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# THE HEALTH FACTORIES OF TURKEY: THE CITY HOSPITALS

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## Abstract

All over the world since 1980s, structural changes emerged in the finance, organization and provision of the public services such as health and education to reduce public costs in the context of neoliberal transformation. Parallel to these developments, also in Turkey fundamental changes have realized in public healthcare under the name of "reform" since the 1980s but the most comprehensive one of them was put into practice in 2003 with the Health Transformation Programme (HTP). In the framework of HTP; the finance of public healthcare started to be provided by the General Health Insurance, purchaser- provider split was introduced in healthcare field, the public primary care health service was abolished, within the scope of marketization of public health services, public hospitals were transformed into enterprises. As a complement of these "reforms" in public healthcare, public private partnership hospitals were put into practice with a legislative regulation in 2005. These hospitals named as "City Hospitals" (CH) are accepted as the "2nd Phase of the HTP". Along with six CH opened as of August 2018, it is targeted that 32 CH will render health service. This study aims to analyze the fundamental changes brought about by the CH into healthcare in Turkey by focusing on their administrative impacts. It claims that in the period of Post-Fordism based on small and medium enterprises with flexible specialization, these hospitals engender a different turnout as a Fordist factory grounding Taylorist Management, economies of scale, over-specialization and deskilling because CH are built as integrated mega health campuses to reduce health costs by taking advantage of economies of scale and most of the local public hospitals are closed and their employees are inducted to the CH thus the number of employees is very high in CH like a huge factory. But, unlike a Fordist factory, this fuels internal competition between health employees due to performance-based pay system of health sector. As a result, the tendency to over-specialization also embittered by standardization in medical treatments increases even more. Along with heavy working conditions, over-specialization and strict auditing techniques based on Taylorism result in decreasing control of health employees on their works in other words "deskilling" which in turn leads to "alienation" of health labor. Hence, it can be said that while hospitals are tried to be enlarged to cut health costs and increase efficiency by benefiting from economies of scale, this results in deskilling and alienation of health labor due to administrative structure of CH. As distinct from the labor regime existed in former public hospitals, a new labor regime reveals in CH suited to Burawoy's notion of "despotic-hegemonic factory regime". While Taylorist management, heavy working conditions and strict audit techniques compose the despotic part of the regime, as a hegemonic part, the administration of CH tries to integrate doctors to the system through payment systems because of limited number of trained health labor in Turkey i.e. there is no reserve army of health labor, which obliges administrations

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to be hegemonic. Using a qualitative research design, the paper supports these arguments through primary data derived from field research ( 87 semi structured interviews conducted with health employees and experts) carried out in two CH (Adana CH and Mersin CH) and secondary data (statistical data, policy papers etc.).

**Keywords:** City Hospitals, Hegemonic, Despotic Factory Regime, Neoliberal Transformation of Healthcare