

**The Shaping of Decision-making in Governance in the New Zealand  
Public Healthcare Services**

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degree of Doctor of Health Science**

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# **Cogita Cogitata**

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## **Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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W. Lee Mathias

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Date

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## **Abstract**

The study explores what shapes decision-making in governance in the New Zealand public healthcare services. It contributes to the understanding of the impact of the beliefs, perceptions and roles of the decision-makers and the tensions in public healthcare services in New Zealand. The focus was on ascertaining the characteristics of the people as individuals and as members of groups, their skills, preparation and the experience required to make governance decisions in healthcare services in New Zealand. The research analysed data from interviews with individuals in senior positions in public healthcare services in New Zealand, focus groups made up from those individuals and observations of formal District Health Board (DHB) meetings. The context for the study is the New Zealand public healthcare services within the DHB model.

This study focuses on the organisational and operational aspects of governance from the socio-anthropological viewpoint of Pierre Bourdieu. Bourdieu's methodology was chosen as it highlights the interaction of power and the management of tension between individuals and groups in different, but abutting, *fields of practice*. Using Bourdieu's methodology the researcher has placed healthcare services in an *economy of political power* where the *capital* individuals and groups bring to an environment is demonstrated through their power and influence within a particular *field of practice*. In this study the *field of practice* is governance in New Zealand public healthcare services.

The method involved purposive sampling of participants from three DHBs. The participants included appointed and elected members, chairmen, chief executives and senior clinicians from medical and nursing cohorts.

The participants identified 22 abstracts which determined the shape of their decision-making. Through analysis and reflection these 22 determinants were organised into groups reflecting the generic principles of governance identified in the literature. The study concludes that decision-making in governance is shaped by the concepts of professional maturity, quality and safety, power and tension and fiduciary duty within the context of structure and time. The scope of governance is connected across healthcare organisations by the tension of power manifested through the *capital* individuals and groups bring to the interaction or *field of practice*.

The study also found that there are two aspects to decision-making in governance which allow transferability of the concepts of governance across healthcare service organisations. Firstly, governance is decision-making in good faith with independence of mind and with the appropriate skills, diligence and care on behalf of others. Secondly, the structures of governance operationalised in audit, laws, guidelines, codes and principles support the decision-making on behalf of others. Consequently, the rules of decision-making in governance in healthcare services are the same whether the decision is being made in a clinical or corporate environment. They are enacted differently because of the different contexts.

The study brings together the determinants in their concept groups into a framework in the context of structure and time. Use of the framework will enable those with governance responsibilities to shape their governance decision-making from an informed and common base which recognises the tensions in the *field* of healthcare services governance.