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MEDICINE AND MANAGERIALISM IN ITALY: EVIDENCE FROM A STUDY ON HEALTH MANAGEMENT TRAINING

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Abstract: *Management training for doctors has become crucial with the introduction of market-inspired logics in the Italian national healthcare system. In this frame, the paper presents the main findings of a study with a twofold aim: providing an overview of health management training system by analyzing the Italian training provision; investigating perceptions and opinions of medical doctors involved in management courses. Results suggest, on the one hand, the heterogeneity of the Italian management training system and, on the other, a gradual reframing of medical professionalism.*

Key words: *Medical professionalism; health management; management training; managerialism; marketization.*

1. Introduction

European healthcare systems have changed a lot in the last decades of the XX century: New Public Management (NPM) has become the primary organizational technique within the whole public sector (Pollitt & Bouckaert, 2011). The process of marketization has transformed local health organizations into public enterprises, introducing the principle of managerialism within the domain. Managerialism is one of the main factors of change as it tries to standardize professional work through introducing strict organizational mechanisms (such as performance monitoring and target setting) and clinical ones (such as Evidence Based Medicine and medical guidelines). These processes made the relation between medicine and management in healthcare organizations more complex (Jeurissen et al., 2016; Kirkpatrick et al., 2016). One of the main issues is physicians' involvement in management training and roles (Hartley, 2016).

Initially, research has theorized a dichotomy between professionalism and managerialism as instituzional logics and between doctors and managers as professional groups (Evetts, 2009). More recently, processes of hybriditation between the two logics have been theorized by the sociology of professions (Noordergraf, 2007; 2015; Tousijn, 2013; Waring, 2014). However, studies have focused less on management training involving medical doctors. In particular, there is a lack of studies that try to combine

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management training systems with professionals' perspectives and reactions.

In this framework, the paper is aimed at deepening further the issue of management training involving medical doctors in Italy under a twofold perspective: firstly, the study addresses the training provision and its organizational configurations on a national basis; secondly, it sheds light on learners' perceptions by presenting the main results of a survey conducted among training participants.

The main hypothesis is that identity reframing processes are beginning to involve Italian medical doctors and that management training plays a role in these daynamics. In this perspective, the first part of this contribution provides some theoretical perspectives about the relation between medicine and management. Afterwards, the main findings of the study are presented: firstly, it is outlined the framework of health management training in the Italian context; secondly, the results of a survey among medical trainees are analyzed. Data are then jointly discussed in the final section.

2. Medicine and Management in Troubled Times: A Brief Literature Review

With the introduction of business-like logic in healthcare settings, two on-the-job cultures have deployed: occupational professionalism and organizational professionalism (Evetts, 2011). The first is strongly related to the public sector. It relies on traditional professionalism issues: unselfish devotion, decisional autonomy and accountability to peers and patients (Freidson, 1970). The second, typical of the private sector, is based on organizational imperatives, that weaken professionals' autonomy. These two cultures differ in terms of values, norms and motives and their interplay in healthcare creates occupational and organizational hybrids through challenging "established boundaries" (Waring, 2015).

Professionalism and managerialism provide sense-making and frames of reference for daily pratices: health professionals and managers become key-figures of the change (McGivern et al., 2015). In particular, medical professionalism turns into a multifaceted concept as several clinicians are gradually involved in management roles. These dynamics represent a turning point for the relation between medicine and management: they entail a meaningful change in the conception of professionalism and managerialism, through triggering dynamics of professional-managerial hybridization. The introduction of medical doctors in managerial roles represents one of the most relevant effects of the hybridization of healthcare in terms of tasks and roles (Kuhlmann et al., 2016).

Studies dealing with the effects of these changes on medical profession have been focusing on the relation between medicine and management (Tousijn, 2013). At first, doctors and managers have been identified as parts of different "speech communities" (Parker & Dent, 1996): therefore, the relation between medicine and management has been considered a zero-sum game, whose consequence was the colonization of healthcare by management. Afterwards, studies have theorized the idea of blurring boundaries between healthcare organizations and professions (Numerato et al., 2012; Salvatore et al., 2018).

Dynamics such as the "reverse colonization" (Waring & Currie, 2009) show that these changes are nuanced, and the reactions of professionals can vary in different

organizations and in different social and institutional environments (Martinussen & Magnussen, 2011). The combination of these two different cultures can lead to social practices of learning, adaptation and appropriation of new norms and values through creating hybrid roles and hybrid cultures.

Emerging "professional-managerial hybrids" (Waring, 2014) show a reframing of boundaries and identities between medicine and management; somehow, they show in-between managerial and clinical mindsets (Spehar et al., 2014). Responses to managerialism are not homogeneous and there are differences in the medical profession depending on contextual and personal issues. Organizational change and professional strategies seem to be path-dependent, as they interact with social, historical and institutional contingencies. The context can affect the propensity of doctors to move beyond their traditional role and to assume managerial responsibilities (Denis & van Gesten, 2016). For example, assuming managerial roles can result from individual career strategy or organizational pressures.

As a result, there is a need to focus both on macro and micro-level processes (Correia & Denis, 2016). Also, it is useful to think about the impact of managerialism on professionalism in terms of a continuum going beyond the hegemony/resistance framework. In other words, managerialism can create the basis for a new professionalism (Vicarellli, 2012), hypothetically overcoming the concept of hybridity and becoming part of professionalism itself (Noordegraaf, 2015). Therefore, hybridity seems to be a matter of reshaping professionalism instead of dismantling it, as managerial control is not only an external force, but it can be internalized in doctors' mindsets.

Management training is a key issue to be considered in addressing the relation between medicine and management. Nevertheless, there is a lack of research about it when analysing the medicine-management relation. For example, studies have focused on training needs perceived by professionals (Giri et al., 2017) and on the evaluation of training efficacy (MacVarish et al., 2018). But research falls short in considering management training as a key factor affecting medicine-management relations and professional identity dynamics.

In this regard, investigating institutional configurations of such a training in a universalist health system like the Italian one provides useful insights to better understand the ways of socializing doctors to management logics and practices. Also, it sheds light on how it affects their mindsets and ways of working (Sofritti, 2020). In particular, it is useful to combine a macro-level approach with a micro-level, taking into consideration how institutional framework may affect the development of professional identities. As a result, it is considered of interest to combine a macro-study of the institutional context (governance models and features of the training plans) with an investigation of professionals' reactions and perspectives about it.

3. Findings

3.1. Management Training for Medical Professionals in Italy: An Overview

In comparison to other countries, the Italian system of managerial training in health care is more formalized: the requirements to become health managers are specifically

defined by national laws (Campbell & Heuschen, 2010). The reforms of the Nineties made this kind of training mandatory for top and middle managers (Vicarelli & Pavolini, 2017). The Presidential Decree 484/1997 focuses specifically on the thematic areas of the courses and establishes that regional governments are in charge of the organization of the training in collaborations with universities or other public and private providers. The national legislation outlines the boundaries within which the Regions are required to comply with in organizing the training, exercising a certain degree of autonomy (Sofritti, 2021).

From 2017 to 2020, 56 courses have been organized in Italy. Every region has transposed the national legislation by establishing the organizational features of the courses. However, the timing of this process varies widely: among the regions that responded earlier, a strategic attitude prevails, oriented to providing operators with knowledge and skills for the future health provision; among those who activated later, a "fulfillment" attitude prevails, motivated by the obligation to comply with national directives (Pinelli & Rossini, 2010).

The courses are equally distributed throughout the country. The analysis reveals considerable differentiation in relation to aspects such as governance models, target participants, training delivery, final evaluation, training contents and epistemological approaches.

As far as the first aspect is concerned, drawing on a previous analysis (Rainero et al. 2019), three governance models have been detected, depending on the body responsible for the training. In the first case, the regional government acts through a recognized third-party public organization. In the second, the organization of the courses is entrusted to academic bodies through a partnership with regional bodies; in this typology, universities are responsible for the training organization and management, and for selecting participants. In the third one, the regions appoint private third parties to organize and manage the organization and delivery of training. As a result, training providers are manifold: public and private universities, public bodies and private agencies.

The target audience varies according to the management level of the participants: top managers and middle managers; sometimes the target is mixed. Participants are selected through a public call published by the organizing body: a priority for medical doctors is established as they are required to attend the courses by the national law.

Training delivery methods are mixed: face-to-face lessons are combined, in most cases, with a few hours of e-learning training. The final evaluation is based on a project work carried out in groups.

The contents of the training are heterogeneous: the approach is multidisciplinary and courses include aspects of economics, sociology, psychology, organization theory, public policy and statistics, as well as public health. This is consistent with the principles of the clinical governance with the aim of increasing the quality of care within the boundaries of a better organization management (Sofritti, 2015).

Not surprisingly, even the epistemological approach of the courses varies. Four main approaches have been detected through our analysis: economic, legal, medical-epidemiological and sociological. The majority of the courses are based on an economic approach, followed by the medical-epidemiological ones. Courses based on legal and

sociological sciences are less common. These evidences show that health management is mostly understood as related to economic sciences: the analytical and methodogical tools of this discipline are deemed the most suitable to handle the complexity of health organizations (Rainero et al., 2019). However, sociological tools are also important to provide physicians with a higher ability to read organizational contexts and to better respond to the needs of the local communities.

3.2. Trainees' Perceptions: Evidence from a Survey

This section presents some evidence from a survey that involved the trainees of three management courses between 2018 and 2019 in the Marche region. The study is aimed at investigating perceptions and attitudes of medical doctors involved in health management courses. In particular, trainees' perceptions towards the Italian health management training system have been taken into consideration, instead of focussing on the single course attended.

The survey has involved 74 professionals (out of a total of 90 trainees) at the end of the training. Below, we present the main findings of the survey. In particular, after having outlined the trainees' general profile, three analytical dimensions will be addressed: professionals' perspectives on the configuration of the Italian health management training; their opinions about managerial culture in health organizations; the relation between medical professionalism and managerialism.

Mostly, participants are medical middle managers, with a slight prevalence of male (63%) on female individuals; the average age is about 54 years (from 41 to 67 years old). The average experience of participants in the Italian national health service is approximately 20 years.

Firstly, it is worth outlining professionals' perceptions of the structure of health management training system in Italy. More than half of the respondents consider it substantially adequate to meet the needs of the nationl health system. However, there is also a significant part (about 35%) who believe that it is not a suitable configuration. In general, almost 90% of the sample agree to the fact that it is fair that participation in this training be mandatory for medical managers.

As for the training contents, the majority (42%) think that economic approaches should prevail in training planning, followed by medical-epidemiological ones (20%); the other epistemological approaches are signitificantly lower. These results highlight the widespread idea, among doctors, that health management entails deepening issues related to the economic aspects of the organization.

This is in line with the little attention paid to management issues by the university pathways of the faculties of medicine (Vicarelli & Pavolini, 2017): according to the 87% of the particpants, these topics are not sufficiently addressed during the studies. In fact, university training seems to be consistent with professional logics instead of organizational ones: rather, management skills are mostly learnt "on the fly" (Lega & Sartirana, 2016).

Secondly, participants' opinion about managerial culture in general has been investigated: for most of them, it is a useful tool for health professionals. Only for a little

part of them (3%), the participation in management training is useless; for the 13,5% it is not always useful. Considering the age, only professionals aged more than 60 show negative opinions, whereas younger cohorts express better opinions about it. Moreover, almost three quarters of the women express an extremely posivite opinion. On the contrary, the majority of men are more sceptical about managerial culture in health settings.

Finally, the relation between medical professionalism and managerial culture has been investigated under a threefold point of view: professional autonomy, relational aspects (relations with other health professionals and patients) and organizational aspects.

Starting from the first point, medical autonomy is not seen under siege: more than half of the sample believe that management training does not represent a threat for physicians. This opinion is more widespread among women than men. Accordingly, for the greater part of the sample (86%), a good doctor needs to be a good manager, too. Even for this aspect, men are more cautious than women. Also, for younger doctors it is important to possess organizational and relational skills as well as clinical ones, whereas for the older clinical skills are crucial. Probably, this is due to the cultural change introduced by organizational professionalism and management-led practices during the Nineties (Pollitt & Bouckaert, 2011).

As for the relation with other health professionals, most of the participants believe that management culture has a positive impact. On the contrary, there is more scepticism about the positive effects in terms of doctor-patient relations: 40% partially agree, whereas 27% strongly disagree on the positive impact of managerialism on the relation with patients.

The impact of managerialism in terms of management practices carried out by medical doctors has been considered by asking participants' perspectives about the relation between the quality of health provision and the evaluation of staff performances. According to two thirds of the sample, management training increases the quality performance. As for performance evaluation practices, 72% state that it would be useful if these tasks were carried out differently; only for the 15% it is a useful tool as it is, whereas for the 13% it is just a formality. These data suggest that management techniques are perceived positively, but that the way of adopting some of them is not considered appropriate.

4. Discussion and Conclusion

This paper focused on management training addressed to health professionals in Italy. The aim was twofold: providing an overview of the organizational configuration of Italian management training by analyzing the main courses of the period 2017-2020; investigating medical trainees' opinions about the training system along with their perceptions about the impact of the training on medical professionalism.

These findings suggest some reflections about strengths and weaknesses of the Italian management training system for health professionals as well as some insights dealing with the relation between organizational professionalism and traditional medical professionalism.

Firstly, the analysis of the training supply confirms the marked regional heterogeneity of the national training system, partially detected in the past (Agenas, 2007; D'Adamo, 2019). This coin has two sides: on the one hand, training courses are adapted as much as possible to the specificities of the regional contexts; on the other hand, more uniformity would perhaps be appropriate to meet the needs of the health care system as a whole. This is due as much to the marked regionalism of the Italian health system as to the margins of choices that the national legislation leaves to regional bodies and training institutions. This is also due to the difficulty of organizing a consolidated national network in this area: this feature is consistent with the Italian "chaotic polycentrism", based on the tendency of the regional governments to act autonomously without central coordination (Carboni & Orazi, 2020).

From this point of view, it is worth noticing three aspects: the first is the difference in the timing of adaptation of the regions, some of which have activated courses with delay with respect to the national legislation. The second is the multiplicity of governance models adopted by the regions. The third, as a result of the first two, is the variety of the characteristics of the training offer.

The regional nature of the supply makes the training more suitable in terms of shaping professionals' managerial identities suitable to the context in relational and organizational terms. However, collaboration between regional goverments is seen as an obstacle because adapting traning contents to the local health needs is considered a strategic choice (Pinelli & Rossini, 2010). This is in line with the fact that the majority of our participants think that the Ministry of Health should play a crucial role in coordinating health management training, making it more homogeneous under a national point of view.

Secondly, the findings of the survey among medical managers involved in training processes suggest several insights dealing with the relation between the different institutional logics of the Italian health system (Reay & Hinings, 2009).

The idea that the impact of the training has positive effects on medical professionals prevails among our sample. In this sense, management training is not perceived as a threat to autonomy, but as a support for professional practice and a facilitator for the relationships with colleagues, other health professionals and patients. This is especially true for the female component and is also attributable to the fact that the sector has recently undergone significant feminization (Vicarelli, 2008), that took place mostly after the process of marketization of Italian healthcare.

Furthermore, it is worth distinguishing two aspects of managerial culture: one is related to professional practises, the other is conceptual-theoretical. As for the first, it is thought that managerialism positively affects the quality of health performances and health provisions in general. However, under the theoretical point of view, the prevailing idea is that managerial logics remain anchored to a corporatist vision, which puts economic criteria in the foreground over patients' needs.

In general, data highlighted a certain openness of the sample towards managerial culture. In this regard, our results confirm the progressive integration of managerial logics with professional ones, rather than their polarization (Andersson & Liff, 2018; Kirkpatrick et al., 2016; Tousijn, 2013; Numerato et al., 2012; Salvatore et al., 2018). Probably, this is

also due to the professional socialization of the participants, who have gained medium-long term experience in healthcare organizations, having the chance to cope with the growing need for applying managerial tools in daily practice.

From a gender perspective, women seem to be more open than men to management training and to recognize the usefulness of managerial tools. In addition to the aforementioned increasing feminization of the profession, these data reflect the greater interest of women physicians in learning skills and knowledge related to multidisciplinary and organizational aspects of their work (Vicarelli, 2008). On the contrary, age is a less meaningful variable: as far as the impact of training on medical professionalism is concerned, no significant differences by generation were observed, as we expected, but the underrepresentation of the older age group probably weighed on this.

In conclusion, our findings confirm that a transition of medical professionalism in Italy is ongoing (Sofritti, 2020). Managerialization processes are changing the relationship between medicine and management, contributing to a gradual transformation of medical professional values (Noordegraaf, 2015). Yet, given the regionalization of the Italian health system, broader quantitative and qualitative research is needed in order to deepen further the trends in different regional contexts. Moreover, international comparisons between health management training systems could provide more knowledge about governance models in different countries and different professionals' reactions.

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