Growth of bureaucracy in the British National Health Service

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'Bureaucracy does not only hide its true nature from non-bureaucrats, it hides it from itself.'
Nicos Mouzelis, 'Organization and Bureaucracy'

Introduction

I would like to begin with two propositions which I hope will be obvious to many if not most readers:

- administration does not necessarily involve bureaucracy;
- bureaucracy does not necessarily involve administration.

In this paper, evidence will be presented which suggests that increasing numbers of National Health Service (NHS) staff, *irrespective of their designated function*, are spending increasing amounts of time engaged in bureaucratic activities not directly related to the care and treatment of patients, leaving fewer available for that purpose.

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Definition of terms

Bureaucracy

By bureaucracy is meant a system of human organisation in which activities and relationships are governed by fixed, rational rules rather than by personal decision or tradition.

The prime characteristics of bureaucratic organisations include:

- formalistic impersonality;
- rigidity of response;
- proliferation of 'offices'; hierarchical appointments usually requiring precisely defined, formal qualifications.

In the purest form of bureaucracy, 'That which is not commanded is forbidden'. In practice this degree of bureaucratic perfection has never been fully attained, although in certain totalitarian states it has, on occasion, been fairly closely approached.

Administration

By administration is meant the guidance, harmonisation and facilitation of an enterprise.

The mode of administration may be:

- bureaucratic, as defined above;
- charismatic, ie depending on the personal decisions and qualities of individuals;
- traditional, ie depending on customs handed down from the past.[1]

I suspect that the happiest as well as the most efficient organisations are those in which all three modes of administration are blended in balanced proportions.

British hospitals before the inception of the NHS

The public sector in Britain, prior to the inception of the

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NHS, comprised some 1,800 municipal general hospitals, asylums and infirmaries which had evolved from former Poor Law institutions. The independent sector comprised some 1,300 voluntary (charitable) hospitals and a small number of private nursing homes.[2] The voluntary hospitals were mostly small, averaging around 90 beds in 1944,[3] but also included teaching hospitals. Their organisation was predominantly charismatic and traditional with a minimum of formal administration and few designated administrative staff.

The public sector hospitals were, as a rule, larger than the voluntary hospitals, averaging around 240 beds in 1944. Funding and management were the responsibility of local authorities with financial assistance from central government. Organisation tended to be bureaucratic and was often, but not always, attended by inefficiency and low standards, as this extract from the article on hospitals in the 1926 edition of Encyclopaedia Britannica indicates:

> 'Another advantage of the municipal hospital should be that central control makes for economical administration. Unfortunately a close study of this question tends to prove that municipal hospitals for the most part have resulted in a dead monotony of relative inefficiency ..... The absence of competition, and the freedom from continuous publicity and criticism such as the voluntary hospitals enjoy, make for inefficiency and indifferent work.'[4]

Certainly, those who can remember pre-NHS hospitals will confirm that, in general, patients and staff preferred the atmosphere of the voluntary hospitals to that of the public sector institutions.

NHS 1948-1973

(Owing to the major changes in NHS organisation which occurred in 1974, it is necessary to consider developments in the service after that date separately.)

In 1948 nationalisation abolished the voluntary hospitals and made a state funded and controlled hospital system virtually universal in Britain. Owing to the vast

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size of the new system, the remoteness of its financing and control and its total lack of competition, the bureaucratic tendency, already noted in the municipal system, was reinforced and intensified. The overall effect is well illustrated in this extract from the Report of the Ministry of Health for the year ended 31st March, 1949, commenting on the plans for hospital building inherited by the NHS:

> 'There were also many plans in various stages of preparation by the former hospital authorities ranging from large new hospitals to minor schemes of adaptation. The task of reviewing these projects and deciding which shall proceed, as well as the consideration of those new projects, the first fruits of the large view now possible in hospital planning, was heavy and becomes increasingly burdensome.'[5]

No new hospitals were in fact built during the first thirteen years of the NHS.

Bed losses and growth in numbers of staff

A total of 544,000 beds in voluntary and local authority hospitals were taken into the NHS in 1948. By 1973 the number had fallen to 491,000. Beds *per* thousand of the population had fallen from 11 to just under nine.[6]

Over the same period, NHS hospital staff had more than doubled, increasing from 350,000 to 800,000. Whereas in 1948 there was one member of hospital staff to one and a half beds, in 1973 there were rather more than one and half staff to a bed.

The highest percentage increase in staff was among administrative and clerical personnel whose numbers had almost trebled, increasing from 25,000 in 1948 to 72,000 in 1973. Numerically, the greatest increase was among hospital nurses (including midwives) whose numbers grew from 147,000 in 1948 to 380,000 in 1973. In 1948 there were rather less than three nurses for every ten hospital beds. In 1973, after allowing for part-time working and reduced hours, there were rather more than seven.

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NHS 1974-1985

Since reorganisation in 1974, combined figures for Great Britain are not readily available owing to changes in data collection. The statistics from now on are, therefore, for England unless otherwise stated. All manpower statistics will be in Whole Time Equivalents (WTE).

Accelerating bed losses and growth in numbers of staff

Between 1974 and 1985 the number of NHS hospital beds in England fell by 71,000 from 396,000 to 325,000 (18 per cent), an average loss of 6,400 beds *per* year compared with an average loss of 2,000 *per* year for Britain as a whole between 1948 and 1973.

The total number of staff employed increased by 136,000 from 674,000 to 810,000 (20 per cent). Once again the largest percentage increase was among administrative and clerical staff whose numbers increased by 28,000 from 83,000 in 1974 to 111,000 in 1985, an increase of 34 per cent. Hospital nurses (including midwives) increased by 72,000 from 276,000 to 348,000, an increase of 26 per cent. After allowing for reduction in working hours, the ratio of nurses to beds occupied increased from 0.86:1 in 1973 to 1.24:1 in 1985. *But wards continued to close for lack of nurses.*

Bureaucratic displacement

In a report first published in 1975,[7] it was suggested that 'the paradox of the simultaneously shrinking and expanding hospital work-force' might be explained by taking the large increase in designated NHS administrative and clerical staff as indicative of a process, involving all staff, in which non-productive bureaucratic activity was displacing productive activity.

This theory was supported by the finding of a high degree of negative correlation between numbers of designated administrative and clerical staff and numbers

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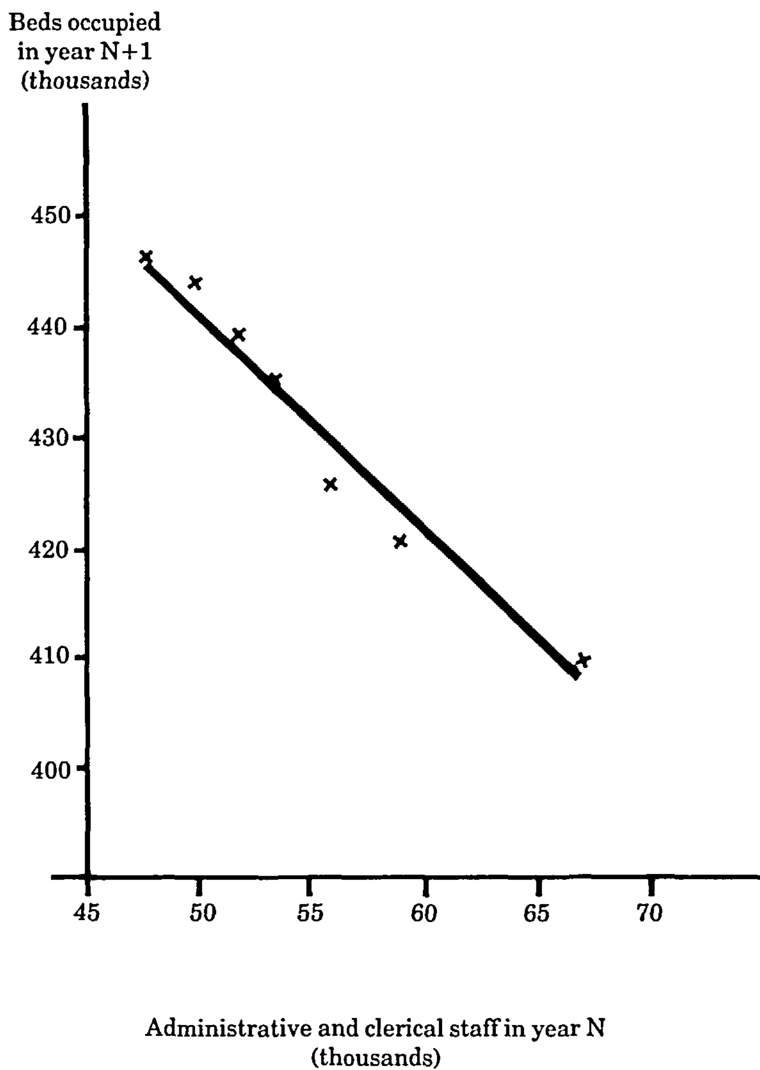
Figure 1 NHS hospitals (GB) 1965-1973[1]

Hospital administrative and clerical staff[2] in year N:
Beds occupied daily in year N+1[3]



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NB: Numbers of staff in each year are plotted against beds occupied in the *following* year

Admin. & clerical staff*

1965	47,522
1966	49,724
1967	51,537
1968	53,126
1969	55,706
1970	58,629
1971	62,939
1972	66,876
1973	71,676

*Includes Hospital Administrative and Clerical Staff (WTE) and Regional Board Headquarter staff

Av. No. beds occupied daily

1965	451,000
1966	446,000
1967	444,000
1968	439,000
1969	435,000
1970	426,000
1971	421,000
1972	415,000
1973	400,000

Notes: 1. Figures for *hospital* administrative and clerical staff are not available after 1973
2. Including Regional Hospital Board Staff
3. Linear regression analysis, correlation coefficient = −0.99

Source: 'DHSS Health and Personal Social Services Statistics' issues 1972-1974
Graph reproduced from: 'NHS Manpower and Beds 1965-1973', St Michael's Organization (1975)

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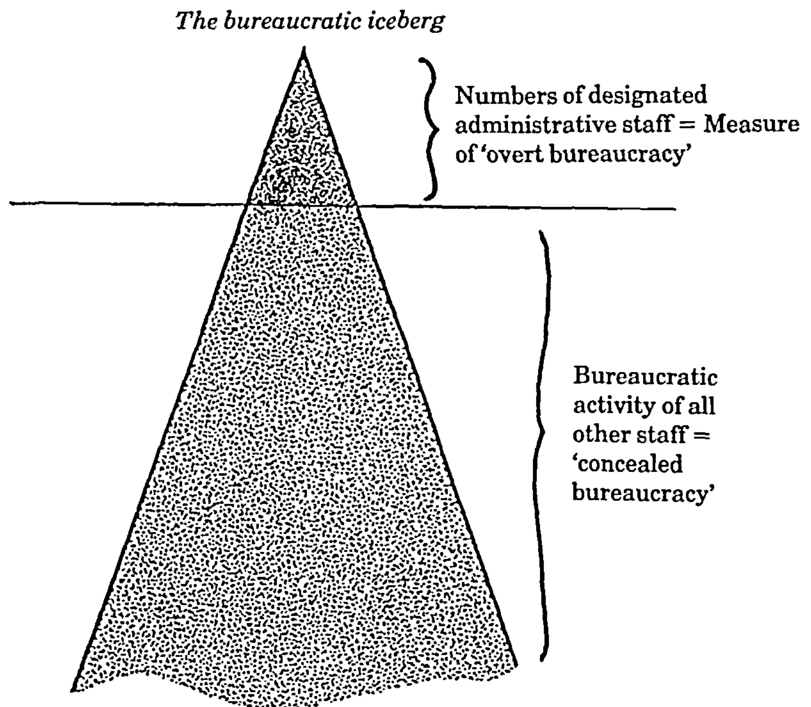
of beds occupied daily, ie true bed 'availability'. (Linear regression analysis shows a correlation coefficient of −0.99, see Figure 1.)

It is important to note that it is not suggested that the growth in numbers of designated administrative and clerical staff is, in itself, of major significance in the dissipation of NHS resources. The theory proposes that this growth is significant primarily as an indicator of a changing pattern of activity, involving the bureaucratisation of the service as a whole ('concealed bureaucracy'). (See Figure 2.)

Figure 2

The bureaucratic iceberg



Note: Growth of the tip of the iceberg is accompanied by more extensive growth of the concealed base

Source: 'Health Security and You', St Michael's Organization (1987)

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Bureaucratisation of the nursing profession

The growth of concealed bureaucracy is well illustrated by changes which have been occurring in the nursing profession, notably since the implementation of the Salmon report[8] in the late 'sixties and early 'seventies. Since that time increasing numbers of hospital staff, designated as nurses, have become full-time administrators and instructors, while others are spending increasing amounts of time in management activities, courses, conferences and seminars. The Salmon career

Table 1 Nursing Salary Levels[1], Relationship Between Main Groups England 1987

Administration	*Education*	*Clinical*
Regional nursing officer (£31,500)		
Regional nurse (£22,900)		
District nursing officer (£30,500)		
Director of nursing services (£25,150)	Director of nurse education (£25,150)	
Senior nurse (£21,800)	Senior nurse (education/managerial) (£21,800)	
	Tutor (£13,700)	
	Clinical teacher (£12,800)	
		Nursing sister (£12,550)
		Staff nurse (£8,600)
		Enrolled nurse (£7,750)

Source: Advance Letter AL (NM) (W) 2/87 Appendix 2
Note: [1]Maximum salary for the highest grade in each category at April 1987

Reproduced from 'Health, Security and You', St Michael's Organization (1987)

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structure, by making the upper-middle and higher levels of the nursing profession the preserve of administrators and instructors, has shifted the focus of nursing in NHS hospitals from the bedside to the office and the seminar room, leaving fewer and less experienced nurses to provide patient care. In this context, this comment made in 1945 by one of the Ministry of Health Hospital Surveyors is of interest:

> 'Just as the municipal general hospital has evolved from the workhouse, in the same way the methods of staffing of municipal hospitals is based on and has evolved from the method of staffing the workhouse ... the system of paying comparatively low salaries to whole-time specialists, and the highest salary always to the medical superintendent has tended to drive clinicians of good standing into administrative posts as the only avenue of promotion.'[9]

Table 1 shows how financial considerations have reinforced the pressure of bureaucratic displacement on nurses in clinical posts.

Conclusion

In summary it is suggested that, since nationalisation of Britain's hospitals in 1948, there has been a progressive increase in staff activities which:

(a) are not directly related to the care and treatment of patients,
(b) which displace and in some instances obstruct care and treatment,
(c) and which in all cases absorb resources which would otherwise be available for care and treatment.

The injection of additional resources of finance and manpower into this system has led and will continue to lead to further bureaucratic proliferation and reduction in availability of 'required resources', eg nurses at the bedside or surgeons at the operating table.

Relative or absolute restriction of resources has led and

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will continue to lead to cannibalisation of non-bureaucratic elements by the bureaucracy, eg closure of wards as offices expand.

The system may be said to resemble a black hole, sucking in resources and shrinking in terms of emitted production. To those who would point to figures for increased numbers of patients treated by the NHS I would make two observations. The first is that such figures relate in part to increased numbers of re-admissions, notably among geriatric and psychiatric patients, and should not be taken entirely at their face value. The second, much more important point is that an undoubtedly real increase in numbers of patients forced through fewer beds has been achieved at the expense of near intolerable strain placed on the shrinking number of staff in direct contact with patients.

The greatest tragedy in the NHS does not lie in the loss of nearly one third of Britain's hospital beds built up over many generations, a loss of national resources which will take many years and require huge expenditure to remedy. Nor does it lie in the increasing numbers of patients waiting ever longer for hospital treatment, though their suffering is sometimes apalling and can never be compensated. The greatest tragedy in the NHS lies in the damage which the system has done to the nursing profession, the medical and allied professions and to the profession of hospital administration. This damage is perhaps beginning to be recognised; it has not begun to be assessed.

REFERENCES

1 For the classic analysis of forms of authority see Max Weber, 'The Theory of Social and Economic Organizations', tr. A.M. Henderson and Talcott Parsons, Oxford University Press, 1947.
2 'A National Health Service', (White Paper) 1944, HMSO.
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6 NHS statistics are derived from 'Ministry of Health Annual Reports and Digests of Statistics', 1948-1971 and 'DHSS Health and Personal Social Services Statistics', 1972-1987 eds.
7 'NHS Manpower and Beds 1965-1973', St. Michael's Organization, 1975.
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