufficient staff around to do all the tasks.*

Craig: Do you think the italics on these pages is necessary?

We have to understand the 'healthcare-is-business' frame. We need to know and understand the moral perspective from their side; we need to be able to explain why they believe what they believe. *We have to realise that the 'healthcare-is-business' frame people are not evil and sadistic folks who only want to ruin the health service. They believe in what they do and we need to learn about their narrative.*

This is not a debate between disciplines. It is not psychiatry against psychology; the doctors against the nurses etc. The 'healthcare-is-business' paradigm affects all healthcare professionals in a negative way.

The 'healthcare-is-caring-for-health' frame needs to become pro-active, not reactive. We need to become relentless in using OUR frames and not their frames; we need to practice using our frames. (see: http://bit.ly/1INWz6r). *The hit TV series 'The West Wing' provided, especially in the last series some fine examples of framing and not accepting a frame. This clip is from an earlier series, where the democratic president Bartlet does not accept the frame of his challenger (and the TV station) to answer complicated questions in 10 words. An informal survey of staff in a hospital lead me to conclude that qualified staff of the nursing teams were spending up to 80% of their time completing paperwork (evidencing that we provide the right care). Most of these tasks could be easily done by administrators, but they have all fallen by the wayside in the 'healthcare-is-business' frame under the motto of 'savings to protect frontline staff'. Frontline staff completing paperwork is not really frontline staff: just highly paid administrators. Our frame needs to be that clinicians do clinical work and that is interacting with patients, planning their interactions with patients and evaluating their interactions with patients.*

Galvanise the consumer base of 'healthcare is caring for health': patients, former patients, future patients, in other words everyone can become a supporter of the 'healthcare-is-caring-for-health' frame; we just have to ask people the correct questions.

Postscript: Am I delusional and deliberately closing my eyes to the economic realities?

From a 'healthcare-is-business' frame, indeed I would be considered delusional or at least extremely irresponsible. What about the budget? What about optimising efficiency? What about optimal use of resources?

From a 'healthcare-is-caring-for-health' frame; I am far from delusional. Let's put it this way, healthcare is (just like education) one of the fields where a budget is set independent of the goals that need to be achieved. This is perhaps where the 'healthcare-is-business' frame falls on its own sword. If we aim to build a factory; build a road; build a house; we would agree on the specifics and subsequently do a costing. Based on this we might change the specs of the house, factory or road. The next step would be that a budget would be made available in line with what we would like to achieve. And even then it often goes wrong: the building of roads, factories; airport terminals; sports stadiums are often (vastly) over budget. In healthcare the reverse happens: a specific health budget is set and subsequently the aims and goals that need to be achieved for that budget

are increased and widened. It seems that the 'business' frame is very accepting of exploding budgets when it comes to 'pure business' (if the goals can't be achieved for the agreed amount of money, we really need more money) but less so for sectors of life that have been invaded by business (healthcare and education). If professionals here say that allocated budgets are insufficient; the response is lamenting about the inefficiency of healthcare staff and the enormous waste in healthcare organisations. On the ground floor the responses are the creation of employment contracts that contain phrases like: '… *hours of work will be as many as required for the successful performance of the position. However, for pay and annual leave purposes the full-time equivalent working week is based on 37.5 hours.*'

That is then when employees are working 70+ hours per week and still can't get the work done as it absolves the top management of the organisation from creating doable jobs. If you can't do the job it means you are clearly incompetent or unmotivated or not up to the job. No one needs to reflect on the notion that perhaps the job role is simply too much.

In the 'healthcare-is-caring-for-health' frame we need to lose our shame for the cost of good quality healthcare: this requires well trained and qualified people; it requires as many as are needed to do the job up to the standard that we have set; the clinicians will need ample administrative support (otherwise they will be completing paperwork and not working with patients; healthcare workers need excellent auxiliary facilities (changing facilities; rest break facilities; shower bathroom facilities to freshen up during the shifts; recreation facilities for breaks etc. etc.). Good quality healthcare is expensive and we should be proud of it, or at least accept it and not be ashamed of it. Excellent healthcare cannot be provided at rock bottom prices. It always reminds me of the peddlers of designer watches on the streets: 'Authentic Rolex watch for a good price: only £15. Lifelong guarantee'. I assume none of us falls for that, but in the 'healthcare-is-business' frame we all fall for it.

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