

## Book Review

**The Elusive Quest: Accountability in Hospitals.** By Wiener, Carolyn L. New York: Aldine de Gruyter, 2000. 256 pages, paperback, ISBN: 0202306313.

Those looking for examples of how sociological critique has informed institutional change could do worse than to choose the area of medical care. In the 1960s and 1970s, such landmark studies as *Profession of Medicine* (1970) by Eliot Freidson revealed the fallacy of omniscience among doctors, and the often strategic, self-serving motives behind their lofty claims to professional autonomy and control over clinical practice. Since these studies appeared we've seen the steady erosion of professional power in medicine. As sociologist Carolyn L. Wiener argues, the current status of such workers has resulted from a confluence of changes: consumer rights movements, technical innovations requiring collaboration within teams of specialists, malpractice litigation, wider public access, to medical information and research and, especially, sweeping organizational and regulatory changes aimed at limiting clinical discretion in the name of reducing the costs of medical care. We face a system, then, organized around corporate profits, even as it forces constant cutbacks in the medical trenches. Amid today's public backlash against "managed care," and already apparent in the debate surrounding the failed Clinton-era proposals for health care reform, one sees a nostalgic appeal to an earlier model of doctoring—based more on personal rapport and trust, less burdened by bureaucratic rules and record-keeping. It now appears that for all the potential abuses in a system governed by professional control, the alternatives, based on market competition and attempts to rationalize clinical judgment, are even worse (Freidson 1994). And the injured parties are not only frustrated patients, but also the mission of expanding access to healthcare, an issue submerged in the current, technocratic discourse of health policy.

In our time a new group of managerial specialists, operating in a new arena of power, has sprouted up to govern medical care, especially but not only in hospitals. The convergence of decreasing professional control and increasing pressure to cut costs has ushered in ever larger and more complex corporate and regulatory entities in the medical sector. In turn, according to Carolyn Wiener in her brave and

important book, *The Elusive Quest*, "... these factors combine to create the need for oversight of quality of care while simultaneously making effective oversight a formidable proposition" (2000, p. 79).

Wiener recounts the history of a managerial movement and a succession of techniques of "quality improvement"—efforts, now spanning two decades, to import criteria and schemes of accountability drawn from business practice into hospital care. While efforts to standardize hospital procedures have modern origins in the 1950s' Joint Commission of Accreditation of Hospitals, and in econometric rationing models such as "Diagnostic Related Groups" in the 1980s, quality improvement became a kind of secular religion centered on *accountability*. The term, of course, has both financial and moral connotations, an ambiguity that sets the stage for conflicting goals and unintended consequences that are ramifying throughout the health care system. Wiener's sources include interviews, participant observation, analyses of industry publications, and even postings to an online industry bulletin board. She explores and documents why quality improvement efforts in hospital care have, in her view, added up to an extravagant waste of resources and good intentions. Although the quality of patient care is Wiener's underlying concern, it is not her empirical or theoretical focus in the book. Her interest has led her, so to speak, from the hospital room to the staff meeting down the hall, where consultants hold court. The complex contingencies of illness and of patient care are, then, a sub-text for Wiener's study and critique of administrative constructions of "quality."

Central chapters in *The Elusive Quest* lead the reader through a chronological accounting (and, be warned, a blizzard of acronyms) of a succession of accountability projects: one, "continuous quality improvement," re-casts hospital care as a quasi-industrial process; another, "critical pathways," aims to maximize uniformity of treatment of particular patient groups by extracting and automating information gleaned from clinicians; yet another, "patient-focused care," attempts to rein in the excessive fragmentation and cost of care, through mapping and streamlining patients' contacts and procedures. Though Wiener presents each as a "good faith" initiative, all founder in her estimation. Why? Because of a thicket of intractable difficulties, faced even by the most devoted personnel, in trying to achieve consensus across political and organizational boundaries; attempting to translate conceptual schemes into categories and methods of data collection; creating perverse incentives when, inevitably, the standards are adopted in systems of oversight which, in practice, constrain the trust and flexibility required to provide care to particular patients under specific clinical circumstances. Meanwhile, each accountability scheme spawns a new cohort of consultants and, usually, a new paternalistic regime undermining the morale of healthcare workers. Later chapters document organizational barriers to implementation, even of the best-conceived plans, as well as the "show and tell" required of providers in order to pass external accreditation surveys.

Wiener's detail and command of the material is meticulous; the argument is convincing and its implications far-reaching; her clear, often elegant text is enlivened with extensive interview material and supported with a ten-page bibliography. Still, for all this some readers may feel distanced from the book, anxious for the exhaustive chronology to be embedded more clearly in a detachable theoretical argument. Or perhaps the argument is couched and directed to a readership that isn't confined to academic social science.

With her earlier work, especially *Social Organization of Medical Work* (1997) with the late Anselm Strauss and colleagues, Wiener has already made a major contribution to ethnographic understandings of medical work and care in hospitals. She has informed not only qualitative medical sociology per se, but also innovations in method; hospital research in which she took part was an important vehicle for developing the grounded theory approach to collecting and analyzing data. Wiener has also studied other emerging professional arenas and social problems, as in her earlier constructionist case study *The Politics of Alcoholism* (1981). These earlier projects were more exploratory in spirit than the new book, attuned more to mapping the diversity of intentions and practices animating an ostensibly familiar domain of activity. And they were more directly concerned with theoretical development.

In *The Elusive Quest*, however, Wiener's goals, her primary audience, and her mode of presentation are distinctly different from those of her earlier work. Her immediate goal is to establish *identity* among the various accountability campaigns, to show, despite the partisan conflict and competition which may have attended their introduction within the hospital arena, the common assumptions and limitations that befell each panacea for quality care. As a rigorous fieldworker, it must have proved challenging for Wiener to study a phenomenon that defies occupational, organizational, and ideological boundaries. But her broader goal, in my view, is nothing less than to challenge current orthodoxy in the health care policy and research communities—whose members often share contractual and institutional affiliations, through the National Institutes of Health and foundations such as the Robert Wood Johnson Foundation—with cumulative experience and evidence they are unlikely to confront as they go about their versions of normal science or administrative practice.

Working at the University of California-San Francisco, a major center for medical training and health policy research, Wiener is, more than most academic sociologists, directly aware of how accountability regimes are shaping clinical values and research agendas. Those readers more interested in health policy than in academic sociology will applaud and identify with Wiener's conscientious narrative, in which the indictment of accountability efforts incorporates their own voices, hopes, and disappointments; they will find validation in the very language that others, more academic in approach, may regard as too respectful of occupational ideology and jargon. Finally, in her obvious desire to engage those who study

and carry out policy, Wiener embeds her argument in the historical and interview material. This she embellishes with little theoretical commentary that is not clearly warranted by material in the book. This strategy adds to the modesty, as well as the accessibility, of the presentation.

For all the strengths of *The Elusive Quest*, there are problems, and these may be most apparent to those familiar with the author's earlier style of work. In closing, I'll mention two. First, we know what she talked about in the field, but not to whom; the informants could and should have been more clearly differentiated according to relevant social positions and perspectives. I was tantalized by references, early in the book, to the fact that nurses were often among the entrants into new accountability positions. Given their central role in articulating (in a dual sense) the ethics and practice of patient care, I found this pattern surprising and provocative. In presenting interview data, however, Wiener does *not* generally identify informants in terms of their occupational origins (perhaps because their numbers within categories were not comparable or sufficient to warrant inferences). Thus, in interpreting their statements one cannot distinguish between nurses, MBAs or, for that matter, those whose training and careers were defined from the outset by the accountability project. Given Wiener's fine earlier work on *arenas* as forums for the "interweaving of personal and organizational destiny" (1991), I see her omission of occupational origins here as a missed opportunity to help chart the direction and likely fate of resistance, among clinician groups, to accountability schemes imposed from above. For example, the nurses among her informants, if questioned in terms of their clinical experience and ethics, would likely have *specified how* accountability schemes are in fact affecting patient care, a linkage that is not clearly spelled out in the book. Health care advocates, hoping to use *The Elusive Quest* as part of a clarion call for better hospital care, will have trouble translating Wiener's findings into terms and images that resonate with public grievances about hospital care.

A second, conceptual problem is related to the first: Because she does not define or prioritize among dimensions of quality of care at the outset, independent of her discovery of its meanings in the field, Wiener has less leverage than she otherwise would on the question of what, among the various goals and practices of accountability, should be preserved. Her conclusions stress the excessive *amount* of hospital regulation, but offer little guidance regarding criteria for assessing the *kinds* of regulation—let alone extant policies—that are most likely to preserve core principles of patient care. It is possible that any such endorsement would have blunted her argument, and its implications, for those to whom the book seems most urgently addressed. If indeed this is Wiener's strategy, one hopes it is successful, because *The Elusive Quest* is among the most timely, courageous, and important qualitative studies dealing with medical work and health policy to be published in recent years. It will be a valuable supplement to courses in health

policy and hospital administration, as well as those in the sociology of medicine and of work.

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