

The McDonaldization of Public Services: A Case Study of City Hospitals in Turkey

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ABSTRACT

A huge-scale transformation and neoliberalization of the Turkish healthcare system is happening under the rule of Justice and Development Party (AKP), and the city hospitals as a public-private partnership model constitutes the centerpiece of this transformation. The “effectiveness” argument is utilized both by politicians and financial actors to promote the role of the private sector in the management of public services as in the case of city hospitals. This paper argues that the McDonaldization thesis of George Ritzer can help analyze the transnational nature of neoliberalization of the Turkish healthcare system, and features of McDonaldization, most notably *the irrationality of rationality* through the argument of effectiveness can explain the transformative role of city hospitals in the healthcare system. Moreover, as a general theoretical observation, it is argued that neoliberal transformation and McDonaldization of public services lead to broader sociopolitical consequences by deteriorating the public service ethos.

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Introduction

Even though the theory of McDonaldization is applied to various fields of everyday life, analyzing the public services and welfare mechanisms through McDonaldization is mostly understudied. However, especially the increasing trend of privatization of public services in the neoliberal form of global capitalism puts George Ritzer’s theory of McDonaldization as an insightful approach to understanding the position of public services in global capitalism. The term neoliberalization is understood as political-economic processes that endorse liberation of individual entrepreneurial freedoms accompanied by private property rights, free markets, and free trade (Harvey, 2005, p. 2); economic reform policies that regulate financial markets, remove price controls, and “reduce the role of the state in the economy, most notably via privatization of state-owned enterprises” (Boas & Gans-Morse, 2009, p. 143). Advocates of neoliberalization perceived the government intervention in the economy as the fundamental problem rather than a solution (Harvey, 2005, p. 54). Alongside creating a “healthier” and “more efficient” economy, neoliberalization leads to a significant way of behavior according to its theoreticians and policymakers: Well-informed agents in the market can make rational economic decisions in their own interests (Harvey, 2005, p. 68). Therefore, the notions of rationality and efficiency play central roles in neoliberalization. Hence, this paper argues that neoliberalization and McDonaldization as a process that prioritizes rationality and efficiency above all are analytically intertwined in the globalized world.

Understanding the scope and effect of McDonaldization upon public services is significant since Bender and Poggi (1999, p. 38) state that public services cannot escape the effects of the logic of economic processes of a highly McDonaldized world to reduce the costs, and the process of

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McDonaldization should be analyzed and understood to resist its effects to reinforce the political power of the democratic state. As Harvey (2005, p. 65) puts it, the rationality of neoliberalization holds every individual responsible for their well-being as rational agents of the marketplace, rather than providing public services to overcome systemic properties that lead to inequalities. Hence, this paper approaches the literature and starts the analysis by asking this general research question: What are the implications of McDonaldization of public services? To answer this question a particular case study, city hospitals in Turkey, is chosen to utilize the theory of McDonaldization.

The notion of “city hospital” emerged in the middle of the heightened neoliberal transformation of the healthcare sector of Turkey and it signifies a design of vast building-complex in each city to replace old hospitals. City hospitals attracted attention and became a topic of fiery public debates due to their planning, location, and financing aspects. City hospitals are planned by implementing build-operate-transfer (BOT) model as a form of public-private partnership (PPP). Therefore, private actors play an important role in the ongoing transformation of the healthcare sector in Turkey. To understand this transformation and the position of city hospitals this paper follows the line of this specific research question: Could the McDonaldization theory explain the neoliberal transformation of healthcare and city hospitals in Turkey? To answer this question a theoretical engagement with the relevant literature and analysis of statements of the current government’s political actors regarding the topic will be conducted to enhance the analytical approach. This paper claims that the features of city hospitals can be explained by the theory of McDonaldization, especially if the analysis is situated within Ritzer’s concept of globalization. Moreover, as a general analytical argument, this paper tries to explain that the McDonaldization of public services can lead to social and economic consequences that can endanger people’s democratic rights and equal opportunity for welfare.

Theoretical Underpinnings

In this section, the concepts of McDonaldization and globalization will be discussed. Principles of McDonaldization will be given in detail through the theorization of George Ritzer, and the notion of rationality will be discussed through Max Weber’s influence on the McDonaldization theory. Globalization as a central concept to McDonaldization will be examined through the nothing-something distinction to place the analysis in the framework of globalization.

McDonaldization

The concept of McDonaldization is defined by Ritzer (2019, p. 19) as a process in which “principles of the fast-food restaurant are coming to dominate more and more sectors of American society as well as of the rest of the world.” According to Ritzer (2002, pp. 16-19), McDonaldization has four main principles: *Efficiency* seeks optimum methods to achieve the assigned objective through predesigned processes. *Calculability* means the measurable feature of McDonaldization while quantity is equalized to quality; in other words, the “bigger is better” is its mindset. *Predictability* indicates the notion of guaranteeing the same quality of products and services all the time and everywhere. *Control* signifies the features of oversight on both workers and consumers of the product or the service. While the principle of control is exerted to streamline the process and to increase the system’s consistency, McDonaldized systems use nonhuman technologies to reinforce the control by “deskilling” labor and to seek new ways to integrate nonhuman technologies to replace the human labor to achieve “ultimate” consistency by eliminating the chance of human error. Thus, McDonaldized systems “enable” people by offering a wide range of products and services in a more or less uniform quality by being independent of restrictions of time and geographic location on an unprecedented scale; however, at the same time, McDonaldized systems “constrains” people by leading to the *irrationality of rationality* that emerges from above-mentioned principles of rationality (Ritzer, 2002, pp. 19- 22).

The irrationality of rationality means paradoxical effects of McDonaldization through inefficiencies, high costs, health and environmental dangers, and dehumanization (Ritzer, 2019, p. 25).

However, it should be noted that the process of McDonaldization signifies more than a proliferation of rational or irrational principles of a business model. George Ritzer is influenced by Max Weber's analysis of rationalization and bureaucratization while coming up with the concept of McDonaldization. As a matter of fact, much before the publication of *The McDonaldization of Society* in 1993, Ritzer (1975, pp. 627-628) highlighted Weber's significance in improving the analytical capacity of contemporary sociology. Also, Ritzer emphasizes Weber's analytical distinction between profession and occupation, while the former is shaped through the processes of bureaucratization and rationalization and separates itself from the latter by being regulated and having institutionalized characteristics. However, while bureaucracy and its unprecedented efficiency bring the rationalization of society, according to Weber, bureaucratization and rationalization lead to the emergence of the "iron cage of mindless routinization," the mechanization of life (cited in Ritzer 1975, p. 633). Due to the secular rationalization and bureaucratization of social life, Weber claimed that "magical elements of thought are displaced" by systematic, empirical facts; in other words, the "disenchantment of the world" has happened, and once important values of mystical worldview are replaced by "depersonalization, and oppressive routine" (Gerth & Mills, 1946, pp. 50-51). In a similar vein, the loss of enchantment or quality is a common theme in the process of McDonaldization. According to Ritzer (2019, p. 165), the rationalization of society improves many aspects of social life, especially by enabling the rationalization of consumption, yet the value or the enchantment is lost in the process particularly due to the irrationality of the rationality principle of McDonaldization.

Therefore, as can be seen in Ritzer's earlier publications, the theory of McDonaldization and especially the irrationality of rationality argument is heavily influenced by Weber's understanding of rationalization and the iron cage of bureaucracy. Ritzer (2019, p. 28) underlies this influence as "McDonaldization, then, do not represent something new but, rather, represent the culmination of a series of rationalization processes that had been occurring throughout the twentieth century."

Grobalization

To improve the analytical capacity of this paper, the concept of grobalization and something-nothing formulation are considered essential theoretical approaches. Grobalization is a portmanteau word created by the combination of grow and globalization words. Ritzer and Ryan (2002, p. 56) define the grobalization as "imperialistic ambitions of nations, corporations, organizations" and they seek to project their power and influence on various geographic areas to increase profits.

As a central concept within the grobalization analysis, the meaning of *nothing* should be examined. Ritzer and Ryan (2002, p. 51) claim that we are witnessing the globalization of nothing, and they define *nothing* as "empty forms that are centrally conceived and controlled and relatively devoid of distinctive content." Given this definition, nothing is situated in binary opposition with *something*. They antithetically define *something* as full forms with rich, distinctive content and indigenous links to its own context. Moreover, the prevalence of globalization nothing occurs since the nothing is easier to export globally and can integrate itself into other cultures due to its lack of distinctive content. Still, something is more likely to be rejected by some cultures and can conflict with local content because it contains a distinctive content (Ritzer & Ryan, 2002, pp. 51-52). In this vein of analysis, due to being easy to replicate and relatively inexpensive to reproduce empty forms of nothing have a competitive advantage over something forms with rich, local distinctive content. As a further step of the analysis, it is claimed that the nothing has sub-types as one of them being *non-places*, which signifies "settings that are largely empty of content" that can be easily globalized and replicated in different cultural contexts, such as shopping malls, or airports (Ritzer & Ryan, 2002, p. 52). The non-places analysis is grounded on Augé's seminal work. The place and non-place distinction is situated on whether having relational, historical and concern with identity: non-places

are disconnected from these features; also, non-places are a quintessential measure of the contemporary globalized world by embodying a high level of quantifiable features (Augé, 1995, pp. 77-79).

When the theoretical line of these arguments is followed, it can be seen that nothing and its sub-type of non-places are playing a central role in the diffusion of features of McDonaldization and implementations of neoliberal economic order. Ritzer and Ryan (2002, p. 70) underlie this connection by stating that “capitalism, McDonaldization, and Americanization are all globalization processes deeply implicated in the proliferation of nothing throughout the world.” Following this, capitalism is the driving force of globalization of nothing since the profit maximization motif pushes the capitalist economic actors to produce and reproduce goods and services in their most basic form, namely in nothing form, or to transform something forms into nothing. In the process of globalization the forms of nothing are much more suitable to export as a pattern to replace something forms with the former’s emptied content.

Literature on McDonaldization of Public Services

Although the literature regarding the analyses of the process of McDonaldization is abundant, the field of McDonaldization of public services or the possible relationships between them is underresearched. Especially Ritzer’s seminal work *The McDonaldization of Society: Into the Digital Age* does not contain any specific chapter on the relationship between McDonaldization and public services or does not make any specific references within any chapter. This lack of attention to public services probably stems from innate features of the McDonaldization scholarship: It is essentially developed in the US academia by analyzing an essentially American phenomenon and its globalizing influences and historically exceptional situation of weak public services and predominance of private provision in the US.

However, when the limited number of studies on the McDonaldization of public services are examined, it is observable that the irrationality of the rationality principle leads to institutional features that conflict with the basic premises of public services by damaging public interest and equal opportunity for welfare.

The McDonaldization of policing and the criminal justice system are relatively well-researched fields within the literature. Correspondingly, when the criminal justice system concentrates more on catching, convicting, and punishing criminals rather than securing justice through the principles of impartiality and fairness, the efficiency of the system becomes the central value; and informal processes and practices are justified to ensure the conviction of criminals with the highest possible number (Robinson, 2002, p. 79). Moreover, it is argued that the McDonaldization of criminal justice in the US brought the rationalization of the system through the devotion to the principles of McDonaldization-efficiency, calculability, predictability, and control-, but the irrationality of rationality is surfaced since the US citizens are doubtful about receiving justice from the system (Robinson, 2002, p. 90). Similarly, another study claims that the McDonaldization of the US criminal justice system created the notion of “McJustice,” and citizens have to finance an irrational system via their taxes even though they are less sure about its impartiality (Bohm, 2006, p. 142). In a similar vein, an analysis of the British Police Service through the scope of the McDonaldization thesis claims that the increasing presence of McDonaldization in policing puts “narrowly defined efficiency, an obsession with calculability” at the center of the policing service, and, paradoxically, these leads to an increase in bureaucracy, deskilling, de-professionalization of police (Heslop, 2011, pp. 318-319).

Regarding the McDonaldization of healthcare or medicine, Ritzer and Walczak (1986, pp. 49-50) claim that rationalization, bureaucratization, and consequent capitalization of American medicine brought de-professionalization and increased job dissatisfaction and alienation of physicians. Also, values, such as the welfare of the patient put under the pressure of efficiency and cost-effectiveness.

Moreover, another study (Hughes, Kale, & Day, 2019, p. 3) claims that due to the principles of McDonaldization, pharmaceutical companies' influence grew upon healthcare, and this leads to mass epidemics of opioids such as OxyContin in the US since it is promoted as the most efficient and cost-effective method for pain management. Also, another study (Dustin, 2007, pp. 153-156) argues that the McDonaldization of social work leads to deskilling, decreased creativity of social care workers, limited communication between workers and patients due to streamlined impersonal bureaucracies, and growing pressure on social care workers to mediate between the patient and the market.

McDonaldization of Public Services: City Hospitals

In this section, it will be argued that the city hospitals project in Turkey can be analyzed through the theory of McDonaldization. By following Ritzer's analytical approach in *The McDonaldization of Society: Into the Digital Age*, the principles of McDonaldization will be analyzed in two variant combinations since the principles of efficiency and calculability and their effects are interrelated, and while the same conditions apply to predictability and control principles. Moreover, the principle of the irrationality of rationality and the concept of globalization will be analyzed within these sub-sections, and a separate sub-section regarding non-places analysis will be given afterward.

Efficiency and Calculability

With the election victory of the Justice and Development Party (*Adalet ve Kalkınma Partisi*, AKP) in 2002, neoliberal transformation and the process of privatization that is mostly started in the 1980s accelerated with the introduction of the Health Transformation Program as a long-term plan, and the program is designed as a road to commercialization and privatization of healthcare (Gün, 2021, p. 145). The Ministry of Health declared city hospitals as the second stage of the program in 2016, and new city hospitals are planned to be built in every city of Turkey according to the plan. PPP and BOT models are central features of the planning of city hospitals. In accordance with these financing models, private companies or consortiums are building city hospitals on public lands, and they operate these hospitals under the auspices of the Ministry of Health for 25 years with rights to obtain commercial revenues from operation hospitals, in addition to the revenue guarantee from national treasury if the rate of occupancy did not pass 70% to 80% in terms of volume-based care (Pala et al., 2018, p. 45).

The decision to construct and operate city hospitals through the mechanism of PPP reflects the AKP government's tendency to implement neoliberal reforms in other fields of the economy. In other words, it is not a deviancy but a quintessential example of the general political economy of the AKP government, which is constructed by 20 years of uninterrupted rule. In the case of city hospitals, city hospitals and the PPP model are justified by well-known discourses regarding the so-called inefficiency of state control over the economy and the dynamism of free-market competition. To illustrate, in 2017, at the height of the process of construction of city hospitals, then Minister of Health Recep Akdağ favored the PPP model by underlying that in the current reformed healthcare system, the healthcare workers are paid in accordance with their performance and employee productivity is increased in this way; therefore, "[PPP model] will dramatically increase the efficiency and reduce the costs" (Republic of Turkey Ministry of Health, 2017). However, the PPP model creates an "affordability illusion" since its implementation brings fiscal burdens to the public purse through liabilities and revenue guarantees that are given by the governments, often involves non-transparent decision-making processes that are prone to corruption, favors private investor's interests by shifting their risks to governments and citizens (Vervynckt & Romero, 2017, p. 16). Moreover, a study (Ari, 2021, p. 181) found that the medical personnel in city hospitals expressed that city hospitals would increase service costs, put excessive burdens on public expenditures, and differences in approaches

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of public and private sectors would generate risks for healthcare services. Therefore, it is clear that the government officials advocate the PPP model and its implication in city hospital projects as an effective model that would increase the productivity and reduce the costs by including private financial actors and by streamlining the bureaucratic processes due to the lower presence of state officials in the management of city hospitals. However, as established in the literature, the PPP model allocates public funds to private financial actors with increased costs and liabilities to the national treasury. Hence even though the claim of efficiency due to the PPP model constitutes the core of the city hospital project, the PPP's complicated political-economic relationship through global neoliberal institutions leads to paradoxical inefficiency and brings the irrationality of rationality by clearly favoring private actors over the interest of the public.

Moreover, city hospitals are also promoted by government officials by frequently emphasizing quantifiable features of the project in accordance with the calculability principle of the McDonaldization thesis. To illustrate, the incumbent Minister of Health Fahrettin Koca announced the construction of Ankara City Hospital by referring to it as "the greatest hospital of Turkey" and underlined vast bed capacity, staff numbers, and capacity for "40 thousand patients" daily (Republic of Turkey Ministry of Health, 2018). Similarly, at the inauguration ceremony of Ankara City Hospital, President Recep Tayyip Erdoğan stated that the concept of the city hospital was 'his dream' to crown Turkey's healthcare system and labeled the city hospital as the world's third and Europe's biggest hospital (Republic of Turkey Ministry of Health, 2019). Also, Erdoğan's speech contains frequent remarks regarding increased quantitative features thanks to the construction of city hospitals or "ultimate healthcare centers" in his words. In another inauguration speech of Mersin City Hospital, Erdoğan stated:

[...] we will have achieved our goal of 32 beds per 10 thousand people by 2023, with all of them fully equipped. This is a record. The goal of this project is to resolve all health problems of our citizens inside a single campus with the highest quality service. (Presidency of the Republic of Turkey, 2017)

It is observable that Erdoğan positions quantitative features of the healthcare system as the most significant feature and achieving assigned bed capacities and patient capacities are indicators of breaking a record. Moreover, as Erdoğan mentions in his speech, when the construction of a city hospital is finished, all other state hospitals in this city are closed and moved to the building complex of the new city hospital to be integrated. Even though Erdoğan and health ministers claim that the government increased the bed capacity and patient capacity or claimed that they broke a record by building city hospitals, Pala et al. (2018, pp. 44-45) state that with the closure of already existing hospitals, city hospitals increased the total bed capacity in insignificant proportions in these cities. Besides, in the case of Ankara, due to the opening of the city hospital, a total of 13 deep-seated hospitals are closed and fairly equal distribution of healthcare services within the city is damaged. Also, the closure of existing hospitals can lead to decreased access of people to healthcare services since the magnitude of city hospitals requires to be built in peripheries of cities, and deep-seated hospitals that are mostly closer to the city center due to their "organic" development together with historical urban sprawl.

Predictability and Control

When the predictability principle of the McDonaldization theory is taken into consideration, it is possible to say that the city hospital project envisions 'high-quality' building complexes that provide the same services in the same quality in every city. In Erdoğan's speech during the inauguration ceremony hospitals are depicted in a way that resembles a hotel, and patients are depicted as customers who can find every solution to their health problems in an atmosphere enhanced by luxurious infrastructures, such as heliports.

All our hospitals offer 5-star service to patients, who are asking for health, and their attendants. Designed at the best standards from heliports to parking lots, facilities to equipment, energy systems to automation, city hospitals upgrade our country's level in the field of healthcare. (Presidency of the Republic of Turkey, 2017)

Therefore, it is possible to observe that city hospitals are conceptualized more than building-complex that provide healthcare to the public through social welfare schemes. However, these are designed as healthcare complexes that are integrated to the endmost needs of neoliberal capitalism by providing infrastructures to draw both national and international customers to its services. Moreover, gathering all medical practices in a single location to give the “best and same” level of health quality in accordance with the predictability principle can lead to the loss of varied hospitals in different geographies and parts of cities. Also, this should be taken into consideration, especially in vast geographies that can contain various climatic conditions in different areas, such as Turkey can contain different forms of diseases that should be diagnosed and treated in a specialized healthcare facility that has local experience with it. Therefore, the centralization of city hospitals can enable the Ministry of Health to provide healthcare at a more or less level of quality in a predictable manner, but this can also cause the loss of local experiences achieved through deep-seated hospitals.

When the principle of control is taken into consideration, it is observable that the city hospitals project created a McDonaldized healthcare system that exerts control over both patients and physicians. When the control over the patient aspect is considered, it is possible to observe that since the city hospitals project closes scattered hospitals in a city when a new city hospital is constructed. This naturally leads to fewer options for patients to see a different health specialist; patients are in a way forced to seek medical care from primary care physician in a vast building-complex, which gathers all medical practices and practitioners that are available in the city. When the control over the physicians aspect is considered the Minister of Health Fahrettin Koca’s statements give insights regarding the managements scheme of city hospitals:

There will be a different management system in the city hospitals, which includes a coordinator head physician at the top and deputy coordinator head physicians as well as administrative and financial directors, with each tower having its own head physician, and administrative and financial director. (Republic of Turkey Ministry of Health, 2019)

It is clear that city hospitals have complex management schemes that gather physicians, and administrative and financial directors. This management scheme becomes especially important when the financing scheme of city hospitals, the PPP model, is considered. As previously mentioned, private contractors have the right to manage city hospitals for 25 years, and financial directors of hospitals become more important figures within the management of hospitals since the motive for profit maximization plays a central role due to the PPP model of financing in city hospitals. It is possible to claim that the three-headed management of city hospitals, which involves actors with a profit motive, contradicts the nature of social services. Lethbridge (2011, p. 67) argues that public services embody a “public sector ethos” that situates the public interest as of paramount importance, and public officials have to be “politically neutral, show financial and moral integrity and be uninterested in making money.” However, Hebson, Grimshaw, and Marchington (2003, p. 498) state that PPPs in the healthcare sector lead to conflicting priorities between public and private managers: While one manager is responsible for overseeing the service, the other manager is responsible for monitoring the financial requirements of the contract, and this eventually leads to a tendency of public managers to mimic private sector managers to secure more profit for the institution by abandoning values of ‘public sector ethos.’ A similar analysis is made by Ritzer and Walczak (1988, pp. 11-12) by arguing that when capitalist enterprises are interested in healthcare, capitalistic rationalized accounting systems will put pressure on physicians by establishing control mechanisms to evaluate through quantitative economic measures of the healthcare; and “the formal rationality of cost-effectiveness” would conflict with the medical profession by replacing the welfare of the patient principle with the profit maximization.

City Hospitals as non-places

Neither the PPP model nor the concept of city hospitals is new or unique to the context of Turkey. Since 2004, the PPP model has been increasingly promoted as a financing model for development

projects, especially in developing countries, but practices of PPP are also employed in many developed countries (Vervynckt & Romero, 2017, p. 5). Additionally, larger hospitals usually do not directly lead to lower costs or better patient outcomes since training, teamwork aspects, and specific healthcare needs of a local population are mostly overlooked in larger hospital projects (Posnett, 1999, p. 114).

But the case of city hospitals holds importance when it is especially analyzed with the concept of non-places. City hospitals as non-places, as formulated in Ritzer and Ryan's (2002, p. 70) article, are easier to replicate in any given locality by drawing the attention of capitalists to produce non-places since there is more potential to make profits from producing non-places or transforming something into nothing. As a validating finding, Gün (2019, pp. 6-7) found that various national and international banks, investment funds, and contractor firms participated in the 6th PPP Forum of Turkey and 'City Hospitals, Medical Tourism and Public-Private Partnership' symposium in 2007 alongside government representatives. As vast projects, city hospitals draw the attention of national and international investors, but it is argued that their attractiveness especially comes from their non-place feature since all city hospitals follow the same design and planning steps without further consideration of the specific needs of a local population. City hospitals are designed to answer all medical needs, therefore, does not contain highly specific, distinct content that requires these to be built in any specific location. They are easily replicable in any given location and culture. This feature of city hospitals shows itself in this excerpt:

Our city hospitals, the number of which has reached 11, have become a model on a global scale in terms of their construction and operation methods and their service quality. Similarly, I believe the emergency hospitals, which we constructed within two months during the pandemic and put into service, are an exemplary model, as well. (Presidency of the Republic of Turkey, 2020)

It is clear that President Erdoğan sees the design and management models of city hospitals as models that can be a global example, probably as an export good that can be replicated everywhere through the transfer of Turkey's experiences. This 'global model' feature shows itself in the visit of the Health Minister of Romania, Sorina Pinteau to discuss city hospitals with the Health Minister of Turkey. This visit is described in the official news bulletin:

Impressed by the developments in Turkey in the field of health, the guest Minister talked about a similar but small-scale hospital project in Costanza which will be built with the PPP model, and for which they want to benefit from the experiences of Turkey in this area. The process is ongoing for construction of a hospital in Costanza, Romania with PPP model under coordination of the Turkish Ministry of Health based on an agreement planned to be signed in June 2019. (Republic of Turkey Ministry of Health, 2019)

City hospital as constructed in Turkey, envisioned by the Romanian Health Minister to be replicated in Romania but arranged according to the economic capacity of the country by decreasing its scale without having to deal with any distinctive content that can conflict with local content in Romania.

Apart from discursive strategies of government officials, city hospitals can lead to the proliferation of financialization of public lands. With the closure of old hospitals, the public lands become available to financialize. It is possible to say that some-thing places within the city center but occupied with public services became available to the investment of financial actors to transform them into non-places by creating easily replicable commercial places without any distinctive content.

Conclusion

The McDonaldization of public services contradicts the solidarity aspect of the public services by conflicting "social services ethos." Advocators of city hospitals argue that the city hospitals project could reduce costs and increase the effectiveness of healthcare through its more rational management scheme and "affordable" PPP financing model; therefore, public funds would be invested in other needed sectors more effectively. However, this paper argued that the principles of McDonaldization are visible in city hospital projects but consequently result in the irrationality of rationality by creating

conditions to transfer public funds to private contractors and national and international financing institutions with a profit maximization motive.

Moreover, the McDonaldization of public services leads to decreases in the effectiveness and satisfaction of public services. Bohm (2006, p. 134) argues that McDonaldization is only a successful or rational business strategy, but its profit maximization goal promotes values that are in conflict with the ideals of public services. The same also applies to the case of city hospitals, physicians and patients become peers in a strictly controlled environment by capitalist enterprises, and this leads to the disenchantment of patients, deskilling, de-professionalization, and overwork pressure upon healthcare workers. Ritzer and Walczak (1988, p. 9) underlined this side of the McDonaldization of healthcare by stating that in an increasingly financialized and privatized healthcare system, physicians will feel pressure to leave their altruistic values, and they will become fewer autonomies in a profit-oriented environment. Therefore, as it is argued, in the context of city hospitals, the McDonaldization of city hospitals lead to the irrationality of rationality due to their investment schemes through PPP and neoliberal urban planning that damages people's equal access to healthcare services by relocating hospitals at cities' peripheries as non-places. Moreover, as another consequence, the endangered "public services ethos" can lead to a further democratic deficit and the rise of populism since the whole process happens under the mask of "rationalization" and "efficiency." Further studies can reveal this analytical connection between McDonaldization of public services and democratic deficit by examining how these features of McDonaldization of public services are perceived by the constituent. Particularly, longitudinal in-depth interviews can be insightful to understand how citizens perceive neoliberalization, McDonaldization, and the deterioration of public service ethos processes since these are essentially long-term processes.

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