

Centre Projects

RESTRUCTURING OF HEALTH SERVICES

Funding Sources: University of NSW

Investigators: Jeffrey Braithwaite, Johanna Westbrook and Rick Iedema

Duration: 2004 - 2008

Description: One of the most prominent health service change methods around the world is restructuring: the attempt to alter the formal or design aspects of health systems, particularly, the roles, responsibilities and reporting arrangements of senior positions. We can observe this happening on a regular basis in the various mergers and acquisitions of private health interests of the United States of America, and also in the public health systems of Canada, Britain and Australia.

Despite its popularity as a managerial activity, little research attention has been paid to this phenomenon. Until now, there have been many advocates of it, and some anecdotal academic commentary for and against it, but almost no evidence about restructuring, mainly because of the complexity of examining a complex social and organisational issue with multiple variables

We have found that restructuring at the sector level – ie, that of entire health systems (such as the National Health Service, or the New South Wales or Western Australian health sectors, or the Canadian States health systems in Alberta or Saskatchewan) – can lead to disruption, confusion and inefficiencies. In the case of area health services (NHS Trusts in the United Kingdom) and local acute and community health services including teaching hospitals, restructuring can put people back about eighteen months while they recover from the re-organisation, and orchestrating serial restructures over several years, ie tweaking the organisational structure several times over a decade, can lead to measurable inefficiencies. Our data suggests that apart from distraction from the main game of patient care, there are negative morale outcomes and uncertainties created by restructuring that must be through before the next restructuring is considered. Restructuring is Restructuring is often bad for you, and keeping on restructuring even worse.

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Outputs: Academic papers and a range of conference presentations, as well as including the data in workshops and masters courses are the main outputs.

Selected Publications

Braithwaite J, Westbrook JI, Iedema R (2005). Restructuring as gratification. *Journal of the Royal Society of Medicine*, Vol 98 (12), pp.542-544 [<http://www.jrsm.org/current.shtml>].

Braithwaite J (2005). Invest in people, not restructuring. *British Medical Journal*, 331, p.1272 [[doi:10.1136/bmj.331.7527.1272-a](https://doi.org/10.1136/bmj.331.7527.1272-a)].

Braithwaite J, Westbrook M, Hindle D, Iedema R, Black D (2006). Does restructuring hospitals result in greater efficiency? An empirical test using diachronic data. *Health Services Management Research*, in press.