Papeles del Psicólogo, 2014. Vol. 35(1), pp. 40-47
http://www.papelesdelpsicologo.es

QUALITY OF WORKING LIFE IN COMMODITIZED HOSPITALS AND UNIVERSITIES

Josep M. Blanch
Universitat Autónoma de Barcelona

New Public Management (NPM) turns public hospital and university services into market enterprises. The aim of the paper is to analyze and describe the impact of this metamorphosis on the labor subjectivity of the staff employed in such services. Empirical studies in Spanish and Latin American hospitals and universities uncover a paradoxical experience: relative manifest satisfaction with material and technical conditions allowing them to work harder and better, but also latent discomfort with the task overload, and professional and ethical dilemmas posed by new organizational demands, in the face of which staff develop ways of coping ranging from manifest obedience to latent resistance. This supports the reasons for the redesign of these services based on a better balance between commercial and social demands, managerial and professional values, and between business efficiency and quality of working life.
Key words: *New public management, Working conditions, Quality of working life, Labor subjectivity.*

La Nueva Gestión Pública convierte servicios hospitalarios y universitarios en empresas de mercado. El objetivo del artículo es analizar y describir el impacto de esta metamorfosis en la subjetividad laboral del personal empleado en tales servicios. Estudios empíricos en hospitales y universidades iberoamericanos descubren una experiencia paradójica: relativa satisfacción manifiesta por condiciones materiales y técnicas que permiten trabajar más y mejor; pero también malestar latente por la sobrecarga de tarea y los dilemas ético-profesionales planteados por las nuevas demandas organizacionales, ante las que el personal desarrolla modos de afrontamiento que van de la obediencia manifiesta a la resistencia latente. Ello refuerza las razones para el rediseño de aquellos servicios en función de un mayor equilibrio entre demandas mercantiles y sociales, entre valores gerenciales y profesionales, entre eficiencia empresarial y calidad de vida laboral.
Palabras clave: *Nueva gestión pública, Condiciones de trabajo, Calidad de vida laboral, Subjetividad laboral.*

The study of the relationship between working conditions and labor subjectivity encompasses phenomena and processes that interact, develop and articulate on multiple planes and domains: from the macrosocial to the intrapsychic, and from the seen and explicit to the unseen and latent. This explanation will proceed in a spiral from the broadest circle and thematic generality to a closer focus on the subjective experience of work.

THE METAMORPHOSIS OF WORK AND THE MEGA-TRENDS OF NEW PUBLIC MANAGEMENT

The transition from Keynesian Fordism to the *new postmodern capitalism*, hand in hand with neoliberal economic globalization, technological innovation and the flexible reorganization of work is changing, intensely and quickly, not only the modes of production, exchange and consumption, but also the ways of thinking, feeling, acting, communicating and interacting at work. The emergence of the new network-society (Castells, 2000, 2009) stands out in this dynamic as well as a sociocultural triple jump: (a) from *solid modernity*, stable and with firm *anchor points of certainty and assurances*, to the *liquid* one -inconsistent and inconstant- without references to grasp onto (Bauman, 2007), i.e. the *society of risk*, which only provides *the certainty of uncertainty and the security of insecurity* (Beck, 2002); (b) from a Keynesian model of social well-being based on full permanent employment to the neoliberal offering of underlying precarious underemployment to the new *working poverty* (Fraiser, Gutierrez & Peña-Casas, 2011) and *decent work deficit* (Bolin, Lelemente, Messenger & Micho, 2006, ILO, 2012), from the psychosocially comfortable linear career, predictable and plannable, to the *corrosion of character* in temporary, discontinuous, fragmented jobs (Sennet, 2000; 2006) and insecure ones (De Witte, 2005) and, especially, (c) from work activities with relatively natural loads and rhythms to task *overload* and temporary emergency -*too much to do, and not enough time*- (Duxbury, Lyons & Higgins, 2008). In this regard, the abundant literature on *technostress* due to overwork refers to post-Fordist workers in general and particularly to *knowledge* and *emotional* workers, especially affected by overload, overabundance or task saturation (*work overload, role overload, technology overload, information overload, message overload, email overload, digital overload, networking overload*, etc.) or by problems related to the extension, intensity, pace, deficit or lack of time (*overtime, time pressure, work density, work intensity, work pressure,*

Correspondence: Josep M. Blanch Ribas. *Universitat Autònoma de Barcelona (UAB). Departament de Psicologia Social. Edifici B. Campus UAB. 08193. Bellaterra, Barcelona. España.*
E-mail: jmbr.blanch@gmail.com

attendance pressure, overwork culture, business culture, etc.). This psychologically unsatisfactory experience of "*overwork*" or "*lack of time*" to complete everything or to do it properly, full schedules, permanent and chronic hurry and urgency, perception of overload, risk of collapse and consciousness of malpractice hampers and limits the ability to satisfy, with effectiveness, efficiency, punctuality and excellence, the quantitative and qualitative, cognitive and emotional demands of the work itself and this constitutes an important psychosocial risk factor for tech burnout (Fairris, 2004; Hart, 2004; Thomas & Smith, 2006; Bawden & Robinson, 2008; EUROFOUND, 2012; Tarafdar, Gupta & Turel, 2013).

New Public Management of Human Services

Neoliberal hegemony imposed NPM (New Public Management) globally, with local variations, as a paradigm for a profound *reform* of public services, which gives them a business, commercial and managerial organizational format (Arellano, 2004; Ugalde & Homedes, 2005; Fernández, 2007; Pollitt & Bouckaert, 2007; Eliassen & Sitter, 2008; Pillay, 2008; Andrews, 2010; Christensen & Lægreid, 2013). This metamorphosis is not derived from a *natural* evolution of the existing models, but from the implementation of policy strategies designed from what Williamson (1990) called the *Washington Consensus* (the economic policies that Washington urges on the rest of the world), summarized in the slogan *free-market capitalism* and formulated as *recommendations* from the World Bank (with the placet of the International Monetary Fund) that underscore the financial aspect of these services and suggest (dictate) *priorities of action*, such as *financing based on demand* (World Bank, 1996; 2006; 2010). The *Free Trade Agreement* (WTO, 1994) and its subsequent developments politically legitimized this neoliberal model of organization of the planetary hypermarket, where traditional consumer goods and the supply and demand of health and higher education are traded. In this context, hospitals and universities in the public network have been forced to develop commercial strategies to ensure their own financial survival and incorporate into their institutional culture axioms (productivity, efficiency, competitiveness, profitability, entrepreneurship, innovation, excellence, governance, sustainability, total quality, etc.) and strategies (supply based on demand, cost-benefit analysis, evaluation of results and competencies, functional flexibility, etc.) of a business and commercial nature (Heubel, 2000; Clarke, Newman, Smith, Vidler & Westmarland, 2007; Moutsios, 2010; Vercellone, 2011). These cultural changes have had a psychological impact on the staff employed, at the levels of the meaning and significance of the job itself, work motivation and especially professional ethics, which became the scene of ideological tensions and moral contradictions: public service versus private business, common good versus private benefit, professional conscience versus commercial imperatives; *professionalism* as a *social contract with the community* versus *mercantilism as a formal contract with the market*. All of this has been echoed in publications relating to health sector (Kaveny, 1999; Pellegrino, 1999; Heubel, 2000; Armada, Muntaner & Navarro, 2001; Barlett & Steele, 2004; Kassirer, 2004; Jovell & Navarro, 2006; Doval, 2007; Hui, 2010; Infante, 2011;) and academia (Engel, 2000; Axelrod, 2002; Greenberg, 2003; Lipton, Boyd & Bero, 2004; Slaughter & Rhoades, 2004; Stein, 2004; Mendoza & Berger, 2008; Moutsios, 2012).

The capitalism of health and higher education

Sociological and political science literature has described the process and impact of the *capitalist* reorganization of health systems and higher education. Navarro (1976, 1993) studied *Medicine under Capitalism* and the social effects of its *commodification* (transfer of responsibility from the state to the market). The *Journal of Medicine and Philosophy* devoted a special issue to the debate on the tensions between medicine and the market, where Pellegrino (1999) highlighted the moral consequences of the *Commodification of Medical and Health Care*. Jovell and Navarro (2006), Horwitz (2006) and Wynia (2008) pointed out the risks of *erosion of the social contract of medicine* under the *managerialization* of health services, while Külble, (2005) and Thomas and Hewitt (2011) were concerned about the threat that this implies for *professional autonomy*. Gratzer (2010) questioned *How Capitalism can save American Health Care*, just when the magazine *Socialist Register* devoted its annual essay no. 46 to the implications of the commercialization of public health, with texts on *Health, health care and capitalism* (Leys), *Commodification versus solidarity* (Deppe), *Marketing global health care* (Applbaum) on the *marketization of health care* in Europe, USA, China and India and the 'Health for All' (WHO-UNICEF) campaign in the context of neoliberal globalization.

In a similar vein, the literature on *academic capitalism* (Slaughter & Leslie, 1997, 2001; Slaughter & Rhoades, 2004; Ibarra, 2004; Mendoza & Berger, 2008) criticized the capitalist colonization of higher education, obliged to meet the challenges of globalization and become a business enterprise (*business university, corporate university, entrepreneurial university, enterprise university, managed university, managerial university, market university, knowledge factory, knowledge industry*, etc.). According to this viewpoint, the commodification (conversion into goods) of knowledge, research, teaching and education imposed a new logic of academic governance, a redefining of strategic priorities in teaching and research, a disintegration of the traditional academic community, a transformation of roles and professional relationships (converting lecturers and researchers into the caste of *brainpower* and students into the mass of *consumers* of cognitive goods), an abdication of the *contract* between

university and society in favor of a pact with the market *devil* and a source of cultural tensions between the university, society and the market (Axelrod, 2002; Bock, 2003; Lipton, Boyd & Bero, 2004; Stein, 2004; Callinicos, 2006; Sánchez, 2007; Sisto, 2007; Chan & Fisher, 2008; Moutsios, 2010, 2012; Galcerán, 2010; Sevilla, 2010; Vercellone, 2011; Park, 2012).

Given the omnipresence and near-omnipotence of health and academic capitalism, only a functionalist reading of the new system seems to fit: submit to the *status quo* or die in the utopian attempt to save health humanism and critical academic sense from the claws of the market. Is there a third way that combines obedience and resistance, allowing survival with minimal dignity in the new organizational environment? According to Foucault (1978), any power relationship potentially implies some (*micro*) resistance. Looking for empirical traces of this metapolitical chimera, Scott (1990) investigated the resources and strategies with which the *weak and dominated* face their daily relationship with power with demonstrations of obedience (*public discourse*) and subtle forms of *resistance* by a *hidden transcript* developed in spatiotemporal scenarios that are invisible to the authorities, contradicting the meanings and senses that are expressed through the public discourse. In this line, assuming that university staff somehow maintain their loyalty to reflection and criticism, Anderson (2008) traced (through in-depth interviews) evidence of *academic resistance* to Australian *academic capitalism*, identifying together with overt practices of submission to the new academic order and also the occasional open protest against it, various forms of *hidden transcript* as *undercover rejection* (refusal to do what has been prescribed) with excuses of *feigned ignorance*, *misinformation* or *forgetting* the rules; *avoidance* due to alleged *technical problems* of an *informational* nature, *transit* or *schedule incompatibility* or *minimum compliance* (doing some, but not all the work).

WORK IN LATIN AMERICAN HOSPITALS AND UNIVERSITIES UNDER NPM

In the first phase of the research (projects SEJ2004-06680/PSIC and SEJ2007-63686/PSIC), focused on the changes in the working experience in a changing world of work, it was found that the corporate reorganization of hospitals and universities generated, as perceived by the professionals and respondents surveyed, two types of effect: on the positive side, greater economic rationalization and efficiency and improvements in the material and technical work resources, and on the negative side, more task (over)load, less time available and problems of organizing schedules, work calendar and professional careers. This ambivalence (satisfaction on the first point and unease on the second) was expressed in quantitative responses to the scales of a questionnaire and was complemented with semi-structured interviews, from which reflections emerged on the meaning and quality of work itself and experiences of *professional malpractice* ascribed to the new working conditions (Blanch, 2005, 2011; Blanch & Cantera, 2009, 2011; Blanch & Stecher, 2009, 2010; Goulart, Blanch & Borowski, 2010; Ansoleaga, Toro, Stecher, Godoy & Blanch, 2011; Cervantes, Blanch & Hermoso, 2011; Garrido, Blanch, Uribe, Flórez & Pedrozo, 2011; Garrido, Uribe & Blanch, 2011; Terán & Botero, 2011).

The next phase (PSI2011-23705) studies the subjective valuation that health and university professionals make regarding (a) the terms of carrying out their work, (b) the significance and meaning of their work and profession, (c) their levels of well-being at work, (d) their professional and ethical practices, and (e) their coping with managerial demands.

Method

The study design combines a dual approach: (a) qualitative, through documentary analysis, semi-structured interviews, focus groups and photographic self-report (in which the participants had to reflect the "best" and "worst" of their work in four photographs describing in one sentence the meaning of each picture), and (b) quantitative, using a self-report survey including a battery of scales, which include those concerning *Working Conditions* (Blanch, Sahagún & Cervantes, 2010) and *Well-being at Work* (Blanch, Sahagún, Cantera & Cervantes, 2010). The questionnaire also invited comment on when and where it took *the right amount of time, too much* or *too little time* to get the job done; any cases of ethical conflict between professional conscience and organizational demands; what can be done and what is done in such situations; the best, worst, what is improving and what is getting worse in the work environment and also summarizing the work experience in four "key words".

The core part of the information presented below was collected in a field study conducted in the period 2010-2012, with the following voluntary participants: nurses (n = 741), doctors (n = 331) and university professionals (n = 722), employed in public service in hospitals or universities located in Brazil, Chile, Colombia, Spain, Mexico or Venezuela. Participants were accessed through convenience sampling, intentional and stratified according to criteria of sex, age, occupation, country, contract type and seniority in the organization. In all of the places and for all of the data collection techniques, international rules were applied on informed consent, confidentiality of participants and institutions, safeguarding the anonymity of responses, commitment to returning results and responsible use of information.

Results

As a whole, the information obtained enabled us to find a common denominator to all of the demographic categories: the valuation of the material, technical and social conditions of the work, and the degree of well-being at work, with mean values ranging between 6.5 and 7.5, on a scale of 0 to 10. This

manifest and gleaming face of a numerically expressed moderate satisfaction was corroborated by the positive sense of two-thirds of the key words relating to the work experience and also by a substantial majority of the responses in the interviews. By contrast, the negative third of the key words corresponds to the dark side, the dissatisfaction, the numeric indicator of which is the distance between 2.5 and 3.5 points compared to the ideal of 10/10. This quantum of dissatisfaction contained in the empty part of the glass is the focus of interest in our research. The *Multiple Discrepancies Theory* (Michalos, 1985) explains this phenomenon by considering the perceived *gap* between what the person has and what they want, what other significant people have, the best they had in the past, what they expected to have some years ago and what they currently think they need and deserve. In this regard, the majority of respondents, interviewees and especially the focus group participants converge in indicating three main factors of discrepancy between their desired ideal and the reality they live (Blanch, 2013a, 2013b; 2013c; Blanch, Ochoa & Sahagún, 2012; Blanch, Crespo & Sahagún, 2012; Godoy, Stecher, Toro & Ansoleaga, 2012; Morales & Blanch, 2013):

First, "*work (over)load*" -the negative key word most frequently used- which refers to the perceived excess of quantitative and qualitative demands, combined with the progressive asymmetry between the level of these requirements and the available resources (personal, organizational and time) to address them effectively. Two thirds of participants from all professions stated that they "*lack the time to do (all) their work (well)*" and admitted to living this reality with feelings of *frustration, distress, helplessness, anxiety, worry, fatigue, exhaustion*, etc.

Second, the *tension* or *conflict* between *professional ethics*, which require things to be done in a particular way and for a certain time, and functional efficiency imperatives imposed by the (management) organization: the answer to the question about the *extent that current working conditions allow the full development of the ethical components of the profession* resulted in two categories of response: one category in which 60% of participants stated that they experience the situation as "fine", "normal", "without any problems", etc. and another category of participants who admitted having difficulties in this regard: "*the little time allocated to attend to patients does not allow us to give them decent treatment*", "*the objective is production line consultation, forgetting that we work with people*", "*There are no conditions to develop the ethical components of the profession*", "*You talk in the classroom about something that you are not able to do in academic practice*"," *I feel as though I am not taking care of my students like I should.*" These are examples of professional guilty conscience often accompanied by expressions of psychological distress.

Third, the unpredictable and unforeseeable character in the short to medium term of work flexibility or continuity in the workplace or career. A considerable sector of contractually precarious employees (especially in nursing and academia) recognized this objective lack of control over their work and their life as an important factor of stress and work/existential discontent derived from "not being able to...", " not knowing... "," not being able to manage to..." establish a significant personal, family, work and career agenda.

Furthermore, many representatives of all professions, countries, genres and generations have *naturalized* the organizational risk factors for occupational health and labor well-being (work overload "*is typical of my job*"), *individualized* them ("*I feel incapable of managing my working time well*") and "*invisibilized*" them ("*I take all kinds of pills, because I often get headaches or stomachaches, because I'm too old to work this much*").

When university lecturers conveyed the best and worst parts of their work through photos, they often expressed some bewilderment at the new technological conditions of their work in the implicit framework of the new neoliberal management of academia, showing the image of the same computer screen with multiple windows open to mean both the positive and pleasant face of the amount, diversity, simultaneousness and quality of tasks that the ICT paradise enables, as well as the dismal and perverse side of the technological and organizational hell that sentences workers to chronic overload of endless, digital and cognitive work, which is stressful and therefore uncomfortable. This ambivalent experience of the technical conditions of work sometimes appeared associated with ethical-professional stress (Blanch, 2013 b, c).

Faced with this panorama, a considerable number of professionals from academia and health seemed to have no problems adapting to the business model of their organization. But another sizeable group admitted feeling trapped in a conflict between two cultures –one of public service and one of private business-, having difficulty making sense of their work and professional life. This ambivalence is experienced as a new and powerful psychosocial stress factor and expressed as hybrid practices of conforming and resistance, often coexisting and combined in the same environments and within the same people, sometimes in the form of conformist *public discourse* and sometimes in the *hidden transcript* of resistance. So, faced with problems of overload or conflicting task demands, many respondents and interviewees reported making frequent organizational citizenship practices such as lengthening the time of tutoring or consultation at their center until completing all their work, taking outstanding tasks home to complete them at night or over the weekend, and even *presenteeism* (going to work with a fever, so as not to miss classes or scheduled appointments) or *self-medication*, to stay "*on the ball*" despite "*not being in a good way*".

But they also recognized that, in addition to expressing complaints, claims or specific protests, at the same time they were developing, more or less systematically or consciously,

practices of micro-resistance: prioritizing certain claims and excluding others, setting limits on the amount of daily work (number of mails to answer, reports to be produced, etc.), leaving "for tomorrow" what "cannot be done today," not going to work or excusing themselves with an imaginary excuse, delegating and transferring tasks and responsibilities to colleagues (or to the next shift or year, etc.), minimum compliance -"you do what you can"- or feigning "slip-ups" -"I forgot", "I got confused", "I did not get the information", "it passed me by", etc. (Blanch & Stecher, 2009; 2010; Blanch, 2011; Morales & Blanch, 2013).

This indicates that, in the regime of *New Public Management*, neither managerial power nor the powerlessness of staff is absolute. In this new environment, job management and personal response to organizational demands are two sides of the same coin that feed each other: management imposes work conditions saturated with psychosocial risks, but the coping strategies of staff have organizational effects, so a conformist agency strengthens the established model, while a resistant one weakens and transforms it.

Discussion

These findings on the processes and effects of work intensification and destabilization, ethical and professional tensions and adaptive versus resistance forms of coping are consistent with the information provided by the mainly Anglo-Saxon literature referred to in the introduction. Overall, our findings provide evidence that the organizational paradigm introduced by the new public management of the human factor in hospitals and universities generates, in the eyes of the personnel involved, along with the positive aspect of rationality and organizational efficiency, changes in the meanings and senses that the agents give their work and professional experience, new ways of coping (micro-resistance) with organizational demands and certain relevant side effects (work overload, ethical and professional conflicts, job uncertainty, etc.) that impair the quality of working life and erode the quality of the service provided, calling into question the excellence of the organization and some of the supposed strategic benefits of NPM. In this regard, the working conditions established by the *new management* of hospitals and universities constitute psychosocial risk factors that should be promptly assessed and prevented. Two requirements are derived from this finding: first, the question of the ideological premise that the *business model* for managing these services is a natural, necessary, inevitable and irreversible imperative, generating only positive consequences. And also to imagine and promote models of hospital and university organization and management that, without abandoning reasonable and desirable levels of effectiveness and efficiency, provide greater assurance for ethical, critical and social commitment, as well as occupational health and the quality of work and personal life.

REFERENCES

Anderson, G. (2008). Mapping Academic Resistance in the Managerial University. *Organization, 15(2),* 251-270.

Andrews, M. (2010). Good government means different things in different countries. *Governance, 23(1),* 7-35.

Ansoleaga, E., Toro, J. P., Stecher, A., Godoy, L. & Blanch, J. M. (2011). Malestar psicofisiológico en profesionales de la salud pública de la región metropolitana [Psychophysiological distress in public health professionals in the metropolitan region]. *Revista Médica de Chile, 139*, 1185-1191.

Arellano, D. (Coord.) (2004). *Más allá de la reinvención del gobierno: fundamentos de la nueva gestión pública y presupuestos por resultados en América Latina* [Beyond Reinventing Government: Foundations of new public management and performance-based budgeting in Latin America]. México: Porrúa.

Armada, F.; Muntaner, C., & Navarro, V. (2001). Health and Social Security Reforms in Latin America: The Convergence of World Health Organization, the World Bank, and Transnational Corporations. *International Journal of Health Services, 31(4),* 729-768.

Axelrod, P. (2002). *Values in Conflict: The University, the Marketplace, and the Trials of Liberal Education*. Montreal: McGill-Queen's University Press.

Barlett, D., & Steele, J. (2004). *Critical Condition: How Health Care in America Became Big Business & Bad Medicine*. New York: Doubleday.

Bauman, Z. (2007). *Tiempos líquidos: vivir en una época de incertidumbre* [Liquid times: Living in an age of uncertainty]. Barcelona: Tusquets.

Bawden, D., & Robinson, L. (2008). The dark side of information: Overload anxiety and other paradoxes and pathologies. *Journal of Information Science, 35(2),* 180-191.

Beck, U. (2002). *La Sociedad del Riesgo Global* [The Global Risk Society]. Madrid: Siglo XXI.

Blanch, J. M. (2005). Todavía hay clases. La suplencia crónica como contexto de experiencia laboral en una empresa pública de servicios [There are still classes. Chronic substitution as context of work experience in a public service company]. In J. Romay, J. Salgada, M. Romaní & D. Robla (Camps.). *Psicología de las Organizaciones, del Trabajo y Recursos Humanos y de la Salud [Psychology of Organizations, Work, Human Resources and Health]* (475-480). Madrid: Biblioteca Nueva.

Blanch, J. M. (2011). Afrontando la nueva gestión pública: obedeciendo y resistiendo [Dealing with new public management: obeying and resisting]. In M. C. Ferreira, J. Newton Garcia, C. Pereira & A. M. Mendes (Orgs.), *Dominação e Resistência no contexto Trabalho-Saúde [Domination and resistence in the work-health context]* (81-98). Sao Paulo: Mackenzie.

Blanch, J. M. (2013a). Qualidade de Vida no Trabalho: A experiência espanhola: limites, avanços e desafios [Quality

of life at work: The Spanish experience: limitations, advances and challenges]. In M. C. Ferreira, C. Antloga, T. Paschoal & R. R. Ferreira (Orgs.), *Qualidade de Vida no Trabalho: Questões Fundamentais e Perspectivas de Análise e Intervenção [Quality of life at work: Fundamental Questions and Perspectives of Analysis and Intervention]* (85-102). Brasilia: Paralelo 15.

Blanch, J. M. (2013b). La transición universitaria del claustro a la empresa. Tensiones éticas suscitadas por la gestión neoliberal [The university transition from the faculty to the company. Ethical tensions raised by neoliberal management]. In R. Rezer (Org.), *Ética e Ciência nas diferentes dimensões da Educação Superior - Experiências, Reflexões e Desafíos [Ethics and science in different dimensions of Higher Education - Experiences, Reflexions and Challenges].* (87-108). Chapecó, Br.: Argos.

Blanch, J. M. (2013c). El trabajo académico digital como factor de riesgo psicosocial. Usos y abusos de las TIC en la educación superior [Digital academic work as a psychosocial risk factor. The uses and abuses of ICT in higher education]. In L. Bianchetti & T. M. Hetkowski (Eds.). Dossiê: Novas tecnologias, formação docente e pósgraduação [Dossier: New technologies, training of teachers and postgraduates]. Monográfico. *Educação em Perspectiva, 4(2),* 511-532.

Blanch, J. M. & Cantera, L. (2009). El Malestar en el Empleo Temporal Involuntario [Discontent in Involuntary Temporary Employment]. *Revista de Psicología del Trabajo y las Organizaciones, 25(1),* 59-70.

Blanch, J. M. & Cantera, L. (2011) La nueva gestión pública de universidades y hospitales. Aplicaciones e implicaciones [New public management in universities and hospitals. Applications and implications]. In E. Agulló, J. L. Alvaro, A. Garrido, R. Medina & I. Schweiger (Eds.), *Nuevas formas de organización del trabajo y la empleabilidad [New forms of organization of work and employability]* (515-534). Oviedo: Ediuno.

Blanch, J. M. & Stecher, A. (2009) La empresarización de servicios públicos y sus efectos colaterales [The corporatization of public services and its side effects]. In T. Wittke & P. Melogno (Comps.). *Psicología y organización del Trabajo [Psychology and Work Organization].* (191-209). Montevideo: Psicolibros.

Blanch J. M. & Stecher, A. (2010). Organizaciones excelentes como factores de riesgo psicosocial. La modernización de los sistemas de salud desde la perspectiva del personal sanitario. Un estudio iberoamericano [Excellent organizations as psychosocial risk factors. The modernization of health systems from the perspective of health personnel. A Latin American study]. In M. A. Carrillo (Co-ord.). *Psicología y Trabajo: Experiencias de investigación en Iberoamérica [Psychology and Work: Research Experiences in Latin America]* (88-104). México: U. A. Querétaro.

Blanch, J. M., Sahagún, M. & Cervantes, G. (2010). Estructura factorial de la Escala de Condiciones de Trabajo [Factorial structure of the Working Conditions Scale]. *Revista de Psicología del Trabajo y las Organizaciones, 26(3),* 175-189.

Blanch, J. M., Sahagún, M., Cantera, L. & Cervantes, G. (2010). Cuestionario de Bienestar Laboral General: Estructura y Propiedades Psicométricas [General Well-being at Work Questionnaire: Psychometric Properties and Structure]. *Revista de Psicología del Trabajo y las Organizaciones, 26(2),* 157-170.

Blanch, J. M., Ochoa, P. J. & Sahagún, M. A (2012). Resignificación del trabajo y de la profesión médica bajo la nueva gestión sanitaria [Redefinition of work and the medical profession under the new health system management]. In E. Ansoleaga, O. Artaza, & J. Suárez (Eds.), *Personas que cuidan Personas: Dimensión Humana y Trabajo en Salud [People who care for people: Human Dimension & Health Work]* (165-175). Santiago de Chile: OPS/OMS (PHO/WHO – Panamerican Health Organization / World Health Organization).

Blanch, J. M., Crespo, F. J. & Sahagún, M. A. (2012). Sobrecarga de trabajo, tiempo asistencial y bienestar psicosocial en la medicina mercantilizada [Work overload, assistance time and psychosocial well-being in commodified medicine]. In E. Ansoleaga, O. Artaza & J. Suárez (Eds.), *Personas que cuidan Personas: Dimensión Humana y Trabajo en Salud [People who care for people: Human Dimension & Health Work]* (176-182). Santiago de Chile: OPS/OMS.

Bok, D. (2003). *Universities in the Marketplace: The Commercialization of Higher Education*. Princeton, NJ: Princeton University Press.

Boulin, J., Lallement, M., Messenger, J. & Michon, F. (Eds.) (2006). *Decent Working Time. New trends, New Issues*. Geneva: International Labour Office.

Callinicos, A. (2006). *Universities in a Neoliberal World*. London: Bookmarks.

Castells, M. (2000). *La Era de la Información [The Information Era].* La Sociedad Red. Madrid: Alianza.

Castells, M. (2009). *Communication Power*. Oxford: Oxford University Press.

Cervantes, G., Blanch, J. M. & Hermoso, D. (2011). Calidad de vida laboral en centros asistenciales de salud catalanes. Un estudio longitudinal [Quality of working life in health care centers in Catalonia. A longitudinal study]. *Archivos de Prevención de Riesgos Laborales, 14(1),* 13-19.

Chan, A. & Fisher, D. (2008). *The Exchange University: Corporatization of Academic Culture*. Ontario: UBC Press.

Christensen, T. & Lægreid, P. (2013). *New Public Management*. Aldershot: Ashgate.

Clarke, J., Newman, J., Smith, N., Vidler, E., & Westmarland, L. (2007). *Creating citizen-consumers: Changing Publics and Changing Public Services*. London: Sage.

De Witte, H (2005). Job insecurity: Review of the international literature on definitions, prevalence, antecedents and consequences. *SA Journal of Industrial Psychology, 31(4)*, 1-6.

Doval, H. (2007). Malestar en la medicina [Discomfort in medicine]. *Revista Argentina de Cardiología, 75(4)*, 336-339.

Duxbury, L., Lyons, S., & Higgins, C. (2008). Too Much to do, and Not Enough Time: An Examination of Role Overload. In Korabic, K; Lero, D. & Whitehead, D. (Eds.). *Handbook of Work-Family Integration* (125-140). San Diego: Academic Press.

Engel, M. (2000). *The Struggle for the Control of Public Education: Market Ideology vs. Democratic Values*. Philadelphia: Temple University Press

Eliassen, K., & Sitter, N. (2008). *Understanding Public Management*. London: Sage.

EUROFOUND (2012). *Fifth European Working Conditions Survey: Overview report*. Luxembourg: Publications Office of the European Union.

Fairris, D. (2004). Towards a Theory of Work Intensity. *Eastern Economic Journal, 30(4)*, 587-601.

Fernández, C. (2007). *El Discurso del Management: Tiempo y narración [Management Discourse: Time and narration]*. Madrid: CIS.

Foucault, M. (1978). *Microfísica del poder* [The microphysics of power]. Madrid: La Piqueta.

Fraiser, N., Gutiérrez, R., & Peña-Casas, R. (2011). *Working Poverty in Europe. A comparative approach*. London: Palgrave MacMillan.

Galcerán, M. (2010). La mercantilización de la universidad [The commercialization of the university]. *REIFOP, 13(2)*, 89-106.

Garrido, J., Blanch, J. M., Uribe, F., Flórez, J. & Pedroza, M. C. (2011). El capitalismo organizacional como factor de riesgo psicosocial [Organizational capitalism as a psychosocial risk factor]. *Psicología desde el Caribe, 28*, 166¬196.

Garrido, J., Uribe, F. & Blanch, J. M. (2011). Riesgos psicosociales desde la perspectiva de la calidad de vida laboral [Psychosocial risks from the perspective of the quality of working life]. *Acta Colombiana de Psicología 14(2)*, 27-34.

Goulart, P., Blanch, J. M. & Borowski, S. (2010). Inovações Organizacionais e Ritmo de Trabalho Hospitalar. In P. Goulart & G. Montibeller. (Orgs.), *Organizações, Inovações e Desenvolvimentos [Organizations, Innovations and Developments]* (213-232). Criciúma: Unesc.

Godoy, L, Stecher, A., Toro, J. P. & Ansoleaga, E. (2012). Condiciones de trabajo, estilos de gestión y bienestar psicosocial: La percepción de médicos y enfermeras de hospitales públicos en Santiago de Chile [Working conditions, management styles and psychosocial well-being: The perception of doctors and nurses in public hospitals in Santiago, Chile]. In E. Ansoleaga, O. Artaza & J. Suárez (Eds.), *Personas que cuidan Personas: Dimensión Humana y Trabajo en Salud [People who care for people: Human Dimension and Health Work]* (183-196). Santiago de Chile: OPS/OMS.

Gratzer, D. (2010). *The Cure: How Capitalism Can Save American Health Care*. New York: Encounter Books.

Greenberg, D.S. (2003). *Science, Money, & Politics: Political Triumph & Ethical Erosion*. Chicago: University of Chicago Press.

Hart, R. (2004). *The economics of overtime working*. Cambridge, MA: Cambridge University Press.

Heubel, F. (2000). Patients or Customers: Ethical Limits of Market Economy in Health Care. *Journal of Medicine and Philosophy, 25(2)*, 240-253.

Horwitz, N. (2006). El sentido social del profesionalismo médico [The social meaning of medical professionalism]. *Revista Médica de Chile, 134(4)*, 520-524.

Hui, E. (2010). The Contemporary Healthcare Crisis in China and the Role of Medical Professionalism. *Journal of Medicine and Philosophy, 35(4)*, 477-492.

Ibarra, E. (2002). Capitalismo Académico y Globalización [Academic Capitalism and Globalization]: *Revista de la Educación Superior*, XXX(1), 147-154.

ILO (2012). *Decent Work Indicators. Concepts and Definitions*. ILO Manual, 2012. Geneva: ILO

Infante, A. (2011). Nuevo profesionalismo, educación médica y sistemas de salud [New professionalism, medical education and health systems]. *Ciência & Saúde Coletiva, 16(6)*, 2725-2732

Jovell, A. & Navarro, M. (2006). *Profesión médica en la encrucijada: hacia un nuevo modelo de gobierno corporativo y de contrato social [The medical profession at the crossroads: towards a new model of corporate governance and social contract]*. Barcelona: Fundación Alternativas.

Kälble, K. (2005). Between professional autonomy and economic orientation. *GMS Psycho-Social-Medicine, 2*, 1-13.

Kassirer, J. (2004). *On the Take: How Medicine's Complicity with Big Business Can Endanger Your Health*. New York: Oxford.

Kaveny, M. (1999). Commodifying the polyvalent good of health care. *The Journal of Medicine and Philosophy, 24(3)*, 207-223.

Leys, C. (2007). *Total Capitalism*. London: Merlin.

Lipton, S., Boyd, E., & Bero, L. (2004). Conflicts of Interest in Academic Research. *Accountability in Research. 11(2)*, 83-102.

Mendoza, P. & Berger, J. B. (2008). Academic capitalism and academic culture: A case study. *Educational Policy Analysis Archives, 16(23)*, 1-27.

Michalos, A. (1985). Multiple discrepancies theory (MDT). *Social Indicators Research, 16*, 347-413.

Morales, M. & Blanch, J. M. (2013). *Universidad posfordista y nuevas subjetividades docentes*. Sao Paulo: Anais Congresso Latino-Americano de Estudos do Trabalho [The post-Fordist university and new subjectivities for teachers. Sao Paulo: Annals

of the Latin American Congress on Work Studies]. ALAST - GT 18 (1-25). Available at: http://congressoalast.com/ wp-content/uploads/ 2013/08/253.pdf*

Moutsios, S. (2010). Power, politics and transnational policy-making in education. *Globalization, Societies and Education*, *8(1)*, 121-141.

Moutsios, S. (2012). *Academic Autonomy and the Bologna Process*. Aarhus: EPOKE.

Navarro, V. (1976). *Medicine under Capitalism*. New York: Prodist.

Navarro, V. (1993). *Dangerous to Your Health: Capitalism in Health Care*. New York: Monthly Review.

Osborne, J. (Ed.) (2010). *The New Public Governance? Critical perspectives and future directions*. London: Routledge.

Park, T. (2012). Academic Capitalism and its Impact on the American Professoriate. *Journal of the Professoriate, (6)1*, 84-99.

Pellegrino, E. (1999). The Commodification of Medical and Health Care: The Moral Consequences of a Paradigm Shift from a Professional to a Market Ethic. *Journal of Medicine and Philosophy*, *24(3)*, 243-266.

Pillay, S. (2008). A cultural ecology of New Public Management. *International Review of Administrative Sciences*, *74(3)*, 37.

Pollitt, C. & Bouckaert, G. (2007). The New Public Management: An Overview of Its Current Status. *Administratie Si Management Public*, *8*, 110-115.

Sánchez, W. (2007). La universidad sin órganos. Capitalismo cognitivo y transformación empresarial de la universidad colombiana [The university without organs. Cognitive capitalism and corporatization of the Colombian university]. *Nómadas*, *27*, 34-46.

Scott, J. (1990). *Domination and the Arts of Resistance: Hidden Transcripts*. New Haven: Yale University Press.

Sennet, R. (2000). *La corrosión del carácter. Las consecuencias personales del trabajo en el nuevo capitalismo [The corrosion of character. The personal consequences of work in new capitalism]*. Barcelona: Anagrama.

Sennet, R. (2006). *La cultura del nuevo capitalismo [The culture of new capitalism]*. Barcelona: Anagrama.

Sevilla, C. (2010). *La fábrica del conocimiento [The knowledge factory]*. Madrid: El Viejo Topo.

Sisto, V. (2007). Managerialismo y Trivialización de la Universidad [The Managerialism and Trivialization of the University], *Nómadas*, *27*, 8-21.

Slaughter, S. & Leslie, L. (1997). *Academic Capitalism. Politics, Policies and the Entrepreneurial University*. Baltimore: Johns Hopkins University Press.

Slaughter, S., & Leslie, L. (2001). Expanding and Elaborating the Concept of Academic Capitalism. *Organization, 8(2)*, 154-161.

Slaughter, S., & Rhoades, G. (2004). *Academic Capitalism and the New Economy: Markets, State and Higher Education*. Baltimore: Johns Hopkins University Press.

Stein, D. G. (Ed.) (2004). *Buying In or Selling Out? The Commercialization of the American Research*. New Brunswick: Rutgers University Press.

Tarafdar, M., Gupta, A. & Turel, 0. (2013). The dark side of information technology use. *Information Systems Journal, 23(3)*, 269-275.

Terán, A. & Botero, C. (2011). El capitalismo organizacional: una mirada a la calidad de vida laboral en la docencia universitaria [Organizational capitalism: a look at the quality of work life in university teaching]. *Cuadernos de Administración, 27(46)*, 9-21.

Thomas, P. & Hewitt J. (2011). Managerial Organization and Professional Autonomy. *Organization Studies, 32(10)*, 1373-1393.

Thomas, G. & Smith, C. (2006). Reconceptualizing E-Mail Overload. *Journal of Business and Technical Communication*, *20(3)*, 252-287.

Ugalde, N. & Homedes, A. (2005). Las reformas neoliberales del sector de la salud: Déficit gerencial y alienación del recurso humano en América Latina [The neoliberal reforms of the health sector: managerial deficit and alienation of human resources in Latin America]. *Revista Panamericana de Salud Pública, 17(3)*, 202-209.

Vercellone, C. (2011). *Capitalismo cognitivo. Renta, saber y valor en la época posfordista [Cognitive capitalism. Income, knowledge and value in the post-Fordist era]*. Buenos Aires: Prometeo.

Williamson, J. (1990). What Washington Means by Policy Reform. In J. Williamson (Ed.), *Latin American Adjustment: How Much Has Happened?* (5-20). Washington DC: Institute for International Economics.

World Bank (1996). *Prioridades y estrategias para la educación* [Priorities and Strategies for Education]. Washington DC: The World Bank.

World Bank (2006). *Las prioridades de la salud* [The Priorities of Health]. Washington DC: The World Bank.

World Bank (2010). *Global Development Finance*. Washington DC: The World Bank.

WTO (1994). Acuerdo General sobre el Comercio de Servicios, available at: http://wto.org/spanish/docs_s/legal_s/26-gats.pdf. Consulted on 26/10/2013

Wynia, M. (2008). The short history and tenuous future of medical professionalism: the erosion of medicine's social contract. *Perspectives in Biology and Medicine, 51(4), 565-578*.

*Note: On 8 January 2014, the provisional records were collected (with INSS) in a number of "Anais" (annals), the title of which is in Portuguese and slightly different from the provisional one cited in the original version sent.