

The main goal of the project is the development of a model of effective control system in hospitals. There will be a model, combining both cybernetic approach based on administrative procedures as well as approach grounded in social relations, political processes, ideology, motivation, organizational culture and self-control mechanisms of medical professionals. Taking into account also dimensions of control phenomenon like control mechanisms, scope tightness.

The literature research shows that, despite the implementation of a number of management and control tools used successfully in other organizations, applying them to public hospitals fails to improve the quality and reduce costs, which means that the tools used were not effective. It can be assumed that the lack of effectiveness in hospitals' control systems results from rejection to include the specific nature of public organizations. Existing control systems in hospitals based on the administrative and market mechanisms lead to conflicts between medical professionals represented mainly by physicians and managers. In many commercial organisations decentralized, participative, and democratic systems of control are becoming more prevalent and some researchers see in that the beginning of "post-bureaucratic" age. In such environment organisations beyond the formal, technical control are introducing effective control strategies based mainly on organisational and ingroup identification as well as participatory organizational techniques, such as team-based management, in order to promote a strong feeling of ownership and empowerment among the workers, e.g. "concertive control", cultural control, ideological control, clan control. But most hospitals in developed countries are bureaucratic, hierarchical, centralised and dominated by professionals who identify more strongly with their occupational ideology and group than with the organisation. Additionally, medical professionals ideology, system of beliefs and norms are significantly different from those of the hospital managers. Furthermore, most hospitals in Poland as well as in Europe are public, which means that their goals, apart from other factors, must be adapted to the current political climate what makes them more ambiguous than in commercial organisations. Thus, a new approach to control systems in hospitals have to be applied taking into account both the theory and experience from commercial firms and specific characteristics of public organisations, particularly hospitals.

Therefore, a cognitive gap exists in the control systems theory concerning public organizations dominated by professionals, such as hospitals.

Most public hospitals are complex organizations subject to external political and social influence, dominated by medical professionals who identify more with their professional group than with the organization in which they work, their value system is different from what have managers of hospitals and possess considerable autonomy / power, which sources is rooted in the legal and social system (e.g.: the national association of physicians issuing the license to practice). Therefore, to study control systems in hospitals, a new approach must be taken into account including external to the organization (cross-boundary) relationships as well as power relations between employees and groups oriented in many directions, and not only within the hierarchy. The study will be conducted in two complementary stages. The first, exploratory stage, relies on qualitative case study analysis using grounded theory methodology, of at least 6 purposefully chosen Polish hospitals and 4 from developed European countries. Hypothesis, concepts and properties of concepts that will be raised based on literature review and the research team experience will be constructed, modified and tested, but not by deduction, based on the previously adopted axioms and assumptions, but they will be systematically developing through the process of empirical data analysis. In the second research stage hypotheses will be clarified and elaborated and tested in the quantitative survey on a representative randomly chosen sample of 241 hospitals. In the research program methodological pluralism is advocated due to the diversity of approaches to control phenomenon, that leads to triangulation of research results developed by multiple qualitative and quantitative methods. In-depth and unrepresentative methods drawn from organizational anthropology, interpretative and critical methodology and also representative methods based on statistical analysis will be applied. The use of combination of methods is justified by the complexity and poor recognition of control system problems in organizations dominated by medical professionals in contemporary organization theory.

Undertaking the research of control systems in hospitals is important due to the lack of complex research on that field. Development of control systems is a prerequisite for health care organisations improvement, but also a crucial factor in enabling scientific progress and ensuring provision of high quality cost effective medical services. Control systems in hospitals can be studied as a synthesis of the business methods of control with the medical professionals ideology, their sheltered position on the labour market, individualistic style of working and their self-control within the professional group. Control system, in the broad sense, has to ensure that "what the hospital has" – equipment, professionals – have to be efficiently transform into "what the hospital gives" to the society, their patients.