Policy alienation of public professionals: The development of a scale

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Abstract

Today, many public professionals feel estranged from the policy programs they implement. That is, they experience 'policy alienation'. This is of concern as, for satisfactory implementation, some identification with the policy is required. We develop a quantitative scale to measure policy alienation. Policy alienation is associated conceptually with five (sub) dimensions: 1. strategic powerlessness, 2. tactical powerlessness, 3. operational powerlessness, 4. societal meaninglessness and 5. client meaninglessness. We developed Likert-type items for these (sub) dimensions to create a policy alienation scale. This scale is refined by interviewing twenty experts. The refined scale is administered in a survey of 470 healthcare professionals implementing a new financial reward policy: Diagnosis Treatment Combinations. The resulting 23-item policy alienation scale shows good psychometric qualities. Construct validity tests show that policy alienation correlates as expected with job satisfaction, role conflicts and change willingness. A reliable and valid policy alienation scale can add to the understanding why implementing public professionals embrace or resist particular public policies.

1 Introduction

At the moment, there is an intense debate going on concerning professionals and professionalism in the public sector. Research shows that public professionals are experiencing increasing pressures as they have to take into account several output performance norms, and these often conflict with their own professional standards or with the demands of increasingly empowered clients. Several studies show an increasing discontent among public professionals (De Ruyter et al., 2008; Freidson, 2001; Hebson et al., 2003; Pratchett & Wingfield, 1996).

Some of the pressures professionals face, are related to the policy they have to implement. This is often related to the fact that many contemporary policies strongly focus on economic values, such as efficiency and transparency. These values can conflict with professional standards or with demands of the increasingly empowered clients (Ackroyd et al., 2007; Emery & Giauque, 2003; Noordegraaf & Steijn, in press). Indeed, public professionals may have difficulty accepting this changed trade-off in values which become manifest when implementing a policy program (Hood, 1991; Pollitt, 2003). Here, Emery and Giauque (2003: 475) note that 'to focus on only the economic logic of action poses problems for public agents. They have to set aside some other shared values in order to concentrate solely on 'measurement management''. The following quote by a mental healthcare professional implementing a new Health Insurance Law (called the Zorgverzekeringswet), is illustrative[1]:

> Within the new healthcare system economic values are leading. Too little attention is being paid to the content: professionals helping patients. The result is that professionals become more aware of the costs and revenues of their behavior. This focus can come at the expense of acting according to professional standards.

In this paper, we analyze such problems that public professionals have with the policy they have to implement in terms of 'policy alienation', thereby elaborating on the concept of work alienation as developed in the field of sociology of work and labor (for example Blauner, 1964). We define policy alienation as a general cognitive state of psychological disconnection from the policy program to be implemented, by a public professional who, on a regular basis, interacts directly with clients (Tummers et al., 2009).

We use the policy alienation framework for three reasons. Firstly, this framework is specifically designed for the public sector. Secondly, the policy alienation framework is multidisciplinary. It elaborates on the concept of work alienation as developed in the field of sociology of work and labor and combines this with insights from public administration literature (NPM, policy implementation research (for example Lipsky, 1980)). Thirdly, it takes into account numerous dimensions (strategic, tactical and operational powerlessness, societal and client meaninglessness). In this way, we can provide a more encompassing view on identification problems public professionals face.

The primary purpose of this paper is to propose a quantitative policy alienation scale of public professionals that satisfies rigorous psychometric properties. Earlier studies used case studies to qualitatively assess the degree of policy alienation and its determinants (Tummers et al., 2009; Tummers et al., in press). Using these studies, the policy alienation framework has been refined. We can now develop a quantitative scale of policy alienation. A reliable and valid policy alienation scale can add to the understanding why implementing public professionals embrace or resist particular public policies.

This brings us to the outline of this paper. First, we will briefly explain the policy alienation framework and its background. Second, we will describe the method (section

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[1] Qualitative data coming from the survey discussed in this paper

three), results (section four) and validity testing (section five) of our goal to develop a psychometrically sound policy alienation scale. This includes generating and item pool which has been refined by conducting interviews with twenty experts and quantitatively testing the refined scale using a survey of 470 professionals. We used the case of Dutch psychologists, psychiatrists and psychotherapists implementing a new financial reward policy to quantitatively test the scale (called Diagnosis Treatment Combinations, in Dutch Diagnosebehandelingcombinaties). We end this paper by discussing the contribution a psychometrically sound policy alienation scale can make to public administration research.

2 Theoretical framework of policy alienation

In this section, we will review the policy alienation framework and its background.

2.1 From work alienation to policy alienation

The roots of the alienation concept are found in the work of Karl Marx (1961 [1844]), who concentrated on underline objective work alienation. Most contemporary sociologists writing on alienation draw on Marx, although they focus on underline subjective work alienation: alienation as perceived by the worker (Kanungo, 1982: 19).

Sociologists have used the (subjective) alienation concept in various studies (Seeman, 1959:783) and this has resulted in a number of meanings being attributed to the concept (Kanungo, 1982:24). Seeman (1959) differentiated these meanings into various alienation dimensions. Blauner (1964) used Seeman's classification, and devised operational measures for three alienation dimensions: powerlessness, meaninglessness and social isolation.

In the public administration literature, the concept of work alienation has not gone unnoticed. A number of scholars have used the concept, drawing on the alienation literature developed in both sociology and psychology. Pandey and Kingsley (2000), for instance, have shown that work alienation is a strong predictor of the degree of red tape public employees experience (see also DeHart-Davis & Pandey, 2005).

We focus on policy alienation, not work alienation. This policy alienation concept differs from work alienation. First, it looks at alienation from the policy being implemented, rather than from the job being done. Second, it focuses exclusively on the public sector, where work alienation is primarily developed for the private sector. Third, it considers professionals, instead of manual workers. In Tummers et al. (2009) we defined its dimensions, extending on Blauner's conceptualization of work alienation.[2] Here, we briefly review these dimensions.

2.2 Policy powerlessness

Powerlessness is the first dimension of work alienation (Blauner, 1964). A powerless worker feels himself to be a thing, an object controlled and manipulated by others or an impersonal system. In the realm of policy formulation and implementation, powerlessness relates to the degree of influence public professionals have to shape the policy program. This influence may be exercised on a strategic, tactical or operational level.

When there is a low degree of influence on the strategic policy level, professionals will likely experience feelings of powerlessness. This can be the case when, for example, a new policy is drafted without the help of the professionals who have to implement it. Here, an exemplary case is a policy called 'The Second Phase', implemented in Dutch secondary schools. Here, teachers felt that the implementation was done in a top-down way, without consulting them (NRC, 2007; Prick, 2006). Labor unions and professional associations of teachers could not sufficiently influence the policy (Commission, 2008). This lack of influence of the professional associations and labor unions increased the strategic powerlessness felt by many teachers.

The tactical level refers to the professionals' perceived influence on decisions concerning the way policy is implemented within their organization. This relates to how policy goals are transformed into specific performance requirements, which the

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[2] In Tummers et al. (2009), we defined role conflicts as the third dimension of policy alienation. Further, we also saw it as a potential effect of the dimensions powerlessness and meaninglessness. For example, when professionals experience high operational powerlessness, they feel less able to effectively cope with role conflicts. In this paper, we decided to research role conflicts as an effect of policy alienation, not a dimension of policy alienation. In alienation literature, role conflicts are generally not considered a dimension of alienation (DeHart-Davis & Pandey, 2005; Kanungo, 1982). Further, not inserting role conflicts makes the policy alienation framework more parsimonious.

organization has to meet, as well as to how resources (staff, budgets etc.) are allocated among the organization's units in order to meet these goals. In many agencies, performance management systems have been introduced to manage the implementation of policy programs despite several studies having shown that these systems can have undesirable effects when output criteria become more important than societal outcomes (Smith, 1995; Van Thiel & Leeuw, 2002). The more that professionals can effectively address these perverse effects at the agency level, the less they will experience powerlessness.

Lacking significant control over the operational working process is a third mode of powerlessness. In public administration literature, this is described in terms of a civil servant's discretion in implementing policies. That is, the implementer has some freedom in terms of the sort, quantity and quality of sanctions and rewards (Lipsky, 1980). The more discretion public professionals perceive when implementing a policy, the lower their feelings of powerlessness.

2.3   Policy meaninglessness

The second dimension of alienation distinguished by Blauner is meaninglessness. In the work alienation literature, meaninglessness has been defined as 'the inability to comprehend the relationship of one's contribution to a larger purpose' (Sarros et al., 2002:304). In the realm of policy formulation and implementation, we can distinguish between two types of meaninglessness.

First, on a societal level, meaningless refers to the perception of the professionals concerning the added value of the policy to socially relevant goals. For example, a professional may have the perception that a policy program is not actually dealing with specific societal problems, or with the provision of desirable public goods and services, such as delivering financial protection and security.

Second, on a client level, meaningless reflects the professionals' perceptions of the added value of their implementation of the policy for their own clients. For instance, are they really their patients while implementing this policy? If not, they will probably experience more client meaninglessness (see also Van Thiel & Leeuw, 2002).

In Tummers et al. (2009) meaningless was also researched on the agency level, but we decided not to further investigate this type of meaninglessness. At the agency level, meaninglessness refers to the perception of the professionals concerning the added value of the way their agency implements the policy to achieve socially relevant goals. As became apparent in our pilot interviews, professionals felt unable to properly distinguish between the added value of the policy to socially relevant goals – societal meaninglessness - and the added value of the way their agency implements the policy to achieve socially relevant goals. These two latent constructs were too similar for the public professionals to properly distinguish between them.

2.4   A theoretical framework of policy alienation

Now that we have briefly reviewed the background and the different dimensions of policy alienation, we can develop a policy alienation framework, including the definitions of its sub dimensions.
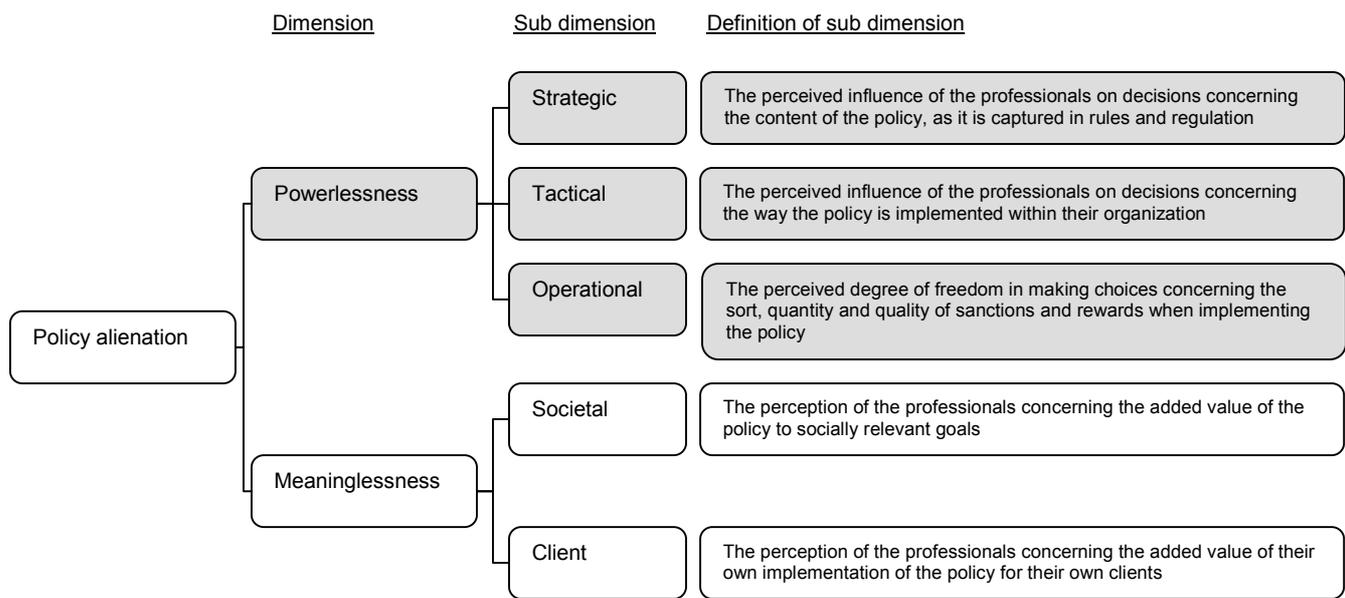
Figure 1 A theoretical framework of policy alienation, including the definitions of its sub dimensions

3 Method: Survey of professionals implementing DTC's

3.1 Using the DTC-case to construct the policy alienation scale

Now that we described the policy alienation framework, we can start developing a policy alienation scale. We use the case of mental healthcare professionals implementing a new financial reward policy for developing the policy alienation scale. We first provide a short overview of this policy.

Since January 1st of 2009 the legislation concerning the financing for mental healthcare has changed in the Netherlands. In the past, mental healthcare services were funded by a compulsory insurance for chronically ill patients (Algemene Wet Bijzondere Ziektekosten, or AWBZ). Nowadays, most activities are being covered by a new law, called the Health insurance Law (Zorgverzekeringswet). This has been part of the extension of the Dutch system to a regulated market in healthcare, which has been underway since 2004 (Helderman et al., 2005). In order to facilitate the creation of this regulated market, a system of Diagnosis Treatment Combinations (DTCs), has been developed as a means of financial exchange for the provision of healthcare services. The DTC-policy differs strongly from the former method, where medical actions where claimed separately. The former method can be summarized as follows: the more sessions a mental healthcare specialist had with the patient, the more could be claimed. According to some, this would lead to inefficiency. The DTC-policy changes this situation by charging a standard rate for each disorder. Within an organization these DTC's can be used to compare diagnosis, treatment and recovery patterns associated with different specialists. At the system level, insurance companies can use this system to compare, and hereafter make purchasing decisions for the health services of their clients.

We used this DTC-policy for scale development purposes. At a later development phases, more cases could be studied, as otherwise the results could be too dependent on the particularities of the chosen case. The DTC-case was chosen for three reasons. Firstly, the policy is captured in rules and regulations. This is necessary, as strategic powerlessness dimensions specifically focuses on formal rules and regulations. Secondly, public professionals – here psychotherapists, psychologists and psychiatrists - implement this policy. This is needed as the concept is specifically designed for public professionals implementing policy programs. Lastly, the policy is sufficiently important for mental healthcare professionals, which is a necessity for obtaining variance among the item scores. This significance is shown by demonstrations of psychologists against this policy, for example on July 1 2008. Further, large scale – politically oriented - research shows that nine out of ten professionals want to with DTC's (Palm et al., 2008:11).

3.2 Item generation and review by experts

For each of the sub dimensions of policy alienation, ten items were generated. These were formatted as 5-point Likert scales: strongly disagree, disagree, neutral, agree, and strongly agree.

We used templates in these items. Using templates makes it easier for the professionals to understand the items, thereby increasing reliability and content validity (DeVellis, 2003:52). For instance, one of the items for strategic powerlessness is:

Professionals X could sufficiently influence the contents of policy X, as it is captured in rules and regulation.

In the case of mental healthcare professionals implementing the DTC-policy, the item becomes:

> Mental healthcare professionals could sufficiently influence the contents of the DTC-policy, as it is captured in rules and regulation.

To further increase content validity, twenty reviewers examined the initial pool of items. These were selected based on different expertise areas (DeVellis, 2003:75). This is show in the table below:

Table 1 Testing initial pool of items by different types of experts (period January-June 2009)

Group	Expertise	Number of experts
Policy alienation experts	Fitting the survey to the appropriately measure the policy alienation concept	3
Quantitative methodologists	Design survey: number of items, categories, ambiguous wording, redundant items	3
Specialists in electronic surveys	Technical design survey: Ease of completing questionnaire, layout	1
Specialists in mental healthcare	Fitting the survey to the case: Jargon, design, relevancy of questions	5
Testers	General: design survey, clarity of questions, ambiguous wording, technical errors, accessibility of survey	8
Total		20

Based on these interviews, we discarded numerous items, while adding others. Finally, we choose the six best fitting items for each sub dimension. Harvey et al. (1985 in Hinkin, 1998) suggest that at least four items per scale are needed to test the homogeneity of items with each latent construct. By selecting six items per sub dimension, this gives us the opportunity to delete items in the next stages of the scale development process (DeVellis, 2003:57).

The specialists in mental healthcare also assessed the templates for the DTC-case. Based on their recommendations, we decided to use the following templates:

Table 2 Templates used in DTC-policy

Template	Template used in DTC-policy
Policy	DTC-policy or DTC's
Professionals	Mental healthcare professionals
Organization	Institution
Clients	Patients
Goal	Four goals were identified (see also DBC Onderhoud, 2007): Increasing... - Transparency in the costs of mental healthcare - Transparency in the quality of mental healthcare - Efficiency in mental healthcare - Patient choice between mental healthcare providers

3.3 Sampling and response

A sample was used to test the developed scales. We administered the scale to 1800 mental healthcare professionals, randomly selected from databases of two nationwide associations for mental healthcare. 479 professionals fully or partly returned the survey. This is sufficient for scale development purposes, as Nunally and Bernstein (1994) suggest that 300 is an adequate number.

204 non-responders provided reasons for their non-respons. These results show that many of them (157) do not work with DTC's. In their organization DTC's are for example not yet implemented or their particular profession – such as primary healthcare – does not use DTC's. Others (17) are retired or switched to another occupation. Therefore, the response percentage becomes 29%.

3.4 Analysis based on exploratory factor analysis

An exploratory factor analysis was conducted on the data using a principle components analysis with an oblique rotation. Using exploratory factor analysis, we can identify groups of variables (Field, 2005:619). At this early stage of developing a policy alienation scale, exploratory factor analysis is preferred to methods where proposed groups can be tested, such as confirmatory factor analysis. Of the exploratory factor analysis methods, we choose principle components analysis, as this is the preferred method when analyzing over twenty variables (Nunnally & Bernstein, 1994). Oblique rotation was chosen as we expect – based on the policy alienation framework – that the factors are related (Field, 2005:637).

Before we can end the method section and start discussing our results, we describe our criteria for item deletion. We retain or delete items based on substantive argumentation. When a statistical analysis highlights a problematic item, we always consider on substantive grounds whether or not to delete that item. We see statistical rules as 'warning signs', urging us to look at the item more closely (see also Field, 2005:676-677). The statistical warning signs we used are shown in Table 3:

Table 3 Statistical warning signs and explanation

Statistical warning sign	Explanation
An item correlating at less than .4 with all other items in the dimension (Hinkin, 1998)	When our items measure the same underlying dimension (powerlessness, meaninglessness), we expect them to be related. The interitem correlation coefficient therefore cannot be too low, as this indicates a weak relationship.
An item correlating at more than .9 with one or more items in the dimension (Hinkin, 1998)	When our items measure the same underlying dimension we expect them to be related. However, this relationship cannot be too strong, as this makes it impossible to determine the unique contribution of the highly correlating items to a factor.
An item loading more than .3 on two factors	When an item loads more than .3 on two or more factors, we choose on substantive grounds to which factor it belongs. We use .3 as a criterion as this is appropriate for our sample size.
An item negatively contributing to Cronbach alpha (Field, 2005)	Removing an item that negatively contributes to alpha will increase the overall reliability of the scale and decrease redundancy.

4 Results of factor analyses

In this chapter we discuss the results of the factor analyses. In the theoretical framework we distinguished between two dimensions: powerlessness and meaninglessness. We expect that we can find such a structure when looking at our data. This structure holds.[3] As it enhances the clarity of the discussion, we discuss the results by structuring it according to these two policy alienation dimensions.

4.1 Exploratory factor analysis powerlessness

Prior to conducting the factor analysis of policy powerlessness, the interitem correlation matrix was examined. When our items measure the same underlying dimension (powerlessness), we expect them to be related to each other. We deleted one item, firstly designed for strategic powerlessness. This item correlated less than .4 with the other items and on closer look seemed more an item related to a factor causing strategic powerlessness than an item measuring strategic powerlessness.

The final exploratory factor analysis showed three factors which could be interpreted well. These factors were maintained based on the obtained scree plot, the Kaiser's criterion and the theoretical meaningfulness of the factors. The initial factor solution showed four factors, as items written for strategic powerlessness loaded on two factors. We retained the items which best fitted our definition of societal meaninglessness and deleted two items, which were formulated too generally. Finally, a three factor solution was obtained.

Now that we have obtained the factor structure, we can determine the Cronbach alphas for the scales. Alphas for the strategic, tactical and operational powerlessness scales were all acceptable (.74, .86 and .82, respectively). To remove redundancy, we examine if deleting items would increase the scale reliabilities. We do not delete any items based on this analysis. Deleting an item for strategic powerlessness would increase the scale reliability to .78. However, a three item scale is already concise (DeVellis, 2003:89). Deleting one item for the operational powerlessness scale increases its reliability to .84, but we do not opt for this, as this increase is small and the item does add theoretical value to the scale. The results of these analyses are presented in Table 4.

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[3] If we conduct a factor analysis with all items and look for two factors in total, all the items written to tap powerlessness fall in one factor, and all items for meaningless fall in the other. When we choose to retain factors based on the obtained scree plot, the Kaiser's criterion and the theoretical meaningfulness of the factors, seven factors are retained. These correspond to the seven factors and the corresponding items which are extracted in this section (1. strategic powerlessness, 2. tactical powerlessness, 3. operational powerlessness, 4. strategic meaningless goal transparency, 5. strategic meaningless goal efficiency, 6. strategic meaningless goal client choice, 7. client meaninglessness).

Table 4 Policy powerlessness factor loadings for the final item pool of items

Item	Factor (F) loadings		
	F1	F2	F3
Strategic powerlessness – eigenvalue 1.6, 10.4% variance explained, Cronbach alpha .74			
In my opinion, mental healthcare professionals had too little power to influence the DTC-policy			.74
We - mental healthcare professionals - were completely powerless during the introduction of the DTC-policy			.83
Mental healthcare professionals could not at all influence the development of the DTC-policy at the national level (Minister and Ministry of Health, Welfare & Sport, House of Representatives)			.73
Tactical powerlessness – eigenvalue 5.0, 33.6% variance explained, Cronbach alpha .86			
In my institution, especially mental healthcare professionals could decide how the DTC-policy was being implemented (R)	.77		
In my institution mental healthcare professionals have - by means of working groups or meetings – taken part in decisions on the execution of the DTC-policy (R)	.83		
The management of my institution had to involve the mental healthcare professionals far more in the execution of the DTC-policy	.65		
With the introduction of the DTC-policy in my institution, mental healthcare professionals were not listened to	.81		
In my institution mental healthcare professionals could take part in conversations regarding the execution of the DTC-policy (R)	.78		
I and my fellow mental healthcare professionals were completely powerless in the introduction of the DTC-policy in my institution	.65		
Operational powerlessness – eigenvalue 2.3, 15.4% variance explained, Cronbach alpha .82			
I have freedom to decide how to use DTC's (R)		.50	
While working with DTC's, I can be in keeping with the patients needs (R)		.76	
Working with DTC's feels like I harness in which I cannot easily move		.78	
When I work with DTC's, I have to adhere to tight procedures		.68	
While working with DTC's, I can tailor far too little to the needs of my patients		.80	
While working with DTC's, I can make my own judgments (R)		.77	

Loadings < .4 are not listed. Pattern and structure matrix show similar results. The three factors totally explain 59.5% of the variance.

Criterions are met
Determinant .002 (criterion > .0001). KMO-test .828 (criterion >.5). Bartlett's test significant (p<.001) (criterion: significant). Non-redundant residuals with absolute values >.05: 42% (criterion <50%). All criterions based of Field (2005)

Interfactor correlations are presented in Table 5. The fact that prior to the rotation, all of the items loaded significantly on the first factor and that the factors are not independent supports the assumption that these are all dimensions of the same trait.

Table 5 Policy powerlessness sub scale intercorrelations

Component	SM	TM	OM
Strategic powerlessness	1		
Tactical powerlessness	.29	1	
Operation powerlessness	.23	.19	1

4.2 Exploratory factor analysis meaninglessness

Before conducting the factor analyses on policy meaninglessness, we examine the inter item correlations. We delete one item – concerning client meaninglessness– as it correlates lower than .4 with all other items.

The final exploratory factor analysis reveals four factors. The initial factor analysis shows more factors. A number of items written for societal meaninglessness load on different factors and have low communalities. Further inspection reveals that these items are not written very clearly and concisely. We delete these items (two items for all four goals). The resulting factor analysis shows four factors: Three on societal meaninglessness (transparency, efficiency and patient choice) and one on client meaninglessness.

The first scale of societal meaninglessness deserves some explanation. The items on transparency were first developed as two separate scales: transparency about the costs of care and transparency about the quality of care. They become one factor in the exploratory factor analysis, which can be explained from the fact that they both concern transparency issues. Further, we see in Table 6 that three items have factor scores on both the transparency and the efficiency goal. This is probably related to the fact that these items concern the <u>transparency</u> (related to the transparency goal) of <u>costs</u> (which is related to the efficiency goal). We assign these variables to the transparency factor, as they are firstly concerned with transparency issues. Further, their factor scores on the transparency factor are considerably higher.

After determining the factors, we calculate the Cronbach alphas for the factors. Alphas for the three societal meaninglessness factors are all acceptable (.91, .91 and .91). Deleting one item in the scales would further increase alpha. We do not opt for this, as two societal meaninglessness scales are already quite concise. For client meaninglessness, we delete one item, as this item can be misinterpreted by the respondent and deleting the item increases the Cronbach alpha from .86 to .91.

The factor structure remains intact after deleting these items. The results are shown below.

Table 6 Policy meaninglessness factor loadings for the final item pool of items

Item	Factor (F) loadings			
	F1	F2	F3	F4
Societal meaninglessness (goal transparency) – eigenvalue 1.051, 5.3% variance explained, Cronbach alpha .91				
I think that the DTC-policy in the long term leads to transparency in the costs of healthcare	(.40)			.56
I think that the DTC-policy in the short term leads to transparency in the costs of healthcare	(.41)			.53
I think that the DTC-policy has already led to greater transparency in healthcare costs (R)				.49
All in all, I think that the DTC-regulation leads to more transparency in healthcare costs (R)	(.47)			.51
I think that the DTC-policy in the long term leads to transparency in the quality of healthcare				.73
I think that the DTC-policy in the short term leads to transparency in the quality of healthcare				.74
I think that the DTC-policy has already led to greater transparency in healthcare quality (R)				.48
All in all, I think that the DTC-regulation leads to more transparency in healthcare quality (R)				.64
Societal meaninglessness (goal efficiency) – eigenvalue 10.7, 53.6% variance explained, Cronbach alpha .91				
I think that the DTC-policy in the long term leads to more efficiency in mental healthcare (R)	.75			
I think that the DTC-policy in the short term leads to more efficiency in mental healthcare (R)	.80			
In some treatments, the DTC-policy leads to more efficiency (R)	.77			
All in all, I think that the DTC-regulation leads to more efficiency in mental healthcare (R)	.79			

Societal meaninglessness (goal patient choice) – eigenvalue 1.3, 6.4% variantie verklaard, Cronbach alpha .90

I think that the DTC-policy in the long term lead to more options for patients to choose between mental healthcare providers (R)	.88
I think that the DTC-policy in the short term lead to more options for patients to choose between mental healthcare providers (R)	.85
Because of the DTC-policy, patients with certain disorders have more options to choose between mental healthcare providers (R)	.80
All in all, I think that the DTC-regulation leads to choices for patients between mental healthcare providers (R)	.76

Client meaninglessnes – eigenvalue 1.6, 8.2% variance explained, Cronbach alpha .91

With the DTC-policy, I can solve problems of my patients better (R)	.92
The DTC-policy is contributing to the welfare of my patients (R)	.92
Because of the DTC-policy, I can help patients more efficiently than before (R)	.89
I think that the DTC-policy is ultimately favorable for my patients (R)	.75

Loadings < .4 not shown. Structure matrix shows more connections between factors. The four factors totally describe 73.5% of the variance.

Criterions are all met except for multicollinearity
Determinant 3,32E-008 (criterion > .0001). This means multicollinearity could be a problem. This is mainly caused by high correlations among items related to societal meaninglessness. By looking at the individual variables, we see none exceeds .9. Therefore, we do not exclude variables. KMO-test .93 (criterion >.5). Bartlett's test significant (p<.001) (criterion: significant). Non-redundant residuals with absolute values >.05: 27% (criterion <50%). All criterions based of Field (2005)

Interfactor correlations are shown in Table 6. The table shows that the factors are strongly correlated. In fact, they are correlated so strongly, that they could be measuring only one latent construct: meaninglessness. The differences between the sub dimensions are rather small. For now, we decided to keep distinguishing between the different sub dimensions of meaninglessness, as we these high correlations could be a result of the particularities of the DTC-case. As stated before, mental healthcare professionals were very negative about this change. In one survey, as much 9 out of 10 professionals wanted to stop with this DTC-policy (Palm et al., 2008:11). Therefore, these high correlations could be a result of the chosen case.

Table 7 Intercorrelations of sub dimensions meaninglessness

Component	SZ-T	SZ-D	SZ-K	OZ
Societal meaninglessness (goal transparency)	1			
Societal meaninglessness (goal efficiency)	.52	1		
Societal meaninglessness (goal patient choice)	.51	.46	1	
Client meaninglessness	.49	.45	.55	1

4.3 Descriptive statistics of policy alienation and its (sub) dimensions

Now that we have selected the items which belong to the sub dimensions, we can get a score of the respondents on these sub dimensions by computing the mean. In so, we can also determine the degree of powerlessness and meaninglessness, and as a result the degree of policy alienation. This is shown in the table below.

Table 8 Descriptive statistics of policy alienation and its (sub) dimensions

	Min.	Max.	Mean	SE	Measurement method: mean of
Policy alienation	2.12	5	3.82	0.54	1,2
1.Powerlessness	2	5	3.61	0.61	1.1,1.2.,1.3
1.1 Strategic powerlessness	1	5	3.75	0.82	See factor analyses
1.2 Tactical powerlessness	1.33	5	3.60	0.78	See factor analyses
1.3 Operational powerlessness	1	5	3.48	0.77	See factor analyses
2. Meaninglessness	2.17	5	4.05	0.66	2.1&2.2
2.1 Societal meaninglessness Total	1.67	5	3.84	0.72	2.1.1,2.1.2,2.1.3
2.1.1 Societal meaninglessness: Goal transparency	1.5	5	3.87	0.73	See factor analyses
2.1.2 Societal meaninglessness: Goal Efficiency	1.5	5	3.67	0.91	See factor analyses
2.1.3 Societal meaninglessness: Goal patient choice	2	5	4.00	0.78	See factor analyses
2.2 Client meaninglessness	1.75	5	4.28	0.71	See factor analyses

5 Correlations of policy alienation with related variables

This section focuses on the construct validity of the policy alienation scales. This validity issue refers to the theoretical relationship of a variable – in this case policy alienation - to other variables (DeVellis, 2003). We examine the relationship of policy alienation with one measure on the job level (job satisfaction) and two measures on the policy level (role conflicts and willingness to change). If these variables are related as can be expected from theory, we are more confident that we have really measured policy alienation. Table 9 shows correlations between policy alienation and its (sub) dimensions scales and the related variables measured in the study.

Table 9 Correlation between policy alienation and its (sub) dimensions with related variables

Construct	Policy alienation	Powerless-ness	Meaningless-ness	Strat.P.	Tact.P.	Oper.P.	Soc.M.	Oper.M.
Job satisfaction	-.18**	-.17**	-.13*	n.s.	-.16**	-.19**	-.14**	n.s.
Role conflicts	.60**	.54**	.45**	.29**	.35**	.59**	.48**	.36**
Willingness to change	-.59**	-.38**	-.60**	-.21**	-.25**	-.38**	-.59**	-.51**

Note * $p < .05$ ** $p < .01$ n.s. = non-significant

5.1 Policy alienation and job satisfaction

First, we examine the relationship between policy alienation and job satisfaction. We expect that when public professionals score high on the policy alienation dimensions, they exhibit lower job satisfaction. Looking at the first dimension of policy alienation, powerlessness, we expect that as professionals experience more powerlessness, their satisfaction with this policy will decrease. Participative decision making has been linked both theoretically and empirically to higher levels of satisfaction (DeHart-Davis & Pandey, 2005). Next, higher autonomy often leads to a higher degree of satisfaction (Hackman & Oldham, 1980). Further, we hypothesize that as professionals experience more policy meaninglessness, their job satisfaction decreases. Several studies show that experienced meaninglessness of the work significantly decreases satisfaction (DeHart-Davis & Pandey, 2005; Hackman & Oldham, 1980).

To examine the relationship between job satisfaction and policy alienation, one item to measure job satisfaction was inserted in our questionnaire: 'All in all, I am satisfied with my job'. We choose for this one-item measure, as Nagy (2002:85; but confer Oshagbemi, 1999) states that is it often better to measure job satisfaction by only one item, as 'it is more efficient, is more cost-effective, contains more face validity, and is better able to measure changes in job satisfaction'.

The data provides some support for the notion that public professionals scoring high on policy alienation are less satisfied with their job. Policy alienation correlated negatively and significantly with job satisfaction (r=-0.18, p<.01). Further, the dimensions of policy alienation also correlated negatively with job satisfaction (r=-.17, p<.01 for powerlessness and r=-.13, p<.05 for meaninglessness). The correlations are not very strong, which can be expected, as policy alienation is measured on the policy level, while job satisfaction is measured on the – more general - job level.

5.2   Policy alienation and role conflicts

Secondly, policy alienation was expected to correlate positively with role conflicts. When implementing a policy, professionals experience demands based on various logics, which all have different values and norms (Freidson, 2001). Role conflicts arise when professionals perceive these logics to be incompatible (Kahn et al., 1964; Rizzo et al., 1970). We review three role conflicts which are likely to be caused by powerlessness or meaninglessness (Tummers et al., 2009; Tummers et al., in press). First, the institutional-professional role conflict, which deals with demands coming from the policy on the one hand, and professional values and norms on the other. Second, the institutional-client role conflict. Here, professionals faced incompatible demands from the policy and from the clients. A third role conflict emerges from the tension between the managerial demands (organizational logic) and the professional norms (professional logic).

Role conflicts can be a result of high policy alienation. For example, when professionals experience low discretion (operational powerlessness), they feel less able to effectively cope with role conflicts. These professionals can feel 'squeezed' between demands coming from one logic on the one side, and from another logic on the other. They cannot use their discretion to effectively cope with this conflict. Further, if a professional experiences the policy goals as meaningless (high societal meaninglessness), they will experience a greater role conflict between the institutional logic and the client logic, if their client opposes the policy.

We measured role conflicts by operationalizing the three role conflicts (see also Rizzo et al, 1970; Kahn, 1964). During the factor analyses, only one factor emerged, as the items were related very strongly. Items of the developed scale – which is shown in the appendix - are for example 'Looking from my professional values and norms, I embrace the DBC-policy', 'Many of my patients complain to me about the DBC-policy' and 'The way my institution implements the DBC-policy affects my professional autonomy'. The resulting 14-item scale has a reliability of .90.

The data provide strong evidence for the notion that policy alienation and role conflicts are related. This could be expected, as both policy alienation and role conflicts are measured on the policy level and they are expected from theory to be related strongly. Policy alienation exhibited a highly significant correlation with role conflicts (r=.60, p<.01). Further, the data support the notion that professionals scoring high on powerlessness and meaninglessness experience more role conflicts (r=.54, p<.01 and r=.45, p<.01 respectively).

5.3   Policy alienation and change willingness

Lastly, we expect policy alienation to correlate negatively with change willingness. Metselaar (1997:34) defines change willingness as 'A positive intention towards the implementation of modifications in an organizations structure, or work and administrative processes, resulting in efforts from the organization member's side to support or enhance the change process.' High change willingness can be an effect of low powerlessness (Burke, 1987; Piderit, 2000) and meaninglessness (Metselaar, 1997). For example, when public professionals perceive the goals of the new policy as very meaningful (low societal meaninglessness), they are more likely to have a positive intention towards the implementation of this policy (high change willingness).

We measured change willingness with the validated five-item scale of Metselaar, which has shown good reliabilities (Devos & Bouckenooghe, 2006; Metselaar, 1997). This scale uses templates, specifying the change. Items are for example 'I am willing to contribute to the introduction of DTC's' and 'I am willing to free up time to implement the DTC-policy'. The scale's alpha coefficient was .85.

As expected, policy alienation is negatively related to change willingness (r=-.59, p<.01). Public professionals experiencing high policy alienation are less willing to make efforts to support the implementation of the policy. It is interesting to note that the correlations between powerlessness and change willingness are considerably weaker than the correlation between meaninglessness and change willingness (r=-.38 and r=-60, respectively). This could be a sign that for public professionals, it is more important to see the logic of a new policy – in change management terms, to understand the 'case for change' – than to have the feeling to be able to influence the shaping of that policy.

6 Conclusion and discussion

The purpose of this article was to establish and validate a scale for the measurement of policy alienation. Based on a theoretical framework of policy alienation, a first scale was developed. This scale was refined by conducting interviews with 20 experts. The refined scale was validated in a survey of 470 mental healthcare professionals implementing a new financial reward policy. The results of the study indicate two dimensions of policy alienation: policy powerlessness and policy meaninglessness. Further, five sub dimensions are identified: 1) strategic powerlessness, 2) tactical powerlessness, 3) operational powerlessness, 4) societal meaninglessness and 5) client meaninglessness. The resulting scale consisted of 23 items (see appendix).

The construct validity of the scale was examined by looking at the relationship of policy alienation with job satisfaction, role conflicts and change willingness. The resulting significant correlations shows that the scale behaves as expected. In so, we are more confident that we are really measuring policy alienation with the proposed scale. Further, we see that the relationship with measures of role conflicts and change willingness are stronger than with job satisfaction. This could be explained from the fact that policy alienation, role conflicts and change willingness are all measured on the policy level, while job satisfaction is measured on the job level. This corresponds with the notion of Ajzen & Fishbein (1980) who state that variables will relate most strongly to one another when they match with respect to level of specificity.

The relationship between policy alienation and change willingness is interesting. According to numerous authors, some identification of the implementers with the policy is a prerequisite for effective implementation (Ewalt & Jennings, 2004; Lipsky, 1980; Pressman & Wildavsky, 1984). By looking at the strongly significant relationship between policy alienation and change willingness, we have provided some additional support for this claim. Public professionals experiencing high policy alienation – low identification - are less willing to make efforts to support the implementation of the policy. When professionals make leess efforts to support the implementation, this may negatively influence the effectiveness of a policy programme (Sabatier 1986). In so, we are more certain that policy alienation will indeed negatively influence policy effectiveness.

This study has a number of limitations. This is only a first attempt to measure policy alienation. The scale could be improved by writing additional items for strategic powerlessness and – preferably positive items – for the meaninglessness sub dimensions. Further, items on transparency as such could be stated, as we saw from our study that the public professionals did not differentiate between transparency about costs and transparency about quality. This improved scale could be tested in a large scale survey among mental healthcare professionals implementing DTC's. A confirmatory factor analysis could then be used to validate the scale structure obtained in this study.

Another limitation is that the scales were only tested by looking at one policy: Diagnosis Treatment Combinations. One should be careful to generalize this to other policies or domains in the public sector. A fruitful direction for further research is to first validate the scale in a second survey of the DTC-policy, and then to test the refined policy alienation scale using a comparative approach, examining different kinds of policies in different domains in the public sector. Here, one could also choose policies towards which the professionals had a positive attitude, and examine if the results correspond to those where professionals were negative, which was the case in the DTC-policy.

The policy alienation scale can have a number of potential uses. First, it can serve to carefully examine numerous claims about professionals in the public sector. In contemporary public management literature, an intense debate is going on about – the

perceived worsening state of - professionals in service delivery (Ackroyd et al., 2007; Emery & Giauque, 2003; Noordegraaf & Steijn, in press). Some authors note that the degree of discretion of professionals has become insufficient (Van den Brink et al., 2006). Further, Emery and Giauque (2003: 475) note that focusing only on the economic logic of action is problematic for public professionals. A psychometrically sound policy alienation scale can help to critically examine these kinds of claims. Do professionals experience their discretion while implementing policies as insufficient? Do they really view the goals of contemporary policies – which are often dominantly economic - as meaningless?

The policy alienation scale also has potential uses for change management scholars in the public sector. As can be seen from our analyses, policy alienation has a strong correlation with change willingness. In else, professionals experiencing high policy alienation are less willing to make efforts to support the implementation of the policy. Furthermore, the relationship in this study between powerlessness and change willingness is considerably weaker than the correlation between meaninglessness and change willingness. This could be a sign that for public professionals, it is more important to see the logic of a new policy than to have the feeling to be able to influence the shaping of that policy. As the policy alienation scale takes into account five sub dimensions a more encompassing view on the possible problems professionals face when implementing new policies can be put forward. The policy alienation scale can be used to understand which attitudinal aspects of professionals are crucial for successfully implementing new policies in public administration.

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Appendix: Scales of policy alienation, role conflicts and change willingness

Table 10 Items of the policy alienation scale

Policy alienation scale

Template words are indicated by using underline type

Strategic powerlessness
1. In my opinion, professionals had too little power to influence the policy
2. We - professionals - were completely powerless in the introduction of the policy
3. Professionals could not at all influence the development of the policy at the national level (Minister and Ministry of X, House of representatives)

Tactical powerlessness
4. In my institution, especially professionals could decide how the policy was being implemented (R)
5. In my institution professionals have - by means of working groups or meetings - taken part in decisions on the execution of the policy (R)
6. The management of my institution had to involve the professionals far more in the execution of the policy
7. With the introduction of the policy in my institution, professionals were not listened to
8. In my institution professionals could take part in conversations regarding the execution of the policy (R)
9. I and my fellow professionals were completely powerless in the introduction of the policy in my institution

Operational powerlessness
10. I have freedom to decide how to use the policy (R)
11. While working with the policy, I can be in keeping with the client needs (R)
12. Working with the policy feels like I harness in which I cannot easily move
13. When I work with the policy, I have to adhere to tight procedures
14. While working with the policy, I can tailor far too little to the needs of my clients
15. While working with the policy, I can make my own judgments (R)

Societal meaninglessness
16. I think that the policy in the long term leads to goal 1 (R)
17. I think that the policy in the short term leads to goal 1 (R)
18. I think that the policy has already led to goal 1 (R)
19. All in all, I think that the policy leads to goal 1 (R)

Client meaninglessness
20. With the policy I can solve problems of my clients better (R)
21. The policy is contributing to the welfare of my clients (R)
22. Because of the policy, I can help clients more efficiently than before (R)
23. I think that the policy is ultimately favourable for my clients (R)

Table 11 Items of the role conflicts scale

Role conflicts scale

Template words are indicated by using underline type

1. Looking from my professional values and norms, I embrace the <u>policy</u>
2. The <u>policy</u> affects my professional autonomy
3. I have the feeling that I sometimes have to choose between my professional values and the rules of the <u>policy</u>
4. Working with the <u>policy</u> makes me violate my professional ethics
5. Working with the <u>policy</u> conflicts with my professional values and norms as a <u>professional</u>
6. I feel that I sometimes have to choose between the wishes of my <u>clients</u> and the rules and regulations of the <u>policy</u>
7. Many of my <u>clients</u> complain to me about the <u>policy</u>
8. Working with the <u>policy</u> clashes with the wishes of many <u>clients</u>
9. My <u>clients</u> experience the <u>policy</u> and a breach of their privacy
10. When looking from my professional values and norms, I embrace the way my institution executes the <u>policy</u>
11. The way my <u>institution</u> implements the <u>policy</u> affects my professional autonomy
12. I feel that I sometimes have to choose between the way my <u>institution</u> implements the <u>policy</u> and my professional values and norms as a <u>professional</u>
13. Following the rules concerning the <u>policy</u> of my <u>institution</u> exactly is incompatible with my professional values
14. The way my <u>institution</u> deals with the <u>policy</u> conflicts with my values and norms as a <u>professional</u>

Table 12 Items of the change willingness scale

Change willingness (Metselaar, 1997)

Template words are indicated by using underline type

1. I intend to convince my colleagues of the benefits of the <u>change</u>
2. I intend to dedicate myself to the current goals (such as goal 1) of the <u>change</u>
3. I intend to reduce the resistance my colleagues/employees show against the <u>change</u>
4. I intend to free up time to execute the <u>change</u>
5. I intend to put effort in executing the <u>change</u> properly
6. I intend to persuade my colleagues of the advantages of the <u>change</u>