

Changes in employers' image of ideal dentists and managers in the Swedish public dental sector

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Earlier studies have shown that employers are keen to have employees whose attitudinal and behavioral traits are consistent with the employers' ideology. One way of ascertaining the image of ideal individuals is to analyze the required qualifications in job advertisements. The aim of this study was to explore possible changes in the employers' view of the ideal manager and dentist in the Swedish Public Dental Health Service (PDHS). The study investigated the kinds and frequencies of manifestly required qualifications concerning vacancies in the PDHS from January 1990 to December 1998. All job advertisements intended for dentists and managers on different hierarchical levels in general dentistry were included ($n = 1152$); 5705 qualification demands were analyzed by content analysis permitting quantitative descriptions of the textual material as well as an analysis of the underlying characteristics over time. The study indicates that, for dentists, dental professional qualifications or qualifications in accordance with the official objective of dental care were insufficient. While requests for qualifications relating to the economic organizational goals of the PDHS increased during the latter part of the period under study, requests relating to the dental profession decreased. For managers, too, the demands for dental professional qualifications had decreased at the end of the studied period compared to the demands for managerial qualifications and non-professional qualifications, which had increased. In conclusion, the job advertisement portrays the ideal dentist and manager primarily as an economic organizational asset. □ *Content analysis; employers' ideology; organizational objectives; qualification demands*

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According to the dental health law in Sweden, the aim of the Swedish Public Dental Health Service (PDHS) is to work towards good dental health for the whole population, which implies that the PDHS is a human service organization (HSO)—organizations working directly with people with the aim of protecting and promoting their welfare (1). The performance of HSOs is often believed to be in accordance with their official goals. The organizational function cannot, however, be fully understood without consideration of other interests as well (2). This is a general tenet for HSOs that may hold true also for the PDHS.

In Sweden, a new political ideology emerged at the beginning of the 1990s emphasizing a smaller public sector and regarding the business firm as a model. Competing market forces were introduced and consumer sovereignty was espoused (3). The efficiency of public organizations in general was criticized. Criticism of the PDHS, however, did not primarily concern its achievements in goal attainment, but rather its organizational productivity. The criticism has its origin in studies contending that dentists in the PDHS were less productive than private practitioners in dentistry for adults (4, 5). The criticism and political values contributed to an increased emphasis on the economic objectives of employers in the PDHS (6–8). The new societal context also contributed to an increased emphasis on control systems interpreted as an instance of human resource management (HRM) (7).

HRM can be described briefly as a modern managerial ideology emphasizing for example managerial commu-

nications, just-in-time and total quality management programs, organizational re-engineering, customer care, and culture change programs. Teamwork, decentralized organizations, performance related pay, flexibility, and employee participation are other characteristics (9).

The employees are emphasized as the most valuable organizational assets for organizational success. In critical analysis, however, HRM has been described as containing a 'soft' and a 'hard' dimension, respectively (10). The 'soft' model, with its roots in human relation traditions, regards the employees as a source for organizational competitive advantage through their involvement, commitment, and competence. These qualifications are said to be developed through communication and motivation. In contrast, the 'hard' version reflects a version where cost-effectiveness and flexibility is prioritized. The employees are regarded as a cost to be minimized (9) and should be managed with the aim of maximizing their economic return (11).

A central part of modern management is to ensure that the employees' attitudinal and behavioral traits are consistent with the employers' ideology (9, 12–15). Behind this managerial interest is the assumption that employees sharing and being committed to the employers' values and view of organizational objectives will not question the organizational goals. Additionally, a committed workforce is assumed to improve organizational performance and reduce the turnover of labor (9) and the possibilities for undesired behavior (15).

Managers can attempt to control and manage the

beliefs, values and perception of the reality by for example management of meaning, where issues are framed in particular ways (14, 16), by performance appraisal and rewarding of people whose values are consistent with the desired ideology, by socialization and by training (9, 14, 15). It is not self-evident, however, that employers will succeed. Another strategy towards ensuring that employees are 'right-minded' is therefore to recruit individuals with desired values, attitudinal and behavioral traits. Technical competence is then often of less importance (1, 9, 12, 13, 15, 17, 18). Hence, the employers' image of ideal employees can be expressed in required qualifications.

During the 1990s, the use of teamwork and the delegation of treatment to dental hygienists and dental nurses have increased in the PDHS, the aim being to improve economic performance as well as time and work force utilization (6, 8). The dentists' monopoly of leadership is being broken up, with managers from another background, especially at top management level, taking over. Other changes are an increase in economic performance monitoring, budgetary responsibility to clinics (6–8), competition, dialogue-oriented control and customer orientation (7). The change in managerial language denominating the patients as customers is not merely semantics. Managers redefine the meaning of work by this concept in accordance with their belief in a competitive market ideology. Additionally, quality control is emphasized, because high quality is regarded as the clinic's primary marketing weapon (8).

The employers' image of ideal dentists and managers in this context was investigated in a previous study concerning the required qualifications in the *Journal of the Swedish Dental Association* during the period 1990–98 (19). We found that the image of dentists was that of economic organizational asset rather than as participant in relations with patients. The work role as managers was emphasized for managers both at the clinical and at the top level. However, that study did not explore possible changes in the frequencies and kinds of required qualifications over time for dentists and managers, which are investigated in the present paper.

Materials and methods

Study sample

The material consisted of job advertisements in the *Journal of the Swedish Dental Association*. It is the practice to advertise vacancies for general dentists in the PDHS, and occasionally for top managers, in this journal (Koch, Federation of Swedish County Councils, pers. comm.). The job advertisements concerned vacancies for dentists and managers on different hierarchical levels in general dentistry in the PDHS. All the relevant job advertisements ($n = 1152$) during the period from January 1990 to December 1998 were included in the study. They could

contain information about more than one job (from 1 to 9) and the total number of job positions was 1856.

The number of positions varied during the studied period. In 1990, there were 600; in 1991, 375; in 1992, 212; in 1993, 62; in 1994, 95; in 1995, 85; in 1996, 70; in 1997, 106; and, finally, in 1998 there were 251.

When registering the job positions, they were classified according to the intended professional hierarchical position: unpromoted general practitioner dentists ($n = 1342$), assistant clinical managers ($n = 56$), clinical managers ($n = 445$) and top managers of the PDHS ($n = 13$). In some positions, such as general practitioner dentists, up to 50% of the working hours were as hospital dentists ($n = 10$). Full-time positions as hospital dentists were not included in this study.

The PDHS is governed by political administrations with the county councils as the responsible authorities. Government grants as well as county council taxes finance the activities. The remuneration of dental care for adults is based on a fee-for-service system. The treatment is partly financed by government grants through general dental insurance and partly by the patients themselves. Dental care for children up to 19 years of age is free of charge. District clinics are compensated for this treatment through county council taxes.

District clinics provide the largest part of the dental treatment. Specialist clinics provide more specialized dental care. In this study, the district dental health service was chosen for study because general dentistry, as distinct from specialist dentistry, is more homogenous with regard to the education of dentists, revenues and types of treatment performed. Hospital dentistry is formally not a dental speciality and general practitioners can work full-time or half-time as hospital dentists without a special education (in the long run, however, they will usually get further education). This was why vacancies for job positions as district dentists with half-time as hospitals dentists were included.

Content analysis

The required qualifications in the advertisements were analyzed by content analysis. This method is useful in two respects. It makes it possible to draw inferences about the latent or underlying text characteristics of a text as well as to describe the frequency of textual units and how the text content varies over time (20, 21). The inferences are about the message itself, the sender of the message and the audience (21). The text has to be analyzed in relation to its social and cultural context for as accurate an interpretation as possible. The context can concern the social situation that has generated the text and the social roles, position, goals, norms or values of the sender of the message (22).

The basic part of the method is the classification of words with similar meanings into few categories. The word classification and the category scheme are created by the analyst with the research purposes and relevant theories as

Table 1. The latent categories and categorized content categories. The total share of the latent categories

'Soft' qualifications	'Hard' qualifications	Neutral qualifications	Qualifications of management	Odontological objectives	Professional qualifications
Development	Production	Personality	General qualifications of leadership	Management odontological goals	Professional qualifications
Change	Economic responsibility	Personal maturity	Administration	Odontological goals	
Quality	Flexibility	Social features	Management work environment	Human service orientation	
Societal orientation	Team work	Responsibility, holistic	Management personnel matters		
Service	Delegation	General qualifications			
Cooperation	Planning and strategy				
'The system' Commitment, enthusiasm	Market orientation				
Creativity, initiative Environment qualifications	Goal orientation				
Data qualifications	Active, distinct Independence				
34%	16%	11%	19%	3%	17%

background (21). The coding process is then performed in different steps, with the words or phrases categorized on different levels. On the first level, the words or phrases are summarized within a number of categories with similar meanings. The categories on the first level can be called subcategories, as these are then combined into fewer overarching categories, which means that the researcher identifies latent or underlying themes in the text and puts the textual material into more rational units (21, 23). The categories created on different levels of abstractions can then be used in statistical analysis. To prevent dubious results being drawn from the statistical analysis, the words or phrases have to be classified in only one of the categories, which in turn have to be mutually exclusive (20, 21).

For a trustworthy basis for inferences, it is recommended that the reliability of the classification procedure is tested (20, 21). Coding small units, such as words or phrases, compared to coding larger units, such as paragraphs, will increase the likelihood of achieving high reliability (21). However, there is no absolute interpretation of the content of a text.

One advantage of content analysis is lack of obtrusion. Studying already existing texts prevents the introduction of errors into the analyzed data that otherwise might be introduced through the interaction between the investigator and the subject (20, 21). Another strength of the method is the possibility to study naturally occurring texts (22) and to analyze how the text content varies over time (21).

The textual material

Thirty-four percent of the job advertisements contained

information about more than one position. In most of these advertisements, the required qualifications were given separately for each job position. However, 23% of the multi-position job advertisements, or 8% of the total number of job advertisements, contained text that referred to all or some of the job positions and for different hierarchical job positions. An advertisement level and a job position level can thus be defined.

One of the aims of the study was to investigate whether the qualification demands differed over time between different hierarchical job positions. The required qualifications were therefore recorded for each job position and not just on the job advertisement level. In the latter case, information on the job position level would get lost. On the other hand, the used procedure leads to a certain risk for data bias, which has to be taken into consideration in the inferential process.

The categorization scheme

The classification scheme was described in our previous study (19). Briefly, the relevant text was broken down into as small units as possible before coding. There were 5705 manifestly required qualifications in the job advertisements defined as relevant for the study.

The words or phrases in the textual material were initially coded into subcategories representing *ability, attitude, behavior, competence, experience, interest, knowledge* and *personality characteristics*. They were also coded with regard to the interpreted orientation. Qualification demands were subdivided into *society, public organization, the PDHS, clinic, management, other occupational groups, patients, dentistry, dental health, odontology* and *general*. The qualifications required

concerning *odontology* were further divided with respect to *special patient groups* and *special clinical tasks*.

The required qualifications were first categorized within 161 subcategories, which were then combined into 34 content categories on a second level (Table 1). The category scheme containing the subcategories can be acquired on request from the first author.

The content categories were then combined into six so-called latent categories from the interpreted underlying themes. The latent categories were labeled 'Soft qualifications', 'Hard qualifications', 'Neutral qualifications', 'Qualifications of management', 'Odontological objectives' and 'Professional qualifications' (Table 1). The qualification demands categorized as 'Soft' and 'Hard' were labeled from the two models of HRM (9). 'Odontological objectives' contained qualification demands in relation to the formal goals of the PDHS, while 'Professional qualifications' contained required qualifications associated with the dental profession. The latent category 'Neutral qualifications' contained required qualifications with no explicit orientation.

Reproducibility or inter-coder reliability of the first-level categorization of the required qualifications has been assessed previously (19). The inter-coder correspondence of the classification of these words and phrases into categories was 81%. Percentage agreement, however, is an inadequate measurement of reliability (20), so the level of reliability of the coding was in addition measured by the Goodman-Kruskals lambda (λ). This is a proportional reduction of error measurement resulting in the coefficient 0.90. The result implies that knowledge of the categorization of the first coder gives a 90% probability of predicting that of the second one correctly (24). The measurement thus showed a fairly high consistency of shared understandings of word meanings and category definitions.

Statistical analysis

The variation over time of the concern with the latent categories was described and analyzed in frequency distributions. Chi-square tests were applied for assessing the significance of frequency differences of categories in different job positions. When the groups were small, or the expected frequencies less than 5, Fisher's exact test was applied. For 2 x 2 contingency tables the job positions were dichotomized into 'managers' (assistant clinical managers, clinical managers and top managers of PDHS) and 'district dentists' (district dentists and dentists working part of their time as hospital dentists). The strength of association in the 2 x 2 tables was measured by odds ratios (OR) (25). All data analyses were performed in SPSS.

Results

The share of job positions with required qualifications calculated on the total number of job positions increased from 1990 to 1996 (from 36% to 97%) but decreased

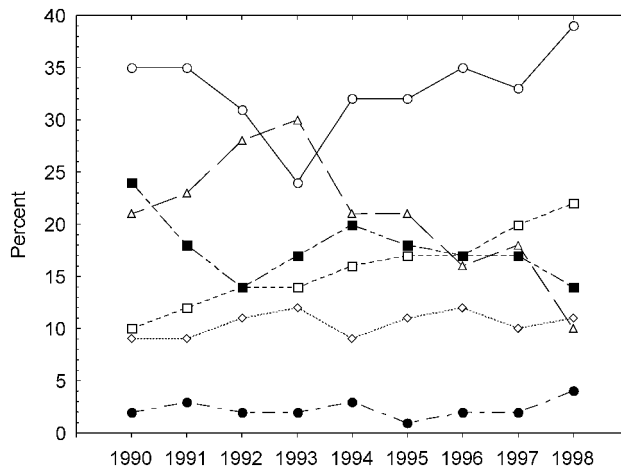


Fig. 1. Yearly percentage distributions of the latent categories from 1990 to 1998. Percent of categories for each year. —○— Soft; —□— Hard; —■— Professional; —◇— Neutral; —△— Management; —●— Odontological.

slightly during 1997 (93%) and 1998 (88%). The number of required qualifications increased for dentists as well as for managers over time. There was a significantly higher share of job positions with required qualifications for managers compared to district dentists, except in 1996 when there was no significant difference.

During the whole studied period, requests for personality related qualifications were more frequent (i.e. *ability, attitude, behavior, experience, interest, and personality characteristics*) than requests for technical competence and knowledge. The average share of the summed subcategories 'General odontological competence and knowledge', 'Special odontological competence and knowledge', 'Clinical competence', 'General knowledge', 'General competence' and 'Data competence' was 7% of the whole textual material. At the beginning of the decade, the share was 7% and highest in the middle with a share of 10%. In 1996 the share declined, and was lowest in 1998 at 4%.

Table 1 gives the total share of required qualifications categorized into the latent categories, and Fig. 1 shows how the yearly percentage distribution varied over time. As can be seen from the figure, the share of requests for qualifications categorized within the latent categories 'Soft qualifications' and 'Hard qualifications' increased at the end of the study period, but the share of 'Soft qualifications' dropped in 1993. The figure also shows that the share of 'Professional qualifications' as well as 'Qualifications of management' decreased. The share of 'Neutral qualifications' was almost the same over time, while 'Odontological objectives' increased slightly. The share of 'Odontological objectives' was still very low compared to the other latent categories.

The occurrence or not of the respective latent category in relation to a vacant job position was also calculated. The results are indicated in Table 2. The occurrence of all latent categories besides 'Qualification of management'

Table 2. Occurrences of latent categories in percent of job positions

Type of latent category	% of job positions								
	1990	1991	1992	1993	1994	1995	1996	1997	1998
'Soft' qualifications	24	30	30	45	65	55	70	80	77
'Hard' qualifications	11	17	21	44	45	52	54	63	68
Neutral qualifications	11	14	20	42	39	40	50	59	52
Quality of management	11	15	25	55	37	39	34	33	17
Odontological objectives	2	4	4	8	12	2	10	10	14
Professional qualifications	24	26	28	55	66	65	74	71	57
Odontological objectives and professional qualifications	25	27	31	58	67	65	81	71	59
'Soft qualifications' and 'Hard qualifications'	25	32	33	58	66	67	83	85	83

and 'Professional qualifications' increased in relation to the job positions. 'Odontological objectives' dropped in 1995, however, and the occurrence of 'Soft qualifications' and 'Neutral qualifications' decreased slightly in 1998. The percentage of job positions where 'Professional qualifications' occurred increased until 1996 but decreased in 1997 and 1998. For 'Qualifications of management', the occurrence was most frequent in 1993, after which the trend was downwards.

The simultaneous occurrences or not in job positions with respect to 'Soft' and 'Hard' qualifications, and to 'Odontological objectives' and 'Professional qualifications', are given in Table 2.

The association between the dichotomized levels of job positions (i.e. low and high job position) and required latent categories was analyzed in 2×2 tables. There was a significantly higher share of the request for the latent category 'Qualifications of management' for managers compared to dentists over the whole studied period. The share of managerial job positions with requests for this latent category increased from 58% in 1990 to more than 80% from 1995. These qualifications were hardly required for dentists at all.

There was an increased chance of finding the latent category 'Neutral qualifications' for managers from 1990 to 1996, but there were no significant differences in the last 2 years of the studied period. The requests for this category increased generally for both dentists and

managers until 1997. 'Neutral qualifications' occurred in about half the job positions for dentists from 1996 and for managers in more than 60%. The request for 'Odontological objectives' was significantly higher for dentists in 1994 and 1997. There was no significant difference between the job positions the other years.

The relationships between the two levels of job positions and the latent categories 'Soft qualifications', 'Hard qualifications' and 'Professional qualifications' are given in Table 3. The table indicates that the request for 'Soft qualifications' was significantly higher for managers, except in 1996 and 1998, and for 'Hard qualifications', except in 1996, 1997 and 1998. The request for 'Hard qualifications' increased for both categories of job positions. The request for 'Professional qualifications' declined for dentists from 1997 and for managers from 1995.

Discussion

The findings of the present study show a variation over time in requests for qualifications. The share of requests for 'Soft qualifications' and 'Hard qualifications' according to the number of required qualifications increased, while the demands for 'Professional qualifications' showed a tendency to decrease at the end of the studied period. The share of required qualifications categorized in 'Odonto-

Table 3. The relationship between dichotomized job positions and occurrences of the latent categories 'Soft qualifications', 'Hard qualifications' and 'Professional qualifications'. Percentages of the occurrence of the latent categories and odds ratios

	'Soft qualifications'				'Hard qualifications'				'Professional qualifications'			
	Low	High	OR	P	Low	High	OR	P	Low	High	OR	P
1990	18	52	5.0	***	8	26	4.0	***	20	42	3.0	***
1991	21	56	4.7	***	9	43	7.1	***	20	45	3.4	***
1992	13	58	9.3	***	5	47	18.4	***	21	40	2.5	**
1993	15	60	8.3	***	15	57	7.6	**	45	60	1.8	n.s.
1994	38	96	35.1	***	22	71	8.8	***	52	82	4.3	*
1995	29	89	20.0	***	40	68	3.2	**	58	73	1.9	n.s.
1996	62	84	3.2	n.s.	51	60	1.4	n.s.	78	68	0.6	n.s.
1997	71	95	8.1	**	60	68	1.4	n.s.	74	66	0.7	n.s.
1998	76	78	1.1	n.s.	66	71	1.3	n.s.	56	59	1.1	n.s.

* $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$.

logical objectives' increased relatively, but was still low. The analysis of percentages of job positions with occurrence or not of respective latent category indicated similar results.

The results have to be interpreted in relation to the growing political ideology that primarily concerns the organizational productivity, cost-effectiveness and competitiveness of the PDHS. It is known that employers in the PDHS have chosen to emphasize an organizational ideology conforming to the political values primarily emphasizing these economic perspectives and not the official goal concerning the dental health of the population (6–8). It is not unusual for a market ideology to be competing with professionals in health care organizations (26), or for public health care organizations to be imitating private enterprises and introducing market forces for improved economic organizational performances (27). The crux of the matter is that when it is economic interests that predominate in health care organizations, there may be adverse consequences. When the organizational goals primarily concern economic aspects, the dentist's choice of treatment can be affected. It is, however, important that a patient can be secure in that the choice of treatment is for his or her best and not for the economy of a clinic.

A closer look at the required qualifications for dentists showed that their dental professional qualifications, or qualifications interpreted as in accordance with the official objective of dental care, were not sufficient. The finding about the declining occurrence of 'Professional qualifications' in the last studied years is interesting in relation to both the nature of the work and to the rapid development of new dental materials and technology during the past decades. Among the Swedish population there are for example demands for more fixed prosthodontic treatments and esthetic dentistry (28). These developments ought to be accompanied by increased demands on professional competency, but this was not the case in this study.

The shares and kinds of qualifications required on a managerial level reflected a stronger emphasis on a work role primarily managerial in character from the year 1995, when professional competence seemed to be of less importance. Owing to the low number of top managers, we did not separate this category from the clinical and assistant clinical managers in our analysis. Nevertheless, the results are interesting, as clinic managers in the PDHS usually actively practice clinical work most of their working time. The emphasis on managerial qualifications, however, is in accordance with HRM, which highlights the role of line management, responsibility for the management of the employees (29) and the result of the business units (9).

Furthermore, the fact that there were no significant differences between managers and dentists with regard to demands for 'Soft qualifications', 'Hard qualifications', 'Neutral qualifications' and 'Odontological objectives' at the end of the studied period, and for 'Professional qualifications' from 1995, indicates a trend towards equal qualification demands.

The qualification demands in the job advertisements representing personality characteristics predominate over technical competence and knowledge throughout the whole studied period. This finding corresponds to the growing trend in management of employee selection, such as in the HRM ideology, primarily based on attitudes, motivation and behavioral criteria. One reason behind this development is the situation of decentralized organizations with a greater degree of discretion devolved to the employees (12). As limited direct supervision may be open to the development of 'wrong' feelings, attitudes and group identification among the employees that in turn can affect their actions in a 'wrong' way from the employers' viewpoint (13), employers are interested in selecting and recruiting individuals assessed as appropriate. The employers thus assume keeping their power.

In HSOs, including the PDHS, direct monitoring can be regarded as an infringement of the autonomy of the professional, and visibility and observability of staff-client encounters are usually limited. The organizations are dependent on the services of autonomous professionals whose ideologies regarding for example the goals of the services, or the best way to treat patients, can differ not only in relation to the employers but also in relation to each other due to their education, professional training and work experience. Employers in HSOs are thus interested in limiting the ideological variability among professionals and in ensuring that the professional's ideology is consistent with their own (1).

The employers' interest in ideologies can also be due to the assumption that it is a competitive advantage to have a 'strong' unitary organizational ideology that all organizational members are committed to (9, 15). It is, however, pointed out that in relation to changing environmental conditions, a unitary organizational ideology may lead to rapid responses to familiar conditions but may inhibit adaptive responses to unfamiliar ones, as the ideology the employers are committed to has become inappropriate. Ambiguous ideologies will, on the other hand, lead to flexibility in response to unfamiliar conditions, but such ideologies do not help generate commitment to action (9).

Another side to the coin of commitment is that it cannot be taken for granted that professionals are committed only to their organization, if they are at all. They can at the same time be committed to their profession, trade union, informal groups in the organization or to roles outside the organization (9, 15). Health care professionals are usually committed to strong values about the caring of patients, and studies have shown a negative reaction among dentists to the focus on the financial organizational aspects of the PDHS (6–8). However, an adaptation or acceptance can be found as well (6, 8). A discrepancy can have consequences for the organization as well as for the individual, as dissatisfied persons can choose to leave the organization. Since 1999, restrictions on the establishment of private practitioners have been removed, and nowadays it is easy for Swedish dentists to get a job in the EU. Consequently, there are other work alternatives and it has

been more difficult for the PDHS to recruit dentists or managers. A possible positive outcome may be that a tight labor market can lead employers into paying increased attention to the interests of the individual in order to attract him/her (30).

An advantage of this study is that it covers all job advertisements from the year 1990 to 1998 and hence contributes to knowledge about how the employers' view of the ideal dentist and the ideal manager has differed over time. However, it does not tell us about the selection and recruitment process in reality. Recruitment and selection imply various practices, among them the definition of required qualifications, assessment of job candidates and selection of suitable individuals. We do not claim that our interpretation of the qualification demands is absolute, but we believe that the required qualifications do indicate the employers' ideology and their image of the ideal employees. Earlier studies showing an increased interest in financial aspects and in addition the introduction of market forces in the public dental sector are in accordance with the recruitment criteria expressed in the job advertisements.

In conclusion, our study indicates that, over the latter part of the years studied, the employers' image of the ideal dentist and ideal manager in the PDHS is primarily as an economic organizational asset. Both the ongoing demands of competitiveness and productivity in the PDHS and the expected shortage of dentists indicate the need for further research about employers' image of ideal dentists and managers as well as how dentists and managers react to it. The study indicates that the image of the ideal dentist and manager is indeed complex, one where professional and odontological qualifications are not the most important.

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