

Notes

1 Reorganising Hospital Medicine and Nursing in Europe

- 1 McGregor also goes on to argue for a radical alternative to the 'third way', although one that has several aims in common including 'decentralisation, local variation...joined up solutions...better informed governance' (1999:107). But this is shifting from analysis to prescription, which is not my concern at present.
- 2 All the case study countries were visited between 1996 and 2000 and a minimum of two hospitals was visited with a range of hospital doctors being interviewed in each, plus representatives of hospital management and senior nurse and/or nurses. Depending on local arrangements, national leaders, civil servants and academics were also interviewed (for example, Italy and Poland).

2 European Hospitals, Medicine, Nursing and Management

- 1 O'Connor (1996:22) cites Dalley (1988) in arguing that the hegemony of familialism not only is based on assumptions of the traditional (patriarchal) family but also reflects the philosophical tradition of 'possessive individualism' (Macpherson 1962) within which the individual is implicitly male.
- 2 Work situation is a Weberian concept used by Lockwood (1958) in his study of clerical workers. It refers to the social relations of the workplace and in that sense is similar to Braverman's (1974) Marxist concept of the 'labour process' (Abercrombie and Urry 1983:110).
- 3 The path dependency approach is discussed further in Chapter 3 in relation to French reforms of their health system.

3 The Netherlands and Sweden: Quality Control

- 1 Bartlett and Le Grand (1993) introduced the term 'quasi-market' on the grounds that it was more accurate than the term 'internal market', for these markets within health care were highly regulated and not concerned principally with profits but in improvements in efficiency.
- 2 Health Maintenance Organisations (HMO) are well established in the USA and are designed to provide 'managed care', that is, 'health care in as cost efficient a manner as possible, and the responsibility for attaining efficiency is shared by intermediaries that provide insurance or financing, physicians and [hospitals]' (Scott, Ruef, Mendel and Caronna 2000:41).
- 3 I am indebted to Jane Salvage (editor of *Nursing Times*) for providing me with a copy. The document is no longer available from the WHO (Regional Office for Europe) website.

- 4 For details of the developments in the Swedish health systems during the intervening years of the nineteenth and twentieth centuries see Immergut 1992:189–205.
- 5 It appears that *Primärvården* is the more commonly used term for what in the UK is referred to as the outpatients department (Berg, E. 2002). I will persist in using the term *polikliniks* as it is a term common across Europe (with slight differences in spelling).
- 6 The internal divisions within the Swedish medical profession were similar to those the French doctors faced with the not dissimilar *Débre* reforms of a decade earlier (see Chapter 4).
- 7 One consequence of the cost-containment policy was the re-emergence of a private health sector. While representing less than 2 per cent of acute beds in 1990 there were early indications that it was growing (Garpenby 1992:20) and has continued to do so. Diderichsen (1999:1157) reports that 20 per cent of hospital beds are now privately funded.
- 8 There are 21 county councils and three municipalities which make up the Federation of County Councils (*Landstingsförbundet*), an employee's organisation established in 1920s with a responsibility for health care provision and negotiating with the health unions (Garpenby 1999:409; European Observatory on Health Care Systems – Sweden 2001:15).
- 9 In a formal sense the specialty associations are also linked to the SMA. This is mainly for historical reasons – these associations are not part of the democratic structures of the SMA.
- 10 The Swedish Association of Hospital Physicians was previously known as *Overläkarföreningen*.
- 11 There are other authorities with responsibility in the health care sector, for example the Swedish Council on Technology Assessment in Health Care (SBU) which is responsible for strengthening the contribution of evidence-based health care, the Medical Products Agency and the national Social Insurance Board. The latter, however, now plays a smaller role than previously as the county councils become ever-increasingly responsible for the financing of health care in the public sector.
- 12 According to the *Nursing and Midwifery Profile: The Netherlands* (WHO 1996) there are 55 nurse organisations in total.
- 13 European directive 77/453/EEG.
- 14 I do not have any figures on the proportion of Dutch doctors who are female but the figure for the EC as a whole was around 26 per cent in the early 1990s and 50 per cent of those graduating from medical schools. It is estimated that in 2000 around one-third of all doctors were female (Brearley 1992:46).

4 United Kingdom and France: *Étatiste* Traditions

- 1 This discussion will complement that on The Netherlands and Sweden in the previous chapter. These four countries have been the most actively committed to the utilisation of clinical and health care guidelines out of the eight countries discussed in this book.
- 2 There were also 33,190 GPs plus 11,700 practice nurses (attached to GP practices) (European Observatory – UK 1999:81).

- 3 There is not a European Observatory on Health Care Systems for France.
- 4 The term 'organised profession' is used to denote an occupation whose practitioners are also necessarily members of a professional association and have to be registered in order to practice.
- 5 The per diem system was the common system by which hospitals were paid by the sickness funds across the corporatist regimes. An amount was agreed between the hospitals and sickness fund as a reasonable figure for each day a patient was in hospital. The problem with this model is that it provides a built in disincentive for the hospital to discharge patients early.

5 Germany and Italy: Federalism and Regionalism

- 1 There have been periodic attempts to change the status of these hospital associations and put them on an equal footing with the physicians associations but not with any success as yet (Busse *et al.* 1997).
- 2 Following the reunification of Germany there was an expectation in some quarters that ambulatory care would be provided by the hospitals as the East German health system relied on polyclinic provision rather than independent (private) practitioners. By 1991, however, 'more than 80 per cent of outpatient doctors [based in Eastern Germany] had become office-based' and by 1993 'less than 5 per cent of outpatient doctors worked in polyclinics' (Wasem 1997:169).
- 3 *Krankenhausfinanzierungsgesetz* (1972)
- 4 Interview carried out in German and translated by C. Preuschoft, November 2000, for a revised version of a paper (Dent *et al.* 2001) originally presented at the European Group for Organizational Studies (EGOS).
- 5 Translation provided by Claudia Preuschoft.
- 6 See Note 4.
- 7 The number has fallen slightly since then as a result of Lombardy further reducing its local health units by two-thirds to 15 (European Observatory – Italy: 2001:14)
- 8 The issues of clientelism and familialism are discussed in more detail in Chapter 6 on Greece and Poland. Only one aspect of clientelism will be discussed here in any detail and that is in connection with *partitocrazia*.
- 9 Fattore (1999) actually identifies four themes, the last being the right to opt out of the SSN. Initially individuals had the right to opt out provided they had sufficient private health insurance. These individuals would still have to pay their tax and other compulsory contributions but would receive a voucher to spend within the private sector. It was removed from the legislation in 1993.
- 10 One outcome of the reforms has been the rapid growth of the private health sector. It has been estimated that it may be meeting more than 30 per cent of the country's health needs (Fattore 1999:540). It is important to be reminded, however, that – similar to Germany – the private hospital sector is not dominated by for-profit institutions but by not-for-profit hospitals run by the Catholic Church.
- 11 There is some debate about the accuracy of DRGs as the system is based on studies of only eight hospitals mainly located in the North (Fattore 1999:536).

- 12 The establishment of an *ordine* for physicians in Italy was in advance of Germany where, despite pressures, the professional status of physicians was not fully resolved until 1935 (with the establishment of the national physicians' code) although *Ärztzekammern* were established in several *Land* before then (Moran 1999:38).
- 13 I was informed by a doctors' union (*sindacale*) leader in the Spring 2000 that a *numerus clausus* had now been introduced but was not expected to be stringently applied as this would undermine the position of the universities.
- 14 As in Italy there are nursing associations with religious affiliations – Catholic and Protestant.
- 15 These details were provided by the National Secretary of the *Federazione dei Collegi* and the President of Rome *Collegi* in March 2000.
- 16 The private sector is predominantly made up of Catholic hospitals and clinics located mainly in the south.
- 17 See Note 15.
- 18 Source same as fn. 17.
- 19 This interpretation is the one given by members of the nursing federation interviewed in March 2000.
- 20 This nurse works in a not-for-profit hospital with religious affiliation. While nursing work and organisation in both public and private hospitals are very similar it is possible that this tendency for nurses formally to carry out medical tasks is greater in the church hospitals. The rationale for this would be that public sector hospitals employ more doctors.
- 21 *Mansionerio*, from *mansione*, meaning 'task' or 'duty' (*Oxford Italian Dictionary*).

6 Poland and Greece: Transition or Embeddedness?

- 1 The political programme for Greek nationalism came importantly from the Greek *diaspora* (Mouzelis 1986:41), especially the traders who settled in Continental Europe. This merchant class were responsible for importing the ideals of the French Revolution that underpinned the struggle for independence, a struggle in which the British, French and Russians played a significant role in imposing 'change from above' (Katrougalos 1996:44).
- 2 The sickness funds also provide sickness benefits and most maternity benefits, spa treatment and funeral expenses too, although provision varies greatly between the funds.
- 3 The pre-existing system of health care was based on social insurance (sickness funds) – corporatist – model (Liaropoulos and Kaitelidou 1997:3).
- 4 This information was provided by a member of the group in a telephone interview that took place in May 1998.
- 5 The Centre of Health System Management research is part of a broader programme of raising awareness of consumer rights and includes what was referred to as 'institutional bribes' for donations to foundations as well as those from private individuals. Moreover, data of this kind needs to be interpreted very carefully as respondents may not wish to confess to making 'illegal' payment or conversely, for political purposes, overstate any such payments.

- 6 According to a newspaper report in December 1998 (TA NEA 1998:16) the average physician – population ratio is 1:201. Within Greece the physician – population ratios reflect great inequality as between Athens, at 1:170, and the rest of Greece. The ratio for Central Macedonia and Thessalonika is 1:236, and for Western Greece 1:349. These figures contrast markedly with the 1:567 in the Peloponnese and 1:630 in Central Greece (see also WHO – Greece 1996:48). Athens is the honeypot of Greek medicine: 54 per cent of all physicians work in the conurbation while only 3 per cent are employed in Central Greece. (Dr Samatas, University of Crete, kindly provided the English translation of this and the other Greek-language newspapers referred to in this chapter.)
- 7 ‘Habilitation’ is the qualification for professor status in countries organised similarly to Germany. It is, apparently, a little like presenting a second thesis.

7 Conclusions: Figuring Out the State of Professionalisation within European Health Care

- 1 These concepts are explained in Chapter 2.
- 2 The ‘nursing process’ model is described in Chapter 5 (Italy and Germany).

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Subject Index

- ANDEM 96–7
ANAES 97
 see also clinical guidelines
- Berlin 116, 121, 140
bribesville (*tangentopoli*) 125
- carte sanitaire* – ‘health map’
 (France) 91
- CBO (National Organisation for
 Peer Review in Hospitals)
 59–60
 see also clinical guidelines
- Central Health Council, Greece
 (KEΣY) 150
- civic culture 8
- civil society 8, 77, 124, 144
- clientelism 7, 11, 18–19, 20–1,
 172–3, 175, 182:fn5.8
- Greece 144, 145, 153, 156, 160,
 161, 162, 163, 164, 165, 169
- Italy 123, 127
- Poland 154–6
- clinical autonomy 25, 26, 39, 58, 72,
 86, 94, 118, 131, 141
- clinical governance 25, 44,
 57–8, 60, 65–6, 92, 93–6,
 120, 129
- clinical guidelines 25–6, 175
- France 96–7
- Germany 119–21, 132
- Italy 127, 129–31, 141
- Netherlands 44, 53, 57–60, 64–5
- Poland 158–9
- Sweden 60, 61, 63
- UK 93, 95, 98
- see also* National Guidelines;
 ANDEM; ANAES; CBO; RMOs
- cost containment 5, 8, 46, 51, 52,
 59, 60, 96, 97, 110, 113–14,
 115, 121, 125, 140, 178
- see also* hospitals, management and
 planning
- decoupling 25, 38, 39, 164, 170, 176
- deskilling 27, 65, 176
- doctors/physicians 3, 7, 16, 30
- France: *chef de service* 89, 90–1;
 general practitioner (*médecin*
 réfèrent) 85, 110; hospital
 doctors 79, 89–91
- Germany: ambulatory care
 (independent practitioners)
 112–13, 140; assistant doctor
 (*Assistenzärzte*) 118; chief
 physician (*Chefärzte*) 118,
 119, 121; senior doctor
 (*Oberärzte*) 118; ward doctor
 (*Stationsarzt*) 118
- Greece: doctors’ salaries 150, 151,
 162, 163; primary care 150,
 151, 152, 159; hospital doctors
 152, 159–60
- Italy 124, 126, 127, 128–9, 129,
 131; first and second level
 physicians (*dirigente medico di*
 primo/seconda livello) 128
- Netherlands: general practice 48,
 55; hospital doctors 48–9,
 56; *maatschappen*
 (partnerships) 56
- Poland: hospital doctors 153;
 family doctors (general
 practice) 147, 149
- professional identity 37
- Sweden: hospital doctors 51, 53,
 54; general practitioners
 54, 57
- UK: general practice 79, 81, 93,
 110, 181:fn2; hospital doctors
 79, 86; junior doctors 79,
 92, 107
- doctors’/physicians’ unions
- France: CSMF 89, 90; FMF 90;
 FSMF 88; MG France 85,
 112–13; USMF 88
- Germany: *Marburgerbund* 118, 119

- Greece: EINAP 161–2; SEIPIKA 162
- Poland: PZPR (Trade Union of Health Workers' Party) 157; Solidarity (medical sections) 157, 158; ZZLP (Trade Union of Polish Physicians) 157
- Sweden: Overläkarföreningen 181:fn3.10; Swedish Association of Hospital Physicians 57; Swedish Junior Hospital Physicians Association 57; SMA (Swedish Medical Association) 57, 64, 181:fn3.9
see also medical associations, orders, and societies
- DRG (Diagnosis Related Groups) 116, 121, 127, 130, 152
see also hospitals, management, organisation and planning, case fees and procedure fees (Germany)
- EINAP *see* 'doctors unions/physicians' under 'Greece'
- étatisme* and *étatiste* (unitary state) 76, 92, 99, 103 (France)
- EU (European Union) 4, 78, 133, 216
- fakelakia* 149, 162, 163, 164, 165, 176–7, 177
- familialism 7, 145, 165, 169, 174, 175, 180: fn2.1, 182:fn5.8
- federal German state(s) (*Land/Länder*) 112, 114, 115, 140
- Federation of County Councils (FCC) (Sweden) 54, 63, 64, 181:fn3.8
- gender 5, 13–23, 66, 69, 72–4, 99, 101, 103, 105, 132, 165, 167, 173
- general will (*volonté générale*) 76
- governmentality 7, 30–1, 92, 98, 110, 170, 175, 176
- Hamburg 116–22, 135, 140
- Hanover 116
- health insurance *see* 'sickness funds' hospitals, management, organisation and planning
- France: director of care (*directeur des soins*) 107; hospital enterprise (*hôpital-entreprise*) 77; hospital management 91; PHRC (*Programme Hospitalier de Recherche Clinique*) 97
- Germany: case fees (*Fallpauschalen*) and 'procedure fees'; (*Sonderentgelte*) 115; church/religious hospitals *see* not-for-profit; hospital association (*Kranken-hausgesellschaft*) 114–15, 116, 182:fn5.1; hospital plan 114; hospitals 112–13, 114–15, 117; LBK (State Enterprise Hospitals) Hamburg 116–22; medical director 117–18; not-for-profit 114, 116; private 'for profit' 114; public sector hospitals (*Allgemeines Krankenhaus*) 114, 140; *Vivantes* (Berlin) 116
- Greece: hospital management 150–1, 160, 164; medical director 160
- Italy: *Council of Health Professionals* 126; health authorities (*Aziende Sanitarie Locali*) 126; hospital management 124, 126, medical director 130, 139
- Netherlands: hospital management 68–9; hospitals 48; medical director 68; Medical Staff Committees 56, 68; NZI – National Hospital Institute 68; Partnership in Management 49
- Poland: policlinics 148; Semashko 147; ZOZ (health management units) 147, 149
- Sweden: hospital management 53; hospitals 54–5; outpatients' clinics (*polikliniks* or *primärvården*) 50, 51, 181: fn3.5
- UK: clinical director(s) and directorates 91, 108; consensus management 80; general management 80

- IKA *see* sickness funds, Greece
- LBK (*Landesbetrieb Krankenhauser*) *see* hospitals, hospital management, organisation and planning, Germany
- loose-coupling 25, 39, 56, 163, 170, 171, 176
- Maatschappelijk middenveld* (The Netherlands) 45, 66
- maatschappen* *see* doctors/physicians, Netherlands
- managed care 2, 3, 4, 27, 28, 49, 75, 82, 94, 107, 178, 180: fn3.2
- management, hospital *see* hospitals, management, organisation and planning
- managerialism 126 *see also* 'New Public Management'
- Mansionerio* *see* nurses and nursing, Italy
- médecine libérale* 88–9, 90, 96
- medical associations, orders, and societies
- France: *Ordre des Médecins* 89; *Société Royale de Médecine* 87; *Societes Savantes Savants* 92
- Germany: Federal Doctors' Chamber (*Ärztetag*) 120, 121, 131; Doctors' Chamber (*Ärzttekammer[n]*) 115, 131
- Italy: *Ordini* 127, 141, 183:fn5.12; scientific societies 127, 130
- Greece 160–1; PIS (Pan Hellenic Medical Society) 160
- Netherlands: KNMG (Royal Netherlands Medical Association) 55; LHV (Dutch Association for Family Doctors) 55; LSV (Dutch Specialist Association) 48, 55; NSF (Netherlands Specialist Federation) 48; NMG (Netherlands Medical Association) 55; scientific societies 55
- Poland: Doctors' Chambers (*Izba Lekarska*) 157, 158, 160, 165
- Polish Physicians' Association (*Polskie Towarzystwo Lekarskie*) 157, 158
- Sweden: SMM (Swedish Society of Medicine) 57, 94
- UK: GMC (General Medical Council) 93
- medical directors *see* hospitals and hospital management
- medical dominance 2, 3, 16, 24, 26, 173, 175–8
- Medical Responsibility Board (Sweden) (*Hälso-och Sjukvårdens Ansvarsnämnd*) 61
- MQC Medical Quality Council (*Medicinska Kvalitetsrådet*) 64 (Sweden)
- mutualles* 83
- National Board of Health (*Medicinalstyrelsen*) (Sweden) 56
- National Guidelines (*Nationella riktlinjer*) (Sweden) 64
- National Health Service (NHS) (UK) 79–80
- National Health System of Greece (EY) 218, 219–22
- NBHW (National Board of Health and Welfare) – *Socialstyrelsen* (Sweden) 56, 61–2, 63
- New Institutionalism 6, 9, 31, 34–41, 170
- New Public Management (NPM) 3–4, 28, 30, 31–4, 36, 38
- France 109
- Germany 114, 116, 121, 140
- Italy 122
- Netherlands and Sweden 44
- UK 77
- NIVEL – The Netherlands Institute for Primary Health Care (Netherlands) 69
- NIZW – The Institute for Care and Welfare (Netherlands) 69
- nurses' professional associations, orders and unions 21–3, 171, 173–5
- France: *ANFIIDE* 101–2; *CFDT* 102; *CGT-FO* 102

- nurses' professional associations,
 orders and unions – *continued*
 Germany: *Deutscher Berufsverband für Pflegeberufe (DBfK)* 133, 183:fn14; nurse professional organisation 132–3
 Italy: *collegi* 134, 137, 138, 139; Catholic nursing associations 134; nurses' *ordini* 139, 141
 Netherlands: AVVV (General Assembly of Nursing and Allied Health Professional Groups) 67; LCVV – National Centre for Nursing and Care 67; *Nieuwe Unie – NU'91* 67; VERVE (Society of Nursing Scientists) 67
 Poland: nurses' chamber 166; Polish Association of Professional Nursing (PSPZ) 166
 Sweden: Nordic Nurses' Joint Organisation (SSN) 69; Swedish Association of Health Professionals 69; Swedish Association for Nurses 69
 UK: Joint Committee for Professional Nursing, Midwifery and Health Visiting Association 102; MSF (Manufacturing, Science and Finance) 102; Nursing & Midwifery Council (NMC) 102–3; RCN (Royal College of Nursing) 102; UKCC (UK Central Council for Nursing, Midwifery & Health Visiting) 103; Unison 102
- nurse education and training
 France: *Brevet de Capacité Professionnel* 100
 Germany 133
 Greece 167–8
 Italy 134, 137
 Netherlands 67–8
 Poland 166–7
 Sweden 70–1
 UK 100, 102
- nurse management
 France 107–9 *cadres supérieurs infirmiers* 107–8
 Germany: nursing directors 135, 139
 Italy: directors of nursing 138–9
 Netherlands 68–9; nurses and the medical staff committee 56
 Sweden 72
 UK: modern matron 108–9
- nurse specialisation
 France 104–7: *infirmier anesthésiste* 104, 105; *infirmier de bloc opératoire* 104–5; *infirmier Generale* 107; *puéricultrice* 104–5; *réhabilitation* (allied health professions) 107; *service infirmier* 91
 Sweden: radiology and anaesthetics nurses 71–2
 UK: clinical nurse specialists 105–7
- nurses and nursing 8
 France 78, 79, 98–9, 102–4; *directeur des soins* *see* hospitals, management, organisation and planning
 Germany: nursing process 135
 Greece 145, 167–9; private sector nursing 169
 Italy: *mansionerio* (duties) 137, 183:fn5.21
 private sector nursing 134, 183:fn5.16
 Sweden: newly qualified nurse (*legitimerad sjuköterska*) 71; nurse report 73; nursing (*omvårdnad*) 70–4; nursing process 70, 74; ward rounds 73
 UK: hospital nursing 79
- nursing identity 19, 21
 nursing process *see* nurses and nursing, Germany, Sweden
- occupational imperialism 15
Olivo government (Italy) 124

- PAQ (*Programme Assurance Qualite*) 97
- partitocrazia* 124–5, 129, 140, 178
see also clientelism
- PASOK – Pan Hellenic Socialist Party (Greece) 150, 151, 153, 162
- path dependency 38, 77, 170
- patients and patients' preferences 5, 21, 37, 171, 172–3, 177–8, 188
- Germany 112, 113, 114
- France 85, 110
- Greece 151, 162–4
- Greece/Poland 145
- Netherlands 48, 58–60
- Poland 148, 155
- Sweden 51
- UK 81, 82, 118
- PHRC (*Programme Hospitalier de Recherche Clinique*) see hospital management, organisation and planning, France
- physician(s) see doctors/physicians
- pillarisation (*verzuijing*) 45
- Polish regional state (*Voivodship*) 147, 213
- Polish town and village councils (*Gminas*) 147
- Polish local government (*Powiats*) 147
- Polskie Towarzystwo Lekarskie* see doctors' unions, Poland primary care organisation
- private practice
- France 89
- Germany: 'paying patients' (*Wahlleistungspatient*) 118
- Greece 151, 152, 162
- Italy 128–9, 131, 132
- Sweden 50, 51, 52, 181:fn3.7
- professional autonomy 7, 16, 24–7, 28, 31, 37, 42, 175, 177
see also responsible autonomy
- proletarianisation 29, 176
- PZPR see doctors' unions, Poland
- quasi-market 3, 26–7, 28
- Germany 116
- Poland 146
- Sweden 51–4, 54, 63, 64
- UK 77, 80–1
- rechtsstaat* 34, 32, 77, 111, 138
- Regime General* see sickness funds
- responsible autonomy 28, 30
see also professional autonomy
- responsibilisation strategy 103
- RMOs 96–7
see also clinical guidelines, France
- scientific associations (or societies)
see medical associations, orders, and societies
- SDP (Social Democratic Party) (Sweden) 50
- Social Security (*Sécurité Sociale*) 84
- segmentation 21–2
- Semashko* see hospitals, management, organisation and planning, Poland
- sickness funds 10
- France 83–4: *Assurance-Maladie CNMATS (Caisse Nationale d'Assurance Maladie des Travailleurs Salariés)* 83, 90; *Caisses Primaires d'Assurance Maladie* 83; *Caisses Régionale d'Assurance Maladie* 83; *Regime General* 83; see also *mutualles*
- Germany 112–14, 115, 118–19, 120, 121, 131; substitute funds (*Ersatzkassen*) 113; statutory health insurance *GKV (Gesetzliche Krankenversicherung)* 113
- Greece 149–50, 151, 222; IKA 149–50, 151, 162; OGA 150; TEVE 150
- Netherlands 46, 47, 58–9
- Poland 146, 147, 148
- SNCH (*Syndicat National des Cadres Hospitaliers*) see hospitals, management, organisation and planning, France

- Southern Question (*La Question Meridionale*) (Italy) 127
- SSN (*Servizio Sanitario Nazionale*-Italy) 122–3
- state, the *see* welfare states/regimes
- subsidiarity 7, 10, 11, 18, 19, 175
- Italy 129
- Netherlands 45, 48, 66
- Poland 167
- UK 81, 95
- Swedish Institute for Health Service Development (SPRI) 63
- see also* clinical guidelines
- ticket moderateur* 84 *see also* mutualles
- universities 13, 24, 142, 175
- USL (*unitarie sanitari locali*) *see* SSN (*Servizio Sanitario Nazionale*, Italy)
- Vivantes see* hospitals, management and planning, Germany
- ward rounds *see* nurse and nursing, Sweden
- welfare state/regimes, hospital reforms, reports and related legislation
- Basic Law (*Grundgesetz*) (Germany) 112
- Bassanini's Law (*Legge Bassanini*) (Italy) 124
- Biesheuvel report (Netherlands) 48–9
- Debré Reforms (France) 89–90
- Dekker Committee (Netherlands) 46–8
- Dagmar reforms (Sweden) 51–2
- Dunning committee (Netherlands) 27
- Griffiths' Inquiry (UK) 80
- Health Care Structure Law 1992 (*Gesundheits-Struktur-Gesetz* – 1992 (Germany) 113
- historic compromise (*Compro-messo Storico*) (Italy) 122
- Höjer commission (Sweden) 50
- Hospital Laws (1983, 1987, 1991) (France) 91, 97
- Hospital Financing Act (KHG) (1972) (Germany) 114, 182:fn3
- Juppé Reforms* (France) 84–5
- New NHS: Modern-Dependable* (UK) 81
- Post-war programme of the workers' movement (Sweden) 50
- Seven Crowns Reform 51
- Shifting the Balance of Power (UK) 81
- Sickness Fund Act (ZFW) (Netherlands) 46
- Wanless Report (UK) 82
- Wet BIG* (Individual Health Care Professions Act) (Netherlands) 67
- Working for Patients*(UK) 80, 81
- welfare states/regimes 1–2, 4, 9–12, 16–21, 23, 173, 174–5
- breadwinner 17–18, 173–4
- clientelistic 18–19
- liberal and neo-liberal 2, 10, 174
- conservative corporatist 10
- minimalist 18
- social democratic 10, 11
- southern European 11, 18, 175
- transitional 11, 18
- universalist 18, 174

Author Index

- Abbott, A. 14, 15, 28, 87,
Barley, S. R. 40
Barley, S. R. and Tolbert, P. S. 40
Bartlett, W. and Le Grand, J. 118,
180:3.1
Berg, M. 49, 56
Berger, P. L. and Luckman, T.
34, 40
Bourdieu, P. 38
Braverman, H. 27, 180: fn 2.2
Bucher, R. and Strauss, A. 21
Burrage, M., Jaurausch, K. and
Siegrist, H. 13–14, 24, 103
Callon, M. 37–8
Carpenter, M. 22
Clarke, J. and Newman, J. 33
Clegg, S. 38
Cochrane, A. L. 26
Cooper, D. J., Hinings, C. R.,
Greenwood, R., and Brown, J. L.
38–9
Davies, C. 103, 108
Dent, M. 28,
de Kervasdoué, J. *et al* 97
de Swaan, A. 172
Dekker, W. 46–8, 58,
Derber, C. 29
Diderichsen, F. 181:fn3.7
DiMaggio, P. and Powell, W. W. 25,
34, 36, 170
Duffy, D. M. 155–6
Eckstein, H. 80
Ellwood, P. M. 25–6
Enthoven, A. 45, 51, 80, 178
Esping-Andersen, G. 4, 7, 9–12, 18,
20, 27, 76
Fattore, G. 182:fn5.9
Ferrera, M. 16, 20, 124
Foucault, M. 30, 37, 87, 92
Fournier, V. 98
Garpenby, P. 54, 61–4
Geertz, C. 169
Giddens, A. 40, 41
Godt, P. J. 92–3
Goodin, R. E. and Rein, M. 10
Gramsci, A. 92
Granovetter, M. 34, 169
Harrison, S. 86
Hood, C. 32
Immergut, E. M. 181:fn3.5
Jamous, H. and Peloille, B. 22, 89
Johnson, T. 37–8, 92
Jost, T. S. 60
Katrourgalos, G. S. 11
Katz, F. E. 14
Kitchener, M. 37
Krause, E. A. 124
Lancry, P.-J. and Sandier, S. 84
Larson, M. S. 29, 100
Levy, C. 123
Lewis, J. 17
Light, D. 78, 82
Lockwood, D. 180:fn2.2
Lowndes, V. 35
McGregor, S. 1–2, 180:fn1.1
McKinlay, J. and Arches, J. 29
Melia, K. 22
Meyer J. W. and Rowan, B. 34, 39,
176
Morgan, G. 37
Mouzelis, N. P. 144
O'Connor, J. S. 16–17, 180:fn2.1
Osborne, T. and Gaebler, D. 32, 47

- Pickvance, C. J. 7
Pollitt, C. 33, 34
Pollitt, C. and Bouckaert, G. 32, 41,
43, 76–7
Power, M. 33
Putnam, R. D. 123
- Rehnberg, C. 60
Ritzer, G. 26
Rosenthal, M. M. 61
- Sahlin-Andersson, K. 70, 73–4
Saltman, R. B. 34, 77
Salvage, J. and Heijnen, S. 134
Schepers, R. M. and Casparie,
R. M. J. 56
Schwartz, F. W. and Busse, R. 112
Selznick, P. 35
- Sissouras, A., Karokis, A. and
Mossialos, E. 163
Sobczak, A. 146
Standing, G. 12
Strauss, A. *see* 'Bucher and
Strauss'
- Trifiletti, R. 17–19
- Walby, S. *et al* 106
Walshe, K. 96
Wanless, D. 82
Weick, K. E. 25, 39
Whitehead, Gustafsson,
Diderichsen 52
Williamson, O. E. 31
Wilsford, D. 33, 38, 77, 109, 170
Witz, A. 39