



Devising a qualitative research methodology for conducting an implementation study in Pakistan

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ABSTRACT

This paper describes a research methodology which was developed to study the implementation of Hospital Autonomy Reforms in Pakistan. The research attempted to answer two questions: what happened? And why did it happen? (with regards to the implementation process of hospital autonomy reforms). The environment for this study was very political and characterized by high power distance and low rule of law. Moreover it had an aura of formality and reservation. Few respondents were willing to share information due to their status and busyness. The researcher had to develop a strategy to be flexible and innocuous to be able to accumulate relevant information. Moreover, respondents would rarely honor any official request for information about the process, so the researcher had to use personal connections to gain entry into the environment and to extract data. Main stakeholders were donors, politicians, bureaucrats and doctors. Long unstructured interviews were conducted with them. For the second question, the technique of sense making was used to find out why reform adopted the specific strategy that it took. Use of contextual historical back ground data was made in this regards.

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Introduction

The study

Hospital Autonomy Reforms were introduced in Pakistan in late nineties and were related to tertiary hospitals. The basis of these reforms was a report ((Hildebrand and Newbrander, 1993) which was developed by USAID for Federal Ministry of Health (FMOH). This report called for granting autonomy to tertiary hospitals. First, these reforms were introduced in two hospitals at federal level and later, based on their claimed success they were initiated in the province of Punjab. Gradually, these reforms were spread on all the tertiary hospitals of the province. Implementation studies not only just explain program experiences; they also assess and explain them (Werner, 2004). They try to answer two questions i.e. “what is happening?” and “Why is it happening as it is?” (Werner 2004, p.1). So this research attempted to answer these two questions. In this way, the research was an exploratory research.

Context

In qualitative research, context has a primary importance in order to understand the ground realities of a unit of study; qualitative research focuses on context (Marshall & Rossman, 2010). There were four important factors which were likely to influence the research methodology strongly. These were 1) type of research strategy i.e. case study; 2) area of implementation research 3) peculiar context of Pakistan with special reference to its history and culture, and 4) peculiar nature and culture of public sector in which this study was conducted and from where the relevant data was to be collected. These points are explained in the following paragraphs in details:

1. The study was about the process of implementation of hospital autonomy reforms in Pakistan and how it was mediated all along by its context. Yin (2003) opines that the use of case study method is relevant and advantageous where one “deliberately

wanted to cover contextual conditions – believing that they will be highly pertinent” to one’s area of study (p. 13). Moreover, it attempts to study the process in depth in one of the 17 hospitals where it was implemented. As the unit of analysis of this study was implementation process, so in depth investigation needed the views of actors who were part of the implementation process. This social process was not only very complex as it went through different stages; it was also embedded in its context where a number of stakeholders who had somewhat conflicting objectives were involved. Yin (2003) observes that “the distinctive need for case studies arises out of the desire to understand complex social phenomena. In brief, the case study method allows investigators to retain the holistic and meaningful characteristics of real life events...” (p. 2).

Moreover the research design includes requirements of the case study method like “the use of manifold instruments of data collection, the explanation of two basic questions: what happened, and why, the analysis of the research problem in its context, the composition of detailed and holistic descriptions of the context and issues within the case, and discussion of themes and issues emergent from the analysis of the case itself, among other aspects” (Silvestre, 2008, p. 107).

2. Although this is a single case study where data about implementation process at hospital level was to be collected from one hospital, on certain accounts, information was also gathered about other hospitals undergoing same intervention from respondents who represented them. This in a way helped the study avoid some of the shortcomings attributed to single case study.

Implementation process is considered to be a straight forward managerial process which is undertaken once the policy has been developed through a political process participated by various politicians and other stakeholders. Pressman an

Wildavsky (1973) comment on the implementation process of Oakland Project, by saying that on the face of it, it looked as if everything will be as per planning and it was only a matter of time before this will be completed. But even after four years of its commissioning the project was no way near its completion. Wilson (1887) termed that phenomenon as dichotomy between politics and administration. According to him, administration was just a managerial task and was beyond the scope of politics. However, later research on implementation has shown that it is very much a political process (see for example Bardach, 1977; Barrett and Fudge, 1981; Ripley and Franklin, 1982; Palumbo and Calista, 1990 etc.). In this context, gathering data about the implementation process was a tricky business.

3. Current Pakistan has a very strong colonial influence on its culture and institutions. According to Weinbaum (1996), "Pakistan's political culture is naturally a strong product of its past, including its people's earlier history under the British Raj. What Pakistan's leaders knew best from this inheritance was the so-called vice-regal system that made little or no provision for popular awareness or involvement. The system was designed to rule over a subjected population and intended to keep order and collect taxes", (pp. 640-41). Egger (1953) was a US consultant hired to advise Government of Pakistan on redesigning the governance and bureaucratic structure of the country gave his observation on the governance structure of Pakistan that the "(d)emocratic self-government requires no small degree of skill and sophistication on the part of all three of the constituent elements – the people, the politicians, and the public servants". He further observed that out of three constituents in Pakistan "the people of Pakistan are the weakest element" (p. 2).

The above comments amply throw light on the prevailing governance structure of Pakistan. And the backbone of the structure was its bureaucracy which Pakistan inherited at its independence and which was termed as 'steel frame of Raj'. Egger (1953) further said that bureaucracy "is unquestionably the strongest of the three elements from the point of view of preparation and training, experience and organization" (p. 6). In the arrangement prior to the Autonomy Reforms, Bureaucracy had complete control on the healthcare system including tertiary hospitals.

4. Different professionals including doctors, engineers, economists, academicians have been raising their voices against the generalist dominance over specialized organizations (Kennedy, 1987). These current reforms threatened this bureaucracy's hegemony and doctors saw a ray of hope of getting autonomy.

This particular culture made the environment very political and not many individuals including bureaucrats and doctors were willing to give their comments on different aspects of the implementation process. They were hesitant in commenting publicly on such issue lest they were used against them later. In such an environment, it was really a tough ask to collect reliable and sufficient data. Keeping these challenges and requirements in view, the researcher then had to develop the following methodology.

Research Methodology

After selection of the topic, the researcher started searching for such sources which may provide comprehensive background information. As this was a relatively newer topic for the researcher with minimum prior knowledge, he started his search from internet. The result was a list of a number of evaluation studies on hospital autonomy conducted in different countries. This established that these reforms of hospital autonomy were

not local phenomenon but had some foreign source. Another type of document was about some funding by a foreign authority to test hospital autonomy at Federal hospitals. This indicated that hospital autonomy was being implemented at Federal level as well and some International donors were funding it. Still one more document titled as "Pakistan-Punjab Pilot Hospital Autonomy...Project (Learning and Innovation Loan)" provided details of how this process was to be undertaken in tertiary hospitals of Punjab.

Population and Sample

In this case, top-down approach was adopted for the implementation process in which those who were involved in the conceiving, planning and implementation of the process certainly knew much more than the others. So all such the stakeholders essentially could throw light on what actually happened and could illuminate some aspects of the process. These included politicians, bureaucrats and doctor/administrators of the hospital. The research tried to approach as many respondents as possible so that no aspect of the story is left out. Most of them were approached and except for the politician, shared their valuable information with the researcher.

The total number of interviews conducted for the study was twenty two. The researcher approached most of the previous administrators of Service Hospital, Lahore who had been part of the process at different times and personally experienced the process of implementation of hospital autonomy. The number of interviews conducted by the researcher in this category was ten. Some were part of the planning and other implemented the process. Researcher also conducted interviews of three non-doctor employees who were in administration. Apart from that the researcher also gathered in-depth information from nine officers from provincial and federal bureaucracies. Majority among them were doctors but they were part of the implementation process being part of the bureaucracy. Getting close to the subjects yields the best data (Toma, 2000). This observation really guided the researcher in the data collection process and he tried to develop relationship with the respondents.

As far as politicians were concerned, the researcher made various efforts both formal and informal to approach the current and former Chief Ministers; however, no hopeful response was received from either of them. Resultantly the researcher had to depend on various news items, articles and reports published in print media to understand their perspective on the issue. Furthermore different doctors and other respondents provided indirect personal information about them which was used to confirm the information gained from the print media.

Entering into the environment

"Case studies often involve putting yourself in the environment that is being studied. Entry sometimes can be difficult, and acceptance in almost always a problem" (Willis, 2007, p. 241). In line with these observations, the researcher too faced a number of issues during the process of entering into environment as this field had an air of formality, alienation and otherness. Respondents consisted of government officials including bureaucrats, politicians and doctors. The issue was political and sensitive, as mentioned above. Lack of research traditions in this society made matters worse. Research performs a very important function in that it creates knowledge necessary to tackle issues being faced by society (Rehman and Khan, 2011). The culture of this society is unlike developed world as it looks towards West for answers to the issues which the society

confronts. Solutions are either imported or enforced with the result that neither the research is needed nor demanded and nor encouraged. This makes the researcher's job very tricky.

He used his personal contacts to enter into the environment. The environment could only be penetrated subtly and not intrusively. The researcher's strategy included allaying respondent's concerns, guaranteeing anonymity of their views, comforting them and showing flexibility according to their busy schedules. He had to play his role of an innocuous, yet firmly committed individual. Researcher was always ready to empathize with the respondent and always facilitated them. The results were edifying and in most of the situations the interviewee became relaxed and then expressed their views rather freely.

Data Collection

The qualitative research emphasizes the quality of the information, quite contrary to the quantitative analysis where numbers carry weight. It favors significant few to insignificant many. "Qualitative research is pragmatic, interpretive and grounded in the lived experiences of the people" (Marshall & Rossman, 2010).

The second research question of the study was as to why the implementation process took the trajectory that it took. Most of the respondents shared their views on this issue as well. They identified and related underlying deep rooted problems in the system. This information later contributed towards forming the context. The researcher was also able to gather some significant information through observation including the behavior and attitude of different respondents towards their environment setting, people etc.

In order to form the theoretical framework, the researcher resorted to the literature about the history of Pakistan, colonial policies and structures in subcontinent, specialist vs. generalist debate, power dynamics, basis of public-state relationship etc. The study of these issues in depth helped the researcher to construct plausible reasons about why process of implementation took the particular route.

Conducting interview

The environment of the study was not very much familiar to the researcher and prospective respondents were not known. Moreover, in an environment where very few individuals honor the official letter requesting support in the collection of the data, the researcher had to resort to personal networking. Most of the interviewees were supportive enough to provide some further link which could be used for acquiring further information. Perhaps it was due to the fact that a trust environment was cultivated during interview. In this regards, one of the relevant factor was not audio-recording the interview. The researcher continued data collection process until it became obvious that new respondents had nothing to add to the knowledge base of the respondent with respect to the implementation process.

The researcher approached officials in Department of Health who offered useful information including some documents related to the reforms. They also snowballed various sources and officials who were part of the intervention at initial stages including some bureaucrats and doctors. Extended unstructured interviews with these informants provided insights and revealing information which supported the researcher in the understanding of the context. It also offered researcher with avenues for further enquiry. The researcher also visited various libraries where different supporting documents were found.

The Interviews with the doctors, who later served in various hospitals as administrators after autonomy was launched, proved

very beneficial as the researcher could relive the experience with them. A lot of personalized and important information was made available which helped understand differing point of views of various stakeholders, unfolding of the initiative, identification of the problems which emerged during the process, and the supporters and opposers of the process. Researcher came to know about the key figures related to the process.

Researcher then visited Federal Capital to gather relevant information about the autonomy initiative at Federal level and its connection with reforms at the provincial level. The researcher was able to identify officials who were part of the initiative from the word go. Extended informal discussion with them provided researcher with further insight of the process at the Federal level. Information about how policies were made in Pakistan, what past and current background events impacted the process and what exactly were the real issues of policy making and implementation in Pakistan was accumulated. Further links to different administrators at Federal hospitals were identified with whom unstructured informal interviews were held. The researcher was able to gain access to various personal libraries where a number of rare past reports and documents were made available.

As the information was flowing in from different sources, it was falling in places such that the researcher could make sense of what had happened and how. In order to confirm the veracity of various parts of its story the researcher reconfirmed from different actors which in most cases was confirmed thus giving the researcher adequate confidence to continue moving. In certain situations, the provision of additional information further illuminated the researcher about this intriguing reform.

The choice of informal, unstructured interviews as data collection technique was made after studying different research methodology texts, meeting with experts, and visualizing the context. This technique allowed interviewees to express his/her views freely and at length. Even seemingly irrelevant information provided by the interviewee proved to be pertinent as it helped in understanding the context. It also threw light on the mental bent of the interviewee which was useful in understanding the overall view point of the stakeholder's group which the interviewee represented. This technique put the interviewees at ease and they spoke fearlessly and at length. Furthermore, this technique allowed interviewee to think freely and express thoughts in a natural flow. Researcher tried to put questions in continuity to the answer of the previous question thus making it a natural and comfortable experience for the respondent.

Empathizing with the respondent

Patience is a foremost and essential requirement for the researcher during the data collection process. The need for patience swell manifold in an environment which scores 70 on a 100 scale of uncertainty avoidance. According to Hofstede (1983) Uncertainty avoidance is the extent to which the members of a culture feel threatened by ambiguous or unknown situations and have created beliefs and institutions that try to avoid these. Very rarely meetings, functions, appointments will be held as per plan. Visitors would drop in without any appointment and one would have to accommodate him/her otherwise it would be seen as rude behavior. Seniors would call a meeting out of nowhere and absence would be seen as insubordination. And appointments would be cancelled without any restraint and guilt. In such a scenario the researcher has but to adjust to the routines, programs, emergency duties etc. of the respondent.

In one incident, researcher had to visit a respondent for more twenty times as he was holding a key post, had to attend a great number of meetings, was extremely busy and was always dealing with unforeseen circumstances. This may be seen as exception in structured and programmed western society, yet it is quite normal and customary here in Pakistan. This is one of the reasons why conducting research in the context of Pakistan is an uphill task. The views of the respondent were very crucial for the researcher as he was currently holding the charge of the hospital. Finally, patience paid dividends and researcher was able to have an extended session with him in which he gave very significant information. However, as he felt obliged to provide good amount of information, he only had that much of time then because he was relieved of his charge of the hospital then.

Anonymity

Ensuring the anonymity of the respondents is one area in qualitative research which has vastly been emphasized by different authors. The need was even more pressing in this case, so the researched tried maximum effort to keep the identity of the respondent undisclosed. For this purpose a coding system was developed through which every respondent was assigned a code and that was used throughout the report in place of their names.

Recording the data

Highly political nature of the reforms and that of the sector put added restrictions on the data recording. In such an environment not many respondents were willing to share true information freely and feared that it could be used against them. The research had to make a tradeoff between the validity and the quality of the data. The researcher opted for the quality of the data as it was more important to construct a plausible story to the possible extent. The result of choosing this alternative was that the option of audio-recording the interviews had to be dropped. The assumed loss in the validity was made up by two techniques: one by taking short notes during interviews and later transcribing them the same day so that the loss the data could be kept to the minimum; two by re-confirming the information from other sources.

Most of the primary data collected during interview was qualitative so it was textual in nature and consisted of the views of different respondents. To the researchers conducting research in natural scientific tradition, such data may appear as hearsay as it may be the views of one or a few individuals. However, this is an undeniable observation that every individual in unique and the amount and level of knowledge of everyone is not the same. Experienced, technically sound, and highly qualified individuals do know more than others in their areas. So the views of the one who matters do matter, even if he/she is an individual. Principal of democracy may apply to only very specific situations.

Coding

Once all the interviews were transcribed, they were arranged according to a coding system which was developed according to themes which were related to the two questions. Maxqda software was used for the purpose. The data which was now arranged around themes was used in answering the question.

Unit of Analysis

With reference to unit of analysis, Yin (2003) reports that "(c)ase studies have been done about decisions, programs, the implementation process, and organizational change" (p. 23). As this study is focused on studying the implementation process of Hospital Autonomy Reforms, the unit of analysis for this case study is the implementation process.

Data Analysis

The technique of sense making was used to answer the second question. According to Weick "(t)he basic idea of sensemaking is that reality is an ongoing accomplishment that emerges from efforts to create order and make retrospectives sense of what occurs" (1993: 635). Schwandt (2005) explains sense making as a "process that includes the use of prior knowledge to assign meaning to new information...It is not simply the interpretation of information; rather, the continuous interaction with information allows meaning to emerge" (p. 182). And according to Fiss and Hirsch (2005) "(s)ensemaking stresses the internal, self-conscious process of developing a coherent account of what is going on" (p. 31). In other words, sensemaking is a process in which people construct meaning of actions in the light of the past occurrences. No event is disconnected from its history rather it is a continuation of the past. The event can only be understood and will make sense when it is seen in its natural, true context.

Weick (1995) further explains the process in the following words, "sense making starts with three elements: a frame, a cue and a connection...frames and cues can be thought of as vocabularies in which words that are more abstract (frames) include and point to other less abstract words (cues) that become sensible in the context created by the more inclusive words. Meaning within the vocabularies is relational. A cue in a frame is what makes sense not the cue alone or the frame alone" (p 110).

A 'cue' is a piece of information, content, event or phenomenon which transpires in a situation. Its meaning remains vague or different from what it truly would be in its natural context. A 'frame' is a set of historical knowledge which forms a context that then helps in providing a meaning to the content. If an event is seen in the backdrop of its past, it may provide better understanding and purer meaning. And 'connection' is a relationship between a cue and the frame. This link between the cue and the frame needs to be set up so that they are seen as continuity – a meaningful whole. In the case of autonomy too, the content would have been difficult to be understood in isolation; it needed a context which could provide it a specific meaning. Once the context was developed using various contextual data, its real meaning emerged and then made some sense.

Weick (1995) further explains how this connection is established:

"Frames tend to be moments of past socialization and cues tend to be present moments of experience. Meaning is created when individuals can construct a relation between these two moments. This means that the content of sense making is to be found in the frames and categories that summarizes past experience, in the cues and labels that share specific present moments of experience, and in the way these two setting of experience are connected" (p 111).

Weick's depiction of sense-making as "an activity in which many possible meanings may need to be synthesized" (p. 27) looks quite germane for the study of the processes of meaning construction and enactment of policy of autonomy. The policy of autonomy was not just a hard core objective reality forced from the top which got implemented, later on; rather it is constructed socially through the interaction of myriad of stakeholders. It was in fact a continuation of its past. Its introduction in Pakistan though was a foreign intervention; however once it entered in the environment, it instantly became

part of the flow of the past occurrences and was then influenced in their light.

What happens in a country like Pakistan is further influenced by an even bigger global context in which bigger, super powers dictate their agenda. Thus, in the case of autonomy of teaching hospitals reforms, “the state constructs policy while mediating the demands of the global economy (Currie, 1998), and the influence of “international development forces” (Torres, 1998, p. 351 as cited in Silvestre, 2008, p. 52).

Results

The findings with reference to first question showed that implementation was carried out in top-down manner. The reforms were introduced in Pakistan under, the auspices of USAID, as they were introduced in other countries including Indonesia, India, Jordan, and Thailand etc. (saeed, 2012). The basic premise of this reform was “that concrete benefits would result from allowing hospitals currently owned and run by the Government of Pakistan to begin to operate as autonomous entities” (Hildebrand and Newbrander, 1993, abstract). Later Federal Ministry of Health took upon itself to carry out this reform. First these reforms were carried out in two hospitals at Federal level and after their claimed success, were later commissioned in the province of the Punjab.

Under the political government’s tutelage all the hospitals were granted Autonomy in three stages, albeit in a hurry, after promulgating an ordinance from the Governor of the Punjab. No proper rules for administration, finance, human resource, purchasing etc. were framed on which hospitals were to be administered after autonomy. In the erstwhile setup, bureaucracy (Department of Health) was controlling the hospitals. Bureaucracy (generalist) had a dominant position since colonial period in the governance setup and clearly at advantage against specialists including doctors. Through this ordinance, in one go, the control of hospitals was transferred from bureaucracy to hospitals where doctors were appointed as administrators.

As it was an international reform package, strongly backed by the political government and vehemently supported by doctors, bureaucracy let the power slip out of its hands, though temporarily. Within a year’s time, political government was set home packing by the military regime of Gen. Musharraf and with it went away the umbrella of political support and will. In the absence of the political government, bureaucracy in coming years slowly but surely and tactfully assumed all the powers back without doing away with the autonomy set up. Hospitals remained autonomous, however, Secretary Health and Secretary Finance became the permanent members of the Board of Management (BOM) of every hospital. Moreover, Bureaucracy also became the appointing authority for BOM. So in the final setup, autonomy structure continues to exist superficially, but the real power reaches back to its traditional wielder.

Another finding of the research was that autonomy, as a social phenomenon, was open to interpretations by various stakeholders. Different other authors have identified this phenomenon in their studies where one phenomenon was interpreted and perceived differently by different individuals, based on their biases and interests (e.g. Sapiro & Soss, 1999; Young, 1989; Dahlin-Ivanoff et al., 2007). However, at different stages of the process different meaning/interpretation prevailed. Weick (1995) says that “different stakeholders in the system interpret policies, and mediate their implementation at the institutional level in particular ways” (p. 8). But In each case the one who was most powerful and dominant over others was able to label its meaning to the phenomenon of autonomy.

Yet another finding was about the type of approach that the implementation process adopted. From its outset, it adopted top-down approach as the reform agenda had international origin, so it was pushed downwards from top. However once it reached at the operational stages, and the initial vigor and thrust waned, especially with the exit of political government from the arena, it was ‘street level bureaucrats’ (Lipsky, 1980), both doctors and provincial bureaucracy, which took the reins of the process in their hands and diverted it to suit their objectives and aims.

With regards to second question, the concept of sense making was employed to understand why the implementation process took the route that it took. Sense making allows people to reach the most plausible meaning of a phenomenon when they see it in the light of its natural background and context. So in order to understand the true meaning of the concept of hospital autonomy, its context was identified and explained which showed that bureaucracy since colonial times was a purposely developed and structured tool in the hands of their masters whose aim was to extract revenue and control law and order situations. Even after the independence of Pakistan, this structure of bureaucracy continued with its spirit and body. All its philosophy, rules, procedures, codes, training patterns etc. persisted such that its hold on most of the professional institutions remained intact till today.

On the other hand, different professionals raised their voices against this hegemony of generalist bureaucracy; however, they could not break the shackles. In autonomy reforms, doctors saw an opportunity for realization of their long held dream. However as this reforms was not home grown, and moreover, the meaning of the reform held by the donors was detached from the ground realities, it could not be implemented as per planning. Moreover, a very basic fact was ignored during the planning phase i.e. the bureaucracy, which itself held control of the hospitals, was made responsible for granting autonomy in later years. Or perhaps at the stage of planning, political government was strongly entrenched so it never occurred to its planners that even this issue can crop up some time in future.

In the wake of the culture of political instability, such outcomes are but understandable. Whatever was the cause, until the sword from donors and political government remained hanging on their neck, they went along with the reform, but no sooner did the political government get removed from the scene, bureaucracy became the main driver of the reforms and what later happened was a natural and logical corollary.

This research provides an answer to the critics of qualitative research who believe that complex political phenomena can’t be studied with this methodology. This case study has shown that rather this is a much better methodology, which employs different qualitative techniques including in-depth interviews, to understand and make sense of the complex political phenomenon. The phenomenon can be better understood if it’s different aspects are known through understanding of contrasting point of views of various stakeholders and then they are analyzed en mass in the backdrop of its context. Such analysis provides much more plausible picture of the reality.

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