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Reframing Service Sector Privatisation Quality Conception with the Theory of Deferred Action

Mukunda Bastola, Frank Nyame-Asiamah

Abstract**—**Economics explanation for privatisation, drawing on neo-liberal market structures and technical efficiency principles has failed to address social imbalance and, distribute the efficiency benefits accrued from privatisation equitably among service users and different classes of people in society. Stakeholders' interest, which cover ethical values and changing human needs are ignored due to shareholders' profit maximising strategy with higher service charges. The consequence of these is that, the existing justifications for privatisation have fallen short of customer quality expectations because the underlying plan-based models fail to account for the nuances of customer expectations. We draw on the theory of deferred action to develop a context-based privatisation model, the deferred-based privatisation model, to explain how privatisation could be strategised for the emergent reality of the wider stakeholders' interests and everyday quality demands of customers which are unpredictable.

Keywords**—**Privatisation, service quality, shareholders, deferred action, deferred-based privatisation model.

I. Introduction

THE privatisation concept of transferring service provision ownership from state-owned enterprises to private enterprises to improve efficiency has failed to bring quality for service users [1], [2]. It has employed a range of deliberate and strategically designed actions to broaden the scope of private sector activity, or adopt private sector efficiency techniques in public sector organisations [3], [4]. Drawing on the neo-liberal economic theory principles, which describe how free market and capital flow can be effectively used to organise public sector services to satisfy the needs of society [5], [6], privatisation is seen as a better way to distribute improved efficiency benefits among different classes in society [7]. Yet, it has circumvented uncertainties and humanistic values which are central to organised economic activities and consumer behaviour [8].

The focus of privatisation has relied on profit maximisation with little emphasis on service quality and customer satisfaction [2], with shareholders and corporate managers appropriating the largest proportion of efficiency benefits realised from privatised ventures [9]. Associated forms of managing public services to the advantage of corporate elites have emerged as corporatisation, where government functions are traded as privatised services to maximise profits and executives receiving huge salaries [9]. These have also created inefficiencies and poor quality [10]. In situations where quality is upheld, privatised service providers charge high prices which discourage poor and unprivileged individuals to access essential services [11].

Mass opposition to the privatisation agenda from labour unions and social welfare advocates has not conceptualised how service sector activities could be organised to address the unintended consequences of private enterprise management contextually. Evaluation standards for determining quality of privatised services lack consistent and unified measures across institutions [12]. Application of existing quality theories, such as SERVQUAL [13], to explaining privatised service provision fail to address adequately customers' everyday demand for quality which emerges suddenly. Understanding of such unpredictable demand and emergence is in the milieu of deferred action [14] which defines quality planning in context of the service users' requirements.

In this paper, we review empirical literature on privatisation from different countries to explore the prospects of private enterprise engagements in public services and highlight quality, efficiency and benefit distribution concerns of privatisation. We contend that the issues could be addressed by introducing new insights into private sector service planning and quality provision. We apply the theory of deferred action to propose a framework to explain how private sector services could be planned to cater for customers' quality requirements.

II. Service Sector Privatisation

The movement of privatisation increased dramatically since 1980, after the election of British Prime Minister Margaret Thatcher in 1979 and United States President Ronald Regan in 1980 [15]. During these times, state ownership of railway, gas and telecommunication corporations was reduced in Britain, with increased private control, while the administration of prisons was transferred into private hands in the USA [16]. The increasing support for service sector privatisation has been noticed in the sale of major national corporations to thousands of small investors with the optimism to enhance economic efficiency, introduce competition, improve quality and distribute improved efficiency benefits among different classes in the society [15], [17]. The development of service sector privatisation has not only occurred in developed countries, but it has been pervasive in many emerging countries [12]. In Japan, for instance, 78% of universities (556 out of 716) operated under private sector administration [18], while in India, the private sector accounts for more than 70%

Mukunda Bastola is with the Cardiff Metropolitan University college London, United Kingdom (e-mail: mksell2003@yahoo.com).
Frank Nyame-Asiamah is an external PhD Supervisor at LSC, the Associate College of Cardiff Metropolitan University, London & a Curriculum Manager in Business at Hackney Community College, London (e-mail: frank.nyameasiamah2@mail.dcu.ie).

of the total number of educational institutions in the country [19].

The growth in service sector privatisation has, however, brought about some negative impacts on society with failed quality service provisions for service users [20], which is very prevalent in privatised healthcare delivery in developing countries. Observations from an empirical research in Jakarta in Indonesia indicate that the private health care sector has failed to address very long waiting time issues raised by service users, with some hospitals running without separate emergency departments to handle emergency cases [12]. In Pakistan, [21] found that privately run nursing homes charged different prices for the same service they provided for all patients, showing that some patients paid higher amount for less value when comparing service delivery across the board. His findings also exposed doctor shortages, a long waiting time for patients, and poor communication between doctors and patients.

Studies on 29 Sub-Saharan African countries between 2003 and 2009 indicate that private sector performance on BCG vaccination of new-born babies was worse than the public sector, prolonging the tuberculosis treatment period [22]. Similar findings on the private sector's irresponsiveness to a better healthcare delivery are reported in many low and middle income countries where poor medical diagnosis and maltreatment have been assigned to inadequate supervisions and limited treatment guidelines [23].

Latin America has also suffered low quality curative services from the free market legacies of private healthcare delivery [24]-[26]. Mexico is typical of the private healthcare sector's practitioners performing worse, with over dose medication prescriptions, unnecessary treatments for minor health concerns, and inadequate medical advice when compared with their public sector counterparts [24].

There are also reported facts of deteriorating quality of privatised services in developed countries. Reference [27] shows that the cost saving strategy of a British National Health Service outsourcing clinical service agency, a privatised organisation, did not bring positive effects to patients care while Southern Cross Healthcare, the largest private care home providers in the UK faced huge fines and collapsed because of maltreatment and abuse of patients.

Education has received its fair share of discouraging empirical reports, arising from the unintended results of privatisation. Between 2009 and 2011, some private colleges in the UK operated in two-three room apartments with less qualified tutors teaching vulnerable overseas students, who were misguided and unable to obtain the expected degree qualifications [28]. Poor performance, together with absurd quality measures for privately-run independent schools, has left some private schools at the bottom of the quality ranking table in the UK [29].

Some Australian private colleges are also caught in a pitiful service provision from privatisation, with high enrolments of overseas students being compelled to study in an overcrowded single classroom of more than 60 students [30]. The situation is even more shocking in Nepal, where many private educational institutions with inadequate physical infrastructure are operating within semi-furnished residential houses or factory-like structures [31]. And, in a majority of the cases, Nepalese private educational institutions are staffed with unqualified teachers [32].

The neo-liberal privatisation and deregulation agenda that seeks to improve service provision quality and standard of living has been unsuccessful in many cases because it has failed to address humanistic values and social inequality [33]. It represses ethics, in its simplest terms, because ethics brings happiness to a larger number of people [34] or motivates people to do the right thing because it is the right thing to do [35].

It comes as no surprise that labour unions have succeeded to influence the UK Conservative Government to scrap its forced 'academisation' decision, the proposed corporatisation of state schools' management by the government [36]. To promote social equality in service provisions, social commentators would prefer economic and entrepreneurial policies that could cater for uncertainties and imperfections in democratic societies where social welfare is a pressing economic agenda [37], [38]. Such preferences are supported by actuality-based scholars who want social systems design to be ratified in the context of changing user requirements [14].

III. Efficiency Benefits Distribution and Service Quality

There is increasing concern that the efficiency justification for privatisation has not rewarded customers with the natural satisfaction and perceived quality they expect from private service providers. Research on the impact of service sector privatisation has highlighted microeconomic benefits for privatised firms [39], which relates to enhanced firms' efficiency, improved productivity or increased profitability; with very nominal service quality and customer satisfaction gains for service users.

An empirical investigation on the impact of private health sector provision in Pakistan and Bangladesh identified efficiency and profit maximisation benefits for the providers, but the healthcare providers placed less quality emphasis on patient care and satisfaction [40]. Another study in a North West Brazilian private electricity distribution company evidenced poor quality service for their customers, while the company increased the level of profit [41]. Similar findings of private sectors' inadequacies were observed in electricity distribution in Turkey, where privatisation did not reduce retail prices or improve service efficiency in the market [42].

Perhaps exception could be made to the British Rail which improved efficiency by 40% more than any rail network within EU after privatisation and maintained service quality and customer satisfaction [43]. Some sympathisers of the private sector maintain that privatisation is just a better path to organise public services to address public institutions' waste and low performance, and that it can bring improved efficiency without compromising service quality [44], [5]. The reliability of this could be fuelled by a new public management theory which supports the view that private sector adoption for public service provision promotes competition, decentralised authority and efficiency gains in public service provision [45], [46].

In cases where benefits have been accrued from privatisation there are variations in service quality and microeconomic impacts between the developed world and developing countries [47]. In the developed world, because of strong monitoring and controlling mechanisms to regulate quality implementation, such as the EU states, private sector providers are obliged to improve quality service delivery [48], [49]. But in developing countries, because of weak institutional and legal structures, private firms take advantage to charge more for privatised services to users [50]. Perhaps, this relates to the institutional theory's distinction between formal institutions, being endorsed by strict government legal and oversight structures to regulate profit-making activities [51], [52], and informal institutions which use trust and personal networks to promote entrepreneurial ventures in relaxed economic settings [53] which could offer prospects to exploit customers.

In weak institutional structures, customers who are financially strong and able to bear the high costs of services may receive better quality, but those who are underprivileged, the so-called lower class citizens, could be denied the ability to pay for services of better quality [54]. This creates disparities in living standards, particularly in relation to private service provision in developing countries. Reference [55] observed from 500 households in different parts of India accessing private and public utility services, that only 25% of households used private utility services, whereas 75% used public utilities. Mishra's observation is that, the higher costs of utility services prevented a significant proportion of households consuming privatised utility services.

Even in developed countries where tight quality regulations compel service providers to deliver good service quality [56], not everyone in society willing to consume privatised service can afford it [57]. Yet, equality principles advocate that service users must have equal rights to receive quality service irrespective of their economic status [12]. The contention, however, is that privatised services are not equally distributed in society because of the profit maximisation goals associated with a free market economy [58].

IV. Service Quality and Stakeholders' Interests

The governments' arguments for transferring ownerships of sensitive state-owned organisations, such as health and education, to private hands deny the rights of unprivileged citizens to access the presumed quality service of the private sector [20], [10]**.** Those who are financially strong are able to afford highly priced privatised services and continue to amass wealth.

One form of inequality that privatisation has created is the imbalanced world wealth distribution, where only 1,844 people are billionaires out of the 7.3 billion world population [59]. Further evidence to substantiate privatised service quality disparity is noted in a comparative study carried out in a US hospital, and developing countries [60]. Reference [60] concluded from the US study that the hospital's 'self-esteem medicine', a medication for anxiety and depression, was prioritised for privileged service users and very little customer care was afforded to the working class and the disabled, while the privatisation of water and utilities in Thailand and Bolivia, the two developing countries, increased unemployment and decreased service quality.

Those who favour the agency theory, which describes the relationship between one entity (the owner), who delegates tasks to others (managers), who do the task as per a mutual agreement, also widen the privatised service accessibility imbalance between privileged and unprivileged consumers [61]. This is because they side with managers to prioritise shareholders' interests, which have profit-driven motives [62].

Others argue otherwise because their explanations for stakeholder theory encourage corporate managers to look beyond shareholders' interests and use stakeholder perspectives to manage firms [63]. Stakeholders are persons who are directly and/or indirectly connected to organisations and create value for its sustainability [64]. For instance, customers who spend money on business products and services, and consume them, as well as corporate managers and executives, who play significant roles in managing business operations, are important influencers of business profitability. So, it can certainly be argued that, the relevance of the stakeholder perspective and the general society, within which firms are located, cannot be avoided in this debate.

Yet, neo-liberalism and its core profit orientation agenda have brought unwanted conflicts of interest between business stakeholders, with quality delivery issues and business failures. Reference [65] explored the service quality of a private water supply company in Pakistan and observed that the main causes of service provision failure is a conflict of interest between shareholders and managers with a contention that shareholders' profit maximisation aim undermined the managers' intentions for quality delivery. Similar variations of stakeholders' interests have been used to explain the reason for the richest 10% of the population in many industrialised capitalist societies controlling more than half of the total wealth [66].

Richardson assigns the phenomenon to the pressures that have been put on managers of private firms by their shareholders to maximise profit by any means. Relating to conflict of interests is, often, the excessive and unjustified prices for privatised services, with private institutions disregarding low-income customers and setting uniform pricing strategies for both the poor and the rich [2] which, comparatively, affects the poorest budget more than the richest.

The discourse echoes the belief that private institutions prioritise shareholders' benefits [12], while aiming to save more or to become more efficient at the expense of quality service delivery [67]. In Bolivia, for instance, water prices for poor consumers were hiked by 43% on average after the privatisation of water and electricity [68], in order to meet the expectations of shareholders. Reference [69] makes a suggestion to address such conflicts of interest that denies customers affordable prices, which is to consider service users as key stakeholders who can be involved in pricing decisions.

V. Deferred-Based Privatisation Model

The existing accounts of privatisation and its impact have shown failed quality improvement for customers, and lack of fairly distribution of efficiency benefits accrued from privatisation for service users. Economics justification for privatisation, drawing on neo-liberal market structures and technical efficiency principles [12], excludes social economic welfare and customer quality expectations. Shareholders, and its agency theory explanations for maximising profits with higher service charges, are devoid of the broader stakeholders' interests, which cover ethical values and changing human needs.

There are opposing views between private sector sympathisers and quality-enhancing customer-focused adherents, who are both caught in the privatisation debate [31]. The former supports the adoption of privatisation and the consciously planned efficiency techniques to increase operational value, while the latter is concerned about poor quality and the inefficiencies marred with the private sector provision. The evidence is clear that heavy reliance on normative economics which predicts the expected outcome of public policy, as to what the situation ought to be, at the expense of customers' everyday demand for quality which emerges unexpectedly and continuously, could create social-imbalance in service quality consumption. Quality measure absurdities and the dearth of conceptual explanations for privatisation models that address customer quality expectations remain a challenge.

Taken together, we propose that: Normative economic models, shareholders' interests and technical efficiency models which are employed to discharge privatisation, are attributes of plan-based models which are predetermined. Whereas, changing humanistic values which use deep thinking, integrity and passion to fulfil human wants; stakeholders' interests, which use ethics and multiple individual views to define service value; and customer satisfaction that reflects the expected customers' experience of consuming a service, are elements of unpredictability or emergence. This proposition is shown in Fig. 1 below:

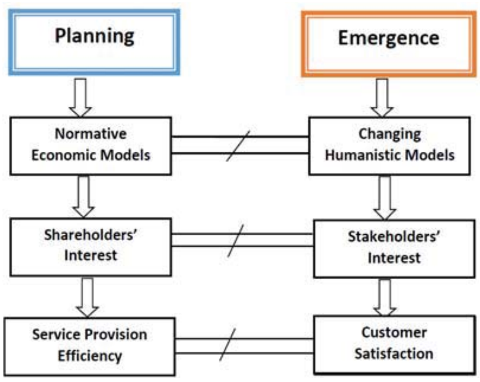

Fig. 1 Planning and Emergence

A possible explanation for integrating the distinct elements of privatisation to produce customer quality expectations is to draw on a contextual additive theory that could explicate how static and plan-based strategies could adapt to emergence. The theory of deferred action [14], [70] is not far-fetched. It is the synthetic result of relating planned action and emergence for designing complex adaptive systems [14], which describe multiple interactions of a system's elements and their spontaneous self-organisations [71]. The theory is a strategic design principle for explaining systemic emergence in rationally planned policies.

Deferred action theorises that social organisations rationally set goals and plan to achieve them, but such rational action is tempered by emergent behaviour which is unknowable. References [14], [70] state that for emergent organisations, which forms are unpredictable to be successful, their future goals, such as privatisation strategies should cater for service users' changing behaviour and the wider stakeholders' complexities. The theory has three design dimensions for adaptable system, organisation or service designs [14], which are planned action, emergence and deferred action.

TABLE I
Modality and Description [14]

Construct/modality	Description and interrelation with other modalities
Planned action	This accounts for human rationality or teleological system design. Plans are necessary for effective and efficient organisation and to build enduring structures and processes that result in some quality product or service.
Emergence	Emergence is a constant in social systems and affects and inhibits teleological system design (pure planned action). An emergence creates unpredictable situations or locale. It is sudden and unexpected and makes situations unpredictable.
Deferred action	Deferred action is the response to the effect of emergence on planned action. It is self-organising action by people. Deferred action takes place within planned action to account for emergent locale. It enables people's local interaction and response to emergence which could not be predicted when planning.

Planned action is a centrally designed strategy. It is action prescribed by conscious design and enacted regardless of actuality [14]. Planned action defines future states of systems, designs new systems and attempts to enhance existing systems, drawing on the rational acts of strategists or policy planners. As Patel argues, planned action is valuable for service or organisation design problems that can be well-structured and for solutions that can be predetermined and require explicit knowledge. But it negates emergence which is an unknowable variable of the future.

Emergence arises through interactions of agents, interactions between agents and social artefacts, and agents' reactions to the environment [72]. Emergence affects service design processes and the designed systems [14], [72]. Agents behave contextually in emergence situations. To design public service products for social consumption, which involves consumers' adaptation to supply, planned action specifications need to cater for consumers' changing behaviour which relates to quality expectations. It follows that, when planned action is affected by emergence, such as the unpredictable customers' demand for better service quality and stakeholders' demands for equitable distribution of efficiency benefits, privatised service provisions cannot be completely specified.

Plan-based models for delivering essential social services should therefore cater for the changing humanistic needs of customers, in the context of deferred action. In a changing landscape of design, planned action waits for, and is affected by, the emerging behaviour of the actual system actors, such as service users, who cause deferment points on specified structures. Any social organisation or service system design that possesses and processes the components, interfaces and data, to satisfy specified requirements, and incorporates the planning, emergence and deferred action design dimensions, is referred to as a deferred model [14].

Taking motivations from the theory of deferred action, we conceptualise a privatised public service provision as a deferred-based privatisation model. It explains how privatisation could be strategised for the emergent reality of the wider stakeholders' interests and everyday quality demands of customers which are changeable. Adding a third dimension of the deferred model, the deferred action dimension to our earlier privatisation proposition, as shown in Fig. 1, we argue that the customer quality expectations gaps in service sector privatisation could be better explained, and addressed, in context. This is shown in Fig. 2 below:

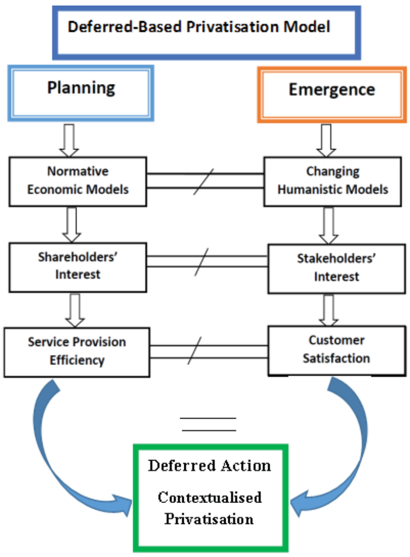

Fig. 2 Deferred-Based Privatisation Model

VI. Conclusions

The benefits of privatisation, as a public service strategy discharged through private hands, could be realised if the quality requirements of customers, which vary with time and space, are accounted for in policy formulations. Because the landscape of privatisation emerges with changing customers' behaviour and expectations, the merits of a privatisation agenda would be meaningless if it focused too much on technical efficiency models for allocating and managing resources for customers' consumption. A better understanding of customers' emergence would likely reduce shareholders' intentions for maximising profits, and encourage their motivations for meeting customers' quality needs and promoting a fairer distribution of wealth. That said, managers' entrusted to manage service provision would be able to cater for customers' affordability for privatised services in pricing decisions, and welcome the stakeholder voice in corporate management. Our deferred-based privatisation model provides a path for integrating the privatisation for profit motive and customers' everyday demand for quality in context.

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