**THE HEALTH FACTORIES OF TURKEY: THE CITY HOSPITALS**

All over the world since the late 1970s, structural changes emerged in the finance, organization and provision of the services carried out by the public such as health, housing and education in order to reduce public costs within the context of neoliberal policies dominated politics and economics of both developed and developing capitalist countries. Parallel to these developments, also in Turkey fundamental changes have realized in public health service under the name of “reform” since the early 1980s but the most comprehensive one of them was put into practice in 2003 with the Health Transformation Programme (HTP). In the framework of this programme; the finance of public health services started to be provided by the General Health Insurance (GHI), purchaser- provider split was introduced in healthcare field, the public primary care health service was abolished in this context while community health centers were being closed, the family medicine model started, 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 made in 2005. These hospitals named as “City Hospitals” are accepted as the “Second Phase of the Health Transformation Programme”. Along with six city hospitals opened as of August 2018, it is targeted that thirty-two city hospitals will render health service.

This study aims to analyze the fundamental changes brought about by the city hospitals 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 these hospitals are built as integrated mega health campuses in order 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 city hospital therefore the number of employees is very high in the city hospitals like a huge factory. However, unlike a Fordist factory, this fuels internal competition between health employees due to performance-based pay system of Turkish 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. Therefore, it can be said that while hospitals are tried to be enlarged so as 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 city hospitals. As distinct from the labor regime existed in former public hospitals, a new labor regime reveals in city hospitals suited to Burawoy’s conceptualization 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 city hospitals tries to integrate doctors to the system through payment systems because of limited number of trained health employees in Turkey in other words there is no reserve army of health personnel in Turkey, which obliges administrations 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 of this field) carried out in two city hospitals (Adana City Hospitals and Mersin City Hospitals) in Turkey and secondary data (statistical data, policy papers, documents and etc.).

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