LEADERSHIP IN STREET-LEVEL BUREAUCRACY: AN EXPLORATORY STUDY OF SUPERVISOR-WORKER INTERACTIONS IN EMERGENCY MEDICAL SERVICES

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Street-level bureaucrats operate in a world relatively free of supervision, exercising discretionary abilities often without the presence of formal authority figures or managers. Although wide latitude in decision making is a norm of frontline work, leaders may occasionally be present to supervise service provision. This exploratory research employs narrative inquiry to examine the interactions of street-level personnel and formal authority figures during service provision in emergency medical services. Results indicate that occasions for compliance and disregard for managerial directives are manifest. Compliant behavior was evident when patient clinical needs were relatively clear and the effects of the directives were reasonably consistent with the paramedic’s preconceived notions of appropriate action. Deviation from managerial directives was apparent when patient’s positive outcomes were dependent on ignoring orders. Contributions to theory and practice, as well as avenues for future research are discussed.

Key Words: emergency medical services, street-level bureaucracy, leadership
The demand for emergency medical services (EMS) in the United States has increased steadily since the advent of formal systems of prehospital care in the mid-twentieth century, with more than 36 million calls for service and 28 million patients transported in 2009 (Federal Interagency Committee on EMS, 2011). This volume of service interactions, when considered concomitantly with the intricacies and complexity of providing human services and the magnitude of the consequences of individual and organizational performance in EMS, calls for a need to identify and understand these interactions in greater detail and specificity.

Individuals engaged in EMS provision—specifically tasked with treating and transporting patients to definitive care—can be conceptualized as street-level bureaucrats (Lipsky, 1980). Past research on street-level bureaucracy has focused on several occupational areas, including law enforcement, nursing, welfare eligibility workers, and teachers (Isett, Morrissey, and Topping, 2006; Maynard-Moody and Musheno, 2003; Riccucci, 2005), on the influence of management in frontline decision making (May and Winter, 2007; Riccucci, 2005), and on concepts of leadership in street-level services (Vinzant and Crothers, 1994, 1996, 1998). These studies have established a foundation of knowledge that makes clear the importance of street-level workers in the implementation of policy, highlights the role of discretion and legitimacy in this process, and examines the relationship between frontline workers and direct supervisors. Given the substantial impact of frontline workers on actual provision of services, it is important to advance understanding of ways in which leadership and supervision can make a difference.

As with other street-level professions, EMS providers generally work in a context relatively free of formal supervision, are exposed to substantial situational complexity and contingencies, and must engage in discretionary decision-making processes with limited assistance from formal authority figures. In select cases, organizational supervisors or managers may be present to supervise direct service provision, and instances of supervisory input may result in general agreement, signaling appropriateness of rule application or adherence to professional or organizational norms, or may serve to challenge the relative autonomy of street-level EMS providers.

Considering the latter, a question naturally becomes evident: What factors may spur acquiescence with, or deviation from, supervisory directives in cases of disagreement or conflict? This exploratory research examines two cases of conflict and determines subjectively important factors that frontline EMS workers note as central in their decisions to abide by or deviate from directives. A grounded theory approach is used to examine text generated by semi-structured interviews of frontline paramedics discussing accounts of challenging or complex incidents. We first review pertinent literature on street-level bureaucracy, management of frontline employees, and emergency medical services. Next, we outline the research design and methods used to present and discuss...