LONG-RANGE, COMPLEX DECISION-MAKING PROCESSES IN THE PUBLIC SECTOR

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ABSTRACT

Solving societal problems is a very complicated process. Several rival explanations exist to explain governmental policy making. Three important policy-making models are, respectively, the learning model, the agenda model, and the incrementalism model. These models differ in six aspects: immediate cause, norms, actors and interest groups, issue characteristics, process development, and outcomes. Our study analyzes the policy-making process for twelve complex problems in four categories: AIDS, tuberculosis, life insurance, and societal effects of venereal diseases. Decision making sometimes lasted for longer than a decade Special attention is paid to the role of external coalitions and interest groups, the influence of experts, and their changing balance of power. A content analysis of files, official Parliamentary Reports, journals, and press clips revealed that most problems have been solved by a decision-making process that is a mixture of the three policy-making models.

GOVERNMENTAL POLICY MAKING

Government policy tries to solve societal problems. Measures are taken to attain specific ends. In the process of pursuing the object several parties are involved. Frequently, these parties have differing interests. In fact, this is a characteristic of most political decision-making processes. Due to this political nature, the results of policy making are difficult to forecast. However, in each process of policy making there are some common factors. Always, there is the *dimension of time,* with three important positions and elements:

- there is an *immediate "cause";*
- followed by a *developmental process;*
- ending (sometimes only temporarily) with one or more *outcomes* (for example, a new law).

And always, the following elements play a role: *actors* (persons, parties, pressure groups) try to influence the decision-making process. There are *issue characteristics.* For example, should a problem of some interest groups be placed on the "political agenda"? And finally, *norms* play their role. Government (and not only government) always applies more-or-less clear norms concerning the quality of policy making.

All elements and factors discussed can be placed in a *general* model of (government) *policy making* (see Figure 1).

This model of policy making can be used to analyze real and complex processes of policy making. For each separate aspect or element one tries to characterize the policy-making process. To do this in a fruitful way, it is necessary to have a *theory* about policy making. For example, is decision making a matter of rational learning processes? Or is a new policy the result of an exchange between two or more parties? Several theories have been developed to characterize the process of policy making. We will discuss the most important models.

THREE POLICY-MAKING MODELS

It is possible, of course, to analyze policy making using only one specific theoretical model. This creates a problem, however. Since the reality of decision making is very complex, alternative (and perhaps better!) explanations are neglected in such a case. Therefore, Miles and Huberman advocated using several rival explanations when analyzing such complex processes [1]. We follow their suggestion. In our study, three differing *specific* policy-making models were used: the *learning* model, the *agenda* model, and the *incrementalism* model. These specific models all share the six elements of the general model of policy making. The models differ in the way these elements can be characterized, and Table 1 summarizes these differences [see also 2-5].
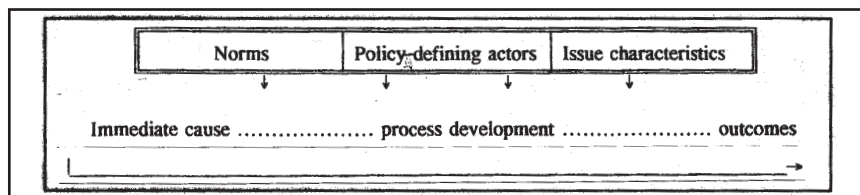

Figure 1. The general model of policy making.

Table 1. Three Models of Policy Making

Immediate Cause	Norms	Policy-Defining/Policy-Making Actors	Issue Characteristics	Process	Outcome
(1) *Learning model* observation: discrepancy between norms and facts	clear, described beforehand	one actor: (government)	reduction of discrepancy	facts and criteria are used to evaluate alternative policies	optimal/rational (from a "logical"/economical perspective)
(2) *Agenda model* initiative: mass media and/or politics	contested, disputed on a political level	one or more actor(s), directed to legislator	conflict of interests and positions	political pressure	rational, but only from a political viewpoint
(3) *Incrementalism model* initiative: interest group (sometimes "in danger"; *not* exclusively directed to politics)	differing norms in groups	two or more actors, sometimes directed, sometimes not directed to legislator	striving after self-interest	evaluation of restricted number of alternatives; bargaining and negotiations	adaptation of existing policies; compromise

The Learning Model

Organizations learn from what is happening to them. According to the learning model, policy making will start after it has been observed that a *discrepancy* exists between norms—i.e., descriptions of what is desirable—and facts. The model posits that one actor who has the right to issue orders or to enact a law will try to reduce the "gap" between norms and facts by ordaining a new policy. Sometimes the actor is an individual functionary, sometimes it is government itself, and often it is a ministry or department. The process of policy making in all cases takes the following course. Alternative policies are evaluated by comparing their expected outcomes. The policy expected to reduce the discrepancy between norm and fact for the lowest costs will be preferred. In general, policy making amounts to a) attempts to change the facts; often this means large (financial) investments; and/or b) changing the norms, to reduce the gap with the facts; this is a rather economical way to attain goals, though often not a very popular one.

The *learning* model should be rejected in all situations where policy makers do not aim at the optimal reduction of the discrepancy between norms and reality.

The Agenda Model

This model focuses on placing subjects on the agenda of policy makers. How do interest groups and pressure groups succeed in placing their subjects ("issues") on the agenda for consideration by public or local authority? These issues can be seen as a conflict between two or more groups. The conflict has to do with the *distribution* of positions, finances, and goods; however, a conflict about *procedures* is also possible [3]. The "*agenda*" is a set of political issues, all seen as legitimate points for attention by authorities and government. Sometimes a distinction is made between the general or "systems" agenda and the political agenda [3]. The systems agenda precedes the political agenda. The systems agenda contains *all* subjects seen by the political community as deserving attention of government (or other authorities). Frequently, such subjects have been brought to the attention of the general public by the mass media. Interest groups try to reach their goals by defining issues in certain ways. Also, these groups try to attract the attention of the public at large. If they succeed in doing so, chances are high that their subjects are "placed" on the systems agenda. And the more they succeed in drawing attention to their issues, the higher the probability that their problems really are discussed by authorities. In this latter case it is said that the issues have been placed on the *political agenda,* i.e., the agenda with subjects that have attracted close attention of authorities. This leads to policy resulting more from political pressure than from careful analysis. Frequently, subjects are discussed time and time again in legislative and political bodies.

The Incrementalism Model

In this model, government (or local authority) is seen as just one party in the midst of many other societal groups and parties. Policy is seen as the result of processes of bargaining, negotiations, competition, cooperation, and coalition formation. Large and sudden changes of policy are not to be expected. Only a few of all possible alternatives are under serious consideration. To implement policy, it is necessary that other parties are willing to cooperate (or, at the very least, to tolerate the policy). Therefore, and very different from the learning model, policy in general is not made by only one actor [5]. Should standard policy fail, the changes that are suggested will probably be rather minor changes. All actors strive to reach their own goals, but all actors are also willing to compromise (because this is necessary to get at least some part of the pie). Of course, such a compromise frequently implies a suboptimal solution to a problem. But that's the price one has to pay in democracies. In pluralistic democracies, a certain amount of consensus about policy is seen as valuable. Therefore, very frequently a compromise is suggested and accepted—a compromise that takes into account the differing interests of different parties.

THE PROBLEM

We have described the elements of the most important models and can now return to our problem: *how is policy made?*

To answer the question, we analyzed a number of measures taken by the Dutch government (or, in some cases, by other parties, but always inspired by, or in cooperation with, the Dutch government). All measures have been taken to fight *infectious diseases* (AIDS, venereal diseases, and tuberculosis). The history of the fight against these diseases was studied. Often, decision making in this field has been a very long-range process, and sometimes many groups were involved in reaching a (temporary or final) solution.

We may distinguish between two kinds of measures: *protection* and *restriction.* Restriction means that somehow the freedom of persons is restricted, to fight the spread of the disease. Protective measures are somewhat less radical and are meant to guarantee individual and collective interests. Table 2 presents the several measures we studied.

METHODS

All cases were carefully analyzed. Also, "contextual" and environmental factors were studied: the epidemiological, societal, and political situation present during the process of decision making. Each case description starts with the beginning of discussions on the necessity of inventing or implementing a (new) policy. Then, the process is followed with special attention to all factors deemed

Table 2. Infectious Diseases: The Policy-Making Cases[a]

	Venereal Diseases	Tuberculosis	AIDS
Restriction		Protection of Pupils Act (1934) (*case 8*)	Protection of bloodbanks (1983-'88): blood debate (*case 1*) test/examination policy; (*case 2*) "own statement" of blood donor (*case 3*)
	Regimentation (1851-1911) (*case 11*) Prohibition of brothels (1911) (*case 12*)		Closing of encounter places for homosexuals (1985) (*case 6*) AIDS and Prostitution (1988) (*case 7*)
Protection		Foundation of the CBVK (Central Bureau of Medical Examinations 1939) (*case 9*)	Medical appointment examinations (1987-'88) (*case 4*)
		Life insurance companies versus physicians (1862-1911) (*case 10*)[a]	Life insurance companies: AIDS-tests (*case 5*)

[a]The case of the life insurance companies versus the association of physicians is somewhat "out of range." The problem centered on the wish of insurance companies that physicians should write certificates of death for *all* cases of death.

to be important by the parties involved in the case. Each case description concludes with a description of the final policy that was accepted; or with a description of the agreement that was reached between the parties involved.

In all cases, for *each* of the six elements of decision making the three models of decision making were fitted to the description of the element in that particular case. This was done by comparing the description of the element with the assumptions made by the distinct models, as represented in Table 1. In this way, we made what might be called an *"idiographical theory"* for each case. This idiographical theory is valid for that particular case only. However, these idiographical theories can be compared with a more general (nomological) theory [6]. It should be noted, though, that the three distinct decision-making models are not completely independent from each other. At times, they have some elements more or less in common. For example, striving for self-interest in the incrementalism model differs only *gradually* from a conflict about "positions" in the agenda model. So, in principle, it is possible that some policy measures have components that can be related to more than one policy-making model.

DATA COLLECTION

Archival files, official parliamentary reports, journals, and press clips were studied with content analysis methods. This was an extremely time-consuming job, taking more than five months on a full-time basis. Most data could be studied in the archives and the libraries of sixteen organizations and ministries (Dutch Ministry of Well-being, Public Health and Care; Public Record Office, etc.).

DATA ANALYSIS

Case protocols were constructed [7]. Such a protocol has three sections:

1. research questions that should be answered;
2. prescriptions for data collection;
3. decision rules for analyzing data.

As for this third section, we decided to award two "points" for each element of the decision making to the theoretical model that best fits the description of this particular element. So, for six elements, this means that the highest score possible for each theoretical model is *twelve* points in each case. This maximum score of twelve points implies that from the beginning (immediate cause) to the end (final decision made) of a particular case the same theoretical model explains the data best. In such a case, other models get no points. Now it is possible, of course, that one element fits equally well with two models. In such a case the two points are divided between the two models. Parts of the data were scored by two judges. They show high correspondence (95%) in the way in which they award points to the theoretical models.

RESULTS

An immense amount of data had to be analyzed. Most cases represented a very complex decision-making process. In some cases, several decades had passed before the final solution of policy making was a fact. Combine this with the scarce journal space available, and it will be clear that it is impossible to present all details of our analysis. The results that really matter are summarized in Table 3.

DISCUSSION

Our analysis demonstrates that policy making is indeed a very complex process. Only one out of twelve cases fitted perfectly to a theoretical model, namely, the agenda model (case 12, the prohibition of brothels). Two other cases showed a rather good fit to, respectively, the learning model (case 6: encounter places for homosexuals), and the incrementalism model (case 9, the Central

Table 3. Models of Policy Making Fitting the Cases

Case	Process: Elements						Model Scores[a]		
	Immediate Cause	Norms	Actors	Issue Characteristics	Process	Outcomes	1: Learning Model	2: Agenda Model	3: Incrementalism Model
AIDS:									
1) blood debate	1	3	1	1	1/3	1/3	8	0	4
2) medical examination policy	1	1	3	1	1/3	1	9	0	3
3) "own statement"	1	2	2	1/2	2	3	3	7	2
4) medical appointment examination	2	2	3	1/2	2	2/3	1	8	3
5) AIDS tests and life insurance	2	2/3	3	2/3	2/3	2/3	0	6	6
6) encounter places for homosexuals	1	1	1	1	1	1/2	11	1	0
7) AIDS and prostitution	2	3	3	1	1	1/3	5	2	5
Tuberculosis:									
8) Protection of Pupils Act	1	1/3	3	1/3	2/3	2	4	3	5
9) Central Bureau of Examinations	3	1/3	3	1/3	3	3	2	0	10
Life Insurance Companies:									
10) Life insurance companies versus physicians	3	2/3	2	2/3	2/3	3	0	5	7
Venereal Diseases:									
11) regimentation	1	1	3	1/3	2	2	5	4	3
12) prohibition of brothels	2	2	2	2	2	2	0	12	0

[a]Maximum score = 12 = perfect fit.

Bureau of Medical Examinations). All other cases had to be characterized as hybrid processes, mixing elements from two or sometimes from all three theoretical models. So it seems to be a wise strategy to make use of several rival theoretical models to describe complex processes of policy making—as we advocated at the beginning of this article.

Exclusive attention to only one model means that essential information will be lost in the process of analyzing data. It was noted before that policy making can be done in several ways. The mere existence in the literature of the three models we described is in itself evidence of this fact. However, it is important to recognize an intriguing contribution of our study. Our analysis demonstrates not only that all three policy-making models are useful to describe the real processes of policy making, but it shows that a *mixed* model is best to describe most processes. This is a new finding, for until now, most researchers believed each decision-making process could be described accurately by one "pure" policy-making model. We saw, however, that the hybrid model seems to be the rule rather than the exception! Of course, most processes we studied were not only very complex, but also very time-consuming. These are factors that may affect the hybrid nature that characterizes several cases of policy making.

From Table 3 it can be seen that in almost all cases several parties were involved in the process of decision making. Frequently this implies a power game will be played, but in most cases this does not mean the final result can be described as a "winner takes all" outcome. In the Netherlands it is customary to consider other people's feelings, and this tendency seems to extend itself to the "feelings" of groups or (political) parties. This is a wise strategy, since coalitions are not very stable, and parties may have to cooperate in the near future with other parties that at present don't participate in the same coalition. But, of course, the power surplus that a party or a coalition of parties has will be used, not so much to get the whole pie, but to get the most attractive part of the pie.

As for power, one more thing should be noted. At first sight, power seems important only if more than one party is involved. This conclusion is not correct, however, for decisions taken by one actor, as is the case in the learning model, will be accepted by other persons and parties only if they believe this actor has access to both *legitimate* power and a lot of *expert* power. And since the pioneering study of French and Raven [8] it is already known that expert power is one of the strongest bases of power.

One more thing should be mentioned that cannot be seen in the tables but nevertheless was manifest in the data analysis. A closer look at the actors involved in the decision-making process indicates the AIDS policy differs from the former policies on life-threatening diseases (tuberculosis, venereal diseases) in giving "voice" to representatives of the risk group. So, organizations of HIV-infected persons are involved in early stages of policy development. This active participation in policy making by a risk group was hardly shown in the other cases. It is an important aspect of *procedural justice* and may strengthen the

perceived legitimacy of authorities [9]. It may be noted, at this point, that Dutch AIDS policy seems to be rather successful.

Our cases took place at the level of society and politics. But the results of data analysis have implications for other aggregational levels. Perhaps the most important conclusion is that exclusive attention to a single model of decision making almost inevitably leads to loss of relevant information. This is a price one should *not* pay.

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