Red tape for whom? Understanding the positive and negative effects of red tape for different stakeholders.

Abstract

Red tape is often considered as a concept with a negative connotation. The literature has however shown that red tape can have positive impacts as well. This study employs the understudied notion of multidimensional red tape and tries to find conditions under which regulation can be detrimental or beneficial for different stakeholders. As multidimensional red tape literature is scarce, this study extends the literature by creating a conceptual model built upon the existing framework. From 12 interviews within the highly regulated domain of healthcare, results show that the concept of multidimensional red tape is well suited to identify red tape, and to evaluate whether it is solely detrimental, beneficial or both for different stakeholders. Four cases were identified where red tape was present for specific stakeholders, but not for others. Analyzing these cases based on costs and benefits of regulation, gave insight to when rules are red tape for some, but not for others.

Master's thesis

Study: Public Governance

Date: 18-4-2020

Student: Sebastiaan Werther

Studentnumber: u1261674

ANR: 173422

First reader: dr. mr. W. Kaufmann

Second reader: dr. F. Heine

Word count: 15.397

Foreword

Before you lies the Master's thesis with which I conclude the study Public Governance. Having started this process well over a year ago, it has been intensive for certain periods, and less so for others. As the project extended throughout the summer and into the new academic year, I have had to balance my time between writing this thesis and following the courses of my second Master's study. I am proud of the final product and could not have completed this without the help and support of a number of people:

To start, I would like to thank dr. mr. W. Kaufmann for his supervision during the process of writing the thesis. His feedback has always helped me to regain my focus whenever necessary. I enjoyed the informal feedback meetings and they have been vital to complete this project.

I would like to thank dr. Heine as the second reader, for taking the time to read and evaluate my master's thesis.

A special thank you goes out to the person that helped me gain entrance to the studied organization and the staff, without your time and help, this research would not have been possible.

A major thank you to all people that participated in this research as interviewee. Your time and information has been invaluable.

My fellow students from T.H.D. Vatos, who have always supported me and with whom I have spent many hours working at the university library.

Finally, I would like to express my thanks to Ron, Jannet and Elsa, who have always unconditionally supported me throughout the process.

Table of Contents

Introduction

Less red tape equals more growth, states a recent press release by the European Commission (2018). According to the press release, red tape leads to administrative costs and imposes burdens on the EU. It is something that should be cut to streamline the EU's regulatory environment. Red tape involves formal rules, regulations and procedures, which produce a compliance burden and do not accomplish their intended goals (Bozeman, 1993). Unsurprisingly, it is a phenomenon to which most people attach negative connotations. They connect it to bureaucratic government, slow and burdensome.

Whilst the concept of red tape often has negative connotations, this is not always the case. Early work on red tape regarded the notion as not necessarily bad of itself as it could provide for protection of clients, employees and customers, it could increase accountability or reflect a sense of caring (Bozeman, Reed & Scott, 1992). Most studies shed red tape in a solely negative light, for instance, Guriev (2004) connects red tape to corruption and Bozeman (1993), when looking at its origins sees red tape as either rules that were bad from their conception, or good rules that have lost their function over time. Another example is a study by Giauque, Ritz, Varone and Anderfuhren-Biget (2011) who find a negative impact of red tape on work satisfaction.

Other work also finds positive aspects of red tape, for instance Kaufman (1977, p. 1) states that "one man's red tape is another's treasured procedural safeguard". Later, Moon and Bretschneider (2002) find that perceived red tape is not necessarily constraining in IT innovations and can even be facilitative. In addition, Brewer and Walker (2009) find that red tape can enhance performance, specifically looking at equity and quality. Bozeman and Feeney (2015) question whether perceived red tape actually is, red tape. They argue that where one might consider some

rule or set of rules as red tape, a different actor might disagree on the notion that this rule or set of rules is red tape. Can a rule or a set of rules be considered as red tape to one, and not to another? An applicant for a building permit might perceive a long process of filling in forms as red tape, but the public official responsible for spatial planning and approving the permit might see these forms as important information. Sketching this perceptional ambiguity, it can become difficult to determine whether something can be considered as red tape.

Red tape and especially its stakeholder variant remains an understudied area (Bozeman and Feeney, 2015). This study aims to shed more light on the conditions under which red tape can be beneficial for one stakeholder and detrimental for another. This concept includes a weighing of both costs and benefits of rules for different stakeholders where a certain threshold must be exceeded for a rule to be become red tape. The multidimensional red tape concept is thus far not researched empirically. For this reason this study uses an exploratory approach, carefully analyzing the dimensions Bozeman (2012) adds to the concept, but also introduces underlying concepts, most importantly the costs or benefits relating to compliance, implementation, objectives and values. Previous research on the costs and benefits of red tape has focused on bureaucratic structures and the influence of gender (Roth & Sonnert, 2011) and on the national policy level (Keyworth, 2006). This exploratory research aims to contribute to the debate by relaying this topic to the area of local healthcare, leading to the research question for this study: under what conditions is red tape detrimental for one stakeholder, but beneficial for another?

Because of the largely unexplored area of multidimensional red tape an exploratory study is most appropriate. An interview study was conducted within one department in an organization within highly regulated healthcare sector. For validity the four-point sampling scheme by

Robinson (2014) is employed. Using thematic coding based on the main multidimensional red tape concepts, an analysis has been performed on the data from the interviews.

The following section consists of an extensive literature review on red tape and goes into detail on key elements of the notion, as well as various research angles and operational definitions used in red tape studies. This section will also go more into depth on the largely unexplored area of multidimensional red tape used in this study and provides a conceptual model. The research methods employed in this study will subsequently be further explained and validated. Results from the study were gathered and coded based on the literature. The final section concludes the research and provides possible new research themes within the multidimensional red tape context.

Red tape literature, current state and limits

In this section the theoretical work on red tape is covered. It starts with a general introduction and moves on to one of the more studied areas of red tape: organizational red tape. As organizational red tape solely focusses on the organizational level, the need for a multi-actor perspective led to the introduction of the stakeholder red tape concept. Because stakeholder red tape also has several limitations, Bozeman (2012) introduced the notion of multidimensional red tape. The final paragraph of this section delves into this.

Foundations of red tape research

Red tape is commonly associated with rules, regulations and the burdens these pose. Generally, when red tape is discussed within the public sector, efforts are being made to reduce its impacts. For example on the European level, the Organisation for Economic Co-operation and Development (OECD) has released a series of publications on cutting red tape. In these publications it advices the national governments in the EU on strategies to reduce negative red tape impacts (OECD, n.d.). A press release by the German Federal Government states that for a new rule to be implemented in a business, another will have to go in order to reduce compliance costs (Bundesregierung, (n.d.). In the United States, a subcommittee of the department of Homeland Security and Governmental Affairs (HSGA) has launched a webpage where citizens can report instances of red tape that have adversely impacted their businesses (HSGA, n.d.). These organizations deem red tape as solely negative using terms like "regulatory burden" (Bundesregierung, n.d.), "heavy administrative burdens" (OECD, n.d.) and "regulations that have hampered economic opportunities" (HSGA, n.d.). Popular usage of the term seems to exclude the potential benefits of red tape, which scholars in some instances have identified.

One of the first scholars to explicitly address red tape was Herbert Kaufman. As early as in 1977, Kaufman dedicated a book to the phenomenon (Kaufman, 1977). Although Kaufman gives characteristics and examples of red tape, he does not provide a definition of the notion. Kaufman coined the discussion on the value of red tape stating: "it is people's perceptions of government constraints, not objective measures of reasonableness, that leads them to attack some constraints as red tape" (Kaufman, 1977, pp. 5). Kaufman was convinced that an individual's perception of red tape determined the way one views red tape as good or bad. Recalling the example of the building permit, filling in forms is regarded as red tape to the one applying for the permit, whereas the clerk in charge of handling the forms regards it as vital to his effort. It was not until over 15 years later that an attempt at theorizing the concept of red tape came into being.

This first general theory looking at the origins of red tape was developed by Bozeman (1993). He states that red tape is related to formal rules, regulations and procedures, which are created by individuals from their official mandate. These rules have been either bad rules from their conception, or rules that have turned bad after the passage of time. They are both ineffective and produce a compliance burden. In total, he presents thirteen ways in which rules are either born bad or have seen their function mutate to dysfunction. Bozeman (1993) created a framework to deduct the origins of red tape. He shows that red tape can originate internally in an organization, or externally from an organization. In addition, its effects can also have either internal or external implications.

Because of its negative connotations in popular usage, Bozeman (1993) takes a pathological view of red tape, relating this to how the concept is often viewed as negative in practice. His second argument to take a negative view of red tape relates to the existence of the concept of formalization, which deals with regulations and rules without the negative aspect to it.

In this sense red tape is excluded from being effective regulation, as it would then be formalization. The final argument Bozeman proposes, counters Kaufman's statement of red tape being a burden for one, but a haven for another. Bozeman (1993) finds it reasonable to suggest red tape as subject dependent and that rules and regulations can vary in their impacts.

Red tape should be distinguished from the concept of formalization, as the latter merely points to the number of rules in an organization, regardless of them producing a compliance burden for the organization (Kaufmann & Feeney, 2012). An ongoing discussion is whether the concept of administrative delay completely captures the notion of red tape. Kaufmann and Feeney (2014) disentangle these concepts by stating that administrative delay, other than red tape, can also capture more informal procedures such as norms and priority setting. This does not match the description of red tape by Bozeman (1993), who breaks down red tape as inherently bad, but also as solely formal rules, regulations and procedures.

Organizational and stakeholder red tape

Red tape can be studied from different angles. The most common concept of red tape researched thus far has been organizational red tape. Organizational red tape, unsurprisingly, focuses on the concept of red tape from an organizational standpoint (Bozeman, 2012). This implies that the rules, regulations and procedures that are in effect and deemed red tape, produce a compliance burden for the organization as a whole and do not work towards the objective of the rule, regulation or procedure (Bozeman, 1993). For instance Pandey, Coursey & Moynihan (2007) find that red tape negatively affects organizational effectiveness when located in human resource systems and information systems. A study by DeHart-Davis and Pandey (2005) looks at alienation in the public sector and finds that red tape makes public managers feel less psychologically attached to their workplace. The organizational concept of red tape is well-studied because of its relatively

accessible operationalization compared to the other concepts of red tape explored below. It takes a single viewpoint, being the focal organization studied. Red tape in this context only entails formal rules, regulations and procedures.

The organizational red tape definition has however, some limitations. The concept for one, does not distinguish between intra-organizational actors nor does it take into account other perspectives on what is deemed red tape for the focal organization. It assumes the organization as a single entity. Bozeman (2012) who later reviewed his own work, lists some further limitations. The concept is restrictive in the sense that solely focuses on bad rules, rather than assessing all rules. Secondly, the concept is difficult to apply, because stating the objective of a rule explicitly is very uncommon. The objective is often implied, but correctly deducting the implied objective of a rule can be a difficult task in and of itself. His third argument targets the single organization viewpoint. The range of a rule can lay well beyond a single organization, thus it creates a multitude of actors involved and a variation of perspectives on the rule. Finally, rules often have multiple objectives, which can even be contradictory. It may even be so that rules originating from different organizations stack up although having different objectives attached to them.

Acknowledging that organizational red tape did not capture all of the elements of red tape, Bozeman (1993) also introduced the concept of stakeholder red tape. Similar to organizational red tape, this concept involves four dimensions: (1) it relates to formal rules, procedures and regulations, (2) which are in effect (3) and produce a compliance burden, (4) but do not work towards the objective of a rule, but adds another, (5) of a specific stakeholder. This means that what is red tape for one, might be functional for another. Stakeholder red tape is difficult to study because of its subject dependency (Bozeman and Feeney, 2015) and the potentially high number

of stakeholders (Kaufmann & Tummers, 2017). Because of this, research in this area is more uncommon than in that of organizational red tape, which deals with a single stakeholder.

Some authors did address elements of stakeholder red tape. Feeney and Bozeman (2009) placed the stakeholders partly outside of government. They studied the difference between government's red tape perspective and that of their contracting consultancy firms. The before mentioned study by Brewer and Walker (2009) examined red tape within organizations taking managers as the stakeholder. Using the same "internal stakeholder" perspective, Davis (2012) looked at the effects of unionization on the perception of red tape. As Walker and Brewer (2008) conclude, a lot of red tape research has focused on middle and upper management levels, but the perspective of the front-line worker has often been ignored. Van Loon, Leisink, Knies & Brewer (2016) move even further within the internal stakeholder perspective stating that the perceptions between employees can also vary.

The stakeholder perspective on red tape sparks discussion on whether red tape is inherently bad. It is not impossible to imagine situations in which red tape may be perceived by a single stakeholder, whereas the same rule might not yield a compliance burden or even be beneficial for a different stakeholder, relating back to Kaufman's (1977) argument. Several empirical studies look at the effects of red tape and see either positive, negative or mixed results. For instance, Moon and Bretschneider (2002) examine whether red tape constrains IT innovations in organizations. They view red tape as transaction costs and when it is identified in an organization, it should be addressed. Interestingly enough, their study shows that the mere existence of red tape within an organization can spur IT innovations as the organization seeks ways to reduce their transaction costs. Ciccone and Papaioannou (2007) look at the connection between entry in industries for businesses in 45 countries and red tape. Their main finding is that less red tape, which they view

as needless and time-consuming procedures from government, leads to more entries in industries which experienced a global rise in demands. Brewer and Walker (2009), having mixed results, find that red tape stemming from inside an organization can lower performance within the organization. At the same time, they find that red tape originating from outside the organization can actually increase the organization's performance.

Scott (2002) delves deeper into this discussion and sets out various views. He points out that early red tape work used to focus on its perceptual aspects and that a later vein of research took a different view. Some amount of red tape could in this later view be seen as something, which can be overcome or even be preferred by individuals (Scott, 2002). In the first line of thought, red tape is perceptual in the way that red tape for one does not mean it has to be red tape for another. In this view, the concept of red tape can be positive, although not for all actors involved. The latter view sees red tape itself as objective and argues that different perceptions of red tape are actually the result of individual conditions. Red tape from this perspective is inherently negative, but individuals perceive it differently for themselves. If the amount of red tape were to be objectively measured as low, individuals could still perceive it as high amounts of red tape or vice versa (Scott, 2002).

The stakeholder red tape concept unfortunately also has various limitations which Bozeman (2012) addresses. First, empirical red tape research has evolved mainly through survey data collection, focusing primarily on global red tape and less on stakeholder interactions. Because questionnaires gather global data it thus becomes increasingly difficult to filter out specific stakeholder opinions on specific rules. Less methodologically, the concept of stakeholders also involves other issues. It can be difficult to identify the range of stakeholders that are affected or affect a specific rule or regulation. Finally stakeholders are not necessarily homogenous groups.

Considering one group as a specific stakeholder can blur out within-group differences. Because of the limitations of both organizational red tape and stakeholder red tape, Bozeman (2012) proposes a new form of red tape: multidimensional red tape, which is explored in the following paragraph.

Multidimensional red tape

The conditions under which red tape exists and specifically when it proves detrimental for one stakeholder, but beneficial for another have yet to be explored. This is also why Scott and Pandey pose the question: "under what conditions should cut-through behavior be viewed as legitimate and when should cut-through behavior be discouraged?" (Scott & Pandey, 2000, p. 631).

Bozeman (2012) proposes the concept of multidimensional red tape which proves helpful in this investigation. Multidimensional red tape is defined as: "rules, regulations, and procedures that remain in force and entail a compliance burden for designated stakeholders but whose contribution to stakeholders' objectives or values is less than the compliance and implementation resources expended on the rule" (Bozeman, 2012, p. 257). The concept overcomes the restrictiveness of organizational red tape as it diverts away from the traditional area of concerning solely ineffective rules by relaying the focus to the quality of all regulation. It takes regulation as the starting point for red tape research and weighs its costs and benefits. By looking at perceived rule effectiveness it determines whether red tape is encountered by specific stakeholders.

Bozeman (2012) gives four reasons why the multidimensional red tape concept is better suited than its organizational and stakeholder predecessors. Starting, stakeholder red tape related only to stakeholder's objectives which are often not explicitly stated or difficult to determine. Multidimensional red tape tries to overcome this issue by including stakeholders' values which are more easily made clear. Second, multidimensional red tape includes a threshold of red tape which weighs costs and benefits, before determining a rule as red tape. Costs in this respect must

exceed benefits for a rule to become red tape. Third, by seeing red tape as not entirely useless it deviates from the organizational definition of red tape. The threshold implies that there are different levels of red tape. When a rule dives beneath the gradient, it could sink further as costs and benefits strive even further apart. Finally, the multidimensional red tape concept, other than its predecessors, includes a time factor. Where the other concepts involved either rules born bad, or rules evolving into red tape, the new red tape notion is, theoretically, better suited to pointing out these changes in rule evolution. The concept explicitly denounces red tape as solely ineffective rules, but focuses on the quality of the rules in question.

The concept weighs both potential costs and benefits of rules for all stakeholders before making a claim to red tape. Only when both compliance and implementation costs outweigh the contribution a rule might make to stakeholders' objectives or values can it be deemed red tape. Costs being either compliance costs stemming from a rule or implementation costs arising when bringing a rule into effect. Red tape can have benefits when the rule in question contributes to either the objective or values for one stakeholder, but not for another.

For red tape to be beneficial and still be red tape, it can only be viewed from a stakeholder perspective. The concept of multidimensional red tape thus builds on the stakeholder notion of red tape. Multidimensional red tape includes the dimension of time as the objective for which a rule is created can change over time. Bozeman (2012) states that the objective of a rule does not have to be the same at the rule creation, implementation and impact stages. Stakeholders may see different objectives and values in a rule, which can change over time. As long as these stay above the red tape threshold of weighted costs and benefits the rule still serves a purpose for that specific stakeholder. This is further illustrated in figure 1, which looks only at a rules' contribution to stakeholders' objectives. From the figure it becomes apparent that what was once a valid objective

of the rule in question in time period 1 for a stakeholder S_j, as time passed and the stakeholder's perspective on the objective changed, the objective lowered beneath the red tape threshold in last time period. As the rule dived under this threshold stakeholder S_j now perceives it as red tape as costs exceed the benefits in relation to the objective of the rule.
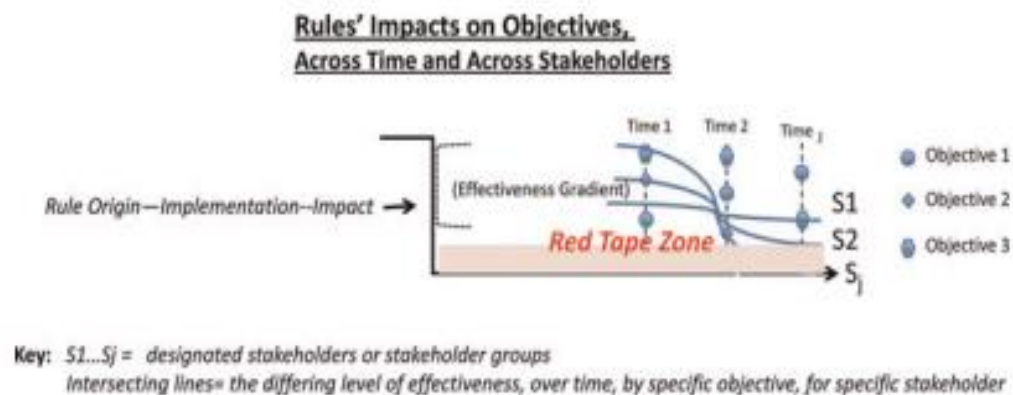

*Figure 1.*The impact of rules on objectives. Adopted from "Multidimensional red tape: A Theory coda," by B. Bozeman, 2012, *International Public Management Journal, 15,* p. 257.

Multidimensional red tape has promising aspects which might overcome the issues of the previous red tape concepts. The concept as is however, requires that boundaries are drawn as it is more demanding of researchers than previous red tape concepts (Bozeman, 2012). Although Bozeman introduces a new red tape concept and a division between costs and benefits of rules, no operationalization is provided as to what these costs and benefits these entail or when a red tape threshold might be breached. This is where this study aims to contribute to the multidimensional red tape theory. In addition, this study uses these concepts to find conditions where rules become red tape for one stakeholder, but not for another. The four dimensions: compliance costs, implementation costs, benefits to stakeholder objectives and benefits to stakeholder values, of multidimensional red tape by Bozeman (2012) are used as the starting framework. As red tape

theory can be scarce on these dimensions can imply, theory from different fields has been consulted to fill in existing gaps. Adding to the existing framework by Bozeman by delving into neighboring literature leads to the conceptual model used for this study. The following four sections each extend one of Bozeman's concepts, table 1 provides an overview of the full conceptual framework.

Compliance costs

Bozeman (2012) explicitly states that costs and benefits do not necessarily imply monetary values. Some costs and benefits of rules can be monetized, others are more difficult to capture. Because of the demonetarization of compliance costs, they can also be viewed as compliance burdens. These burdens are generated for a specific stakeholder as he or she must comply with a certain rule, regulation or procedure. As van Loon (2017) illustrates, compliance burdens refer to both the actual effort and time which is spend as adhering to a certain rule. Compliance burden often relates to paperwork (McGregor-Lowndes & Ryan, 2009) which can deviate attention from the primary tasks of an employee. Van Loon (2017) shows that compliance burden is related to the output delivered by work units in healthcare. She finds that compliance burdens take time and resources away from fulfilling regular tasks like client interaction in this domain.

Compliance costs are a common phenomenon in business and tax literatures and are referred to as the monetarized costs taxpayers carry in fulfilling their tax obligations (Tran-Nam, Evans, Walpole and Ritchie, 2000). An important distinction made here, is the difference between social compliance costs and taxpayer compliance costs. Relating this to the area of red tape one could in theory, identify social compliance costs and personal compliance costs stemming from a rule. Whereas personal compliance costs are directed at a single individual, social compliance costs are directed at a group of individuals or society as a whole. When personal compliance costs are abundant, they could become social compliance costs. Take for example an individual

encountering highly technical requirements filling for a subsidy, and deciding the compliance burden is too high and opt-out. For a single individual this would raise his compliance costs, but if many individuals encounter this issue, this could be a social compliance problem. The issue here could be that several individuals and organizations with public goals will never lift off, or might have to cease their activities resulting in social degradation. Other examples are easy to find. A high social compliance burden could negatively affect tax agency effectivity, as well as pose unnecessary fines and burdens on citizens through complex tax requirements.

A different compliance cost is encountered in the area of political science. Schimmelfennig, Engert and Knobel (2003) look at the impact of conditionality for non-member states in the European Union. They find that political compliance costs can be high at the domestic level of the non-member states and have a potentially distortive effect on the effectiveness of conditionality. Again relating this to the area of red tape, this type of compliance costs is theoretically, not unthinkable. Within an organization, especially one with a horizontal power structure, complying with rules from one powerful actor might decrease political capital from another actor. Complying with the rule would in this case be considered a cost for an individual. In sum, the existing literature has shown that three kinds of compliance costs can be identified: personal costs, social costs and political costs.

Implementation costs

Red tape can be present throughout the policy process, also in the implementation phase (Moynihan & Herd, 2010). Often, implementation costs and compliance costs are situated at different stakeholders (Bozeman & Feeney, 2015). Implementation costs are costs for the regulator, wanting to impose rules and regulations on another, whereas compliance costs are suffered by the ones dealing with implemented rules and regulations. Within an organization this quickly relates

to the principal-agent relationship between management and front-line worker (Blom-hansen, 2005). Implementation costs will likely be for the manager. The implementation of rules is not always straightforward. In paraphrasing Manning, Bozeman and Feeney (2015) state that the interpretation of rules is dependent on social context and outcomes can vary if the social context differs. Differences in implementation can thus result in higher or lower implementation costs in relation to the objective of a rule. Most rules are not self-implementing (Bozeman & Feeney, 2015) and thus imply an implementation cost.

Policy implementation literature provides some further insights in the costs of implementation. Matland (1995) in a widely quoted article, distinguishes between four types of implementation. He grids the four types on a high/low spectrum using the dimensions of ambiguity and conflict. A division is made between ambiguity of goals and ambiguity of means (Matland, 1995). The former relates to differences in perspective and / or a lack of clarity of the actual goals of a policy, whereas the latter refers to limitations in understanding in how to tackle specific policy problems. Furthermore ambiguity adds vagueness to rules and regulations as their objective becomes unclear and it leaves room for discretion at the level of the regulator (Vermeule, 2015). Conflict and potential power struggles have the ability to distort the effectiveness of rules and regulations as rules may lose weight as a result of compromises between regulators or because of a lack of support. Conflict at policy level is often a result of incompatible values between parties which can be difficult to solve with financial compensation (Matland, 1995). Where both conflict and ambiguity are low, one would expect regulations and rules stemming from this process to be low on red tape at their birth, but where this is not the case, one can argue that conflicts of interest and high ambiguity might result in a larger presence of red tape. Power struggles have the potential

to distort the effectiveness of rules and regulations as rules may lose weight as a result of compromises between regulators or because of a lack of support.

In addition to the two dimensions by Matland, a third dimension is added by Hill (2003) which constitutes of implementation resources. The term resources is used by Hill (2003) not in the way of traditional resources, but as human resources. Human resources in this form consist of expertise on the one hand and authority on the other hand. Having expert staff with the legitimate claims to knowledge can theoretically reduce implementation costs. Conversely, lacking expert staff might increase implementation costs. In total three kinds of implementation costs were identified: the cost of ambiguity, the cost of conflict and the availability of human resources.

Benefits to stakeholder objectives

If a rule contributes to the objective of a stakeholder, it can make performing their tasks easier and it potentially increases their effectivity. Stakeholder objectives however, are also liable to change over time (Bozeman, 2012). Some useful insights can be deducted from the relatively new field of green tape, a theory looking at effective rules. The effectiveness of a rule is dependent on technical proficiency as well as stakeholder cooperation (DeHart-Davis, 2009). Technical proficiency points to the way rules are designed and implemented in a way that they achieve their objective. DeHart-Davis (2009) states that stakeholder cooperation is the ease with which stakeholders enforce, explain or comply with the requirements of rules. Both technical proficiency and stakeholder cooperation result in rule abidance. Introducing green tape, DeHart-Davis, in a different article, defines five criteria of effective rules (DeHart-Davis, 2008). She theorizes that written rules, valid means-ends relationships, the absence of over-control, consistent appliance and understanding of rule purposes all foster the effectiveness of a rule. Whilst these criteria of themselves do not cover

the how stakeholder's objectives might be reached, they do each imply certain benefits which can contribute to stakeholder goals.

The criterion of written rules provides the benefit of clearly defined power limits by regulators, as well as legitimizing their conduct. The second criterion DeHart-Davis (2008) mention is that of valid means-ends relationships. Valid means-ends relationships are beneficial because they allow for logical working processes as rules and regulations actually achieve their intended goals. Third, optimal control as a criterion for 'good rules' primarily contributes to efficient achievement of rules' objectives as a minimum of constraint is pursued and as few as possible resources are wasted (DeHart-Davis, 2008). Optimal control can thus be seen as both a criterion and a benefit of strong rules and a minimum of constraint helps stakeholders pursuing objectives. Consistent rule application being the fourth criterion ensures equal treatment to those on whom a rule or regulation is applicable. Therefore consistent rule application contributes to stakeholder objectives by providing procedural fairness. The final criterion by DeHart-Davis (2008) is that rule purposes are understood by stakeholders. Its main benefit is that it allows those working with rules to comply with the rules' intentions, more so than simply 'following orders'. It makes a goal more meaningful and creates a shared understanding between different stakeholders. Summarizing, the following factors might contribute to stakeholder objectives: power limits, process logics, optimal control, procedural fairness and shared understanding.

Benefits to stakeholder values

Aside from rules contributing to a stakeholder objective, a rule might also be adhere to stakeholder values. Values are beliefs of a desirable state, transcending specific situations, which guide or evaluate behavior, humans or events, and are ordered in a specific arrangement of priorities (Schwartz, 1992). Already in the 1970's Buchanan (1975) connected red tape to values, which he

dubbed public sentiment. Giauque et al. (2011) summarize personal needs individuals want to fulfill through their work. Fulfilment of these needs leads to motivation. In their study they find that red tape is the most important predictor of resignation. DeHart-Davis and Pandey (2005) find that alienation from the workplace is one effect red tape can have on employees.

Other work has also focused on the concept of public value (Bennington & Moore, 2011). Differing from personal values, the public value concept involves a public good being pursued by organizations with a public goal. Some important distinction must be made between public value and public goods however (Bryson, Crosby and Bloomberg, 2014). Public goods are known as non-rival, non-excludable goods and services. Public values include remedies to market failure beyond the provision of public goods and also include institutional arrangements. Secondly, public values are outcome based, rather than output based and thirdly, following Meynhardt (as cited in Bryson et al., 2014), the valuation of public values are attached to individual experiences.

An organization, approached from the public value angle, is not seen simply as an entity responsible for rule making, but as one ensuring that it creates value for society. Public managers are not passive servants of the politically powerful, but actively seek to contribute to the creation of public value. Public value itself is the outcome of strategic choices based on having authorization and thus legitimization, but also the availability of operational capacity (also referred to as the strategic triangle, Bennington & Moore, 2011). Bozeman (as cited in Bryson et al., 2014) states that if both market and public sector fall short on achieving public value, it is possible to speak of public failure. In red tape context, rules, regulations and procedures have the potential to add to public or personal values even when they do not directly correspond to the stakeholder objectives. As with objectives, stakeholders can have different values which can overlap,

contradict or barely touch upon each other's area of effect. Two kinds of values were distinguished in the literature: personal values and public values.

Table 1
Multidimensional red tape conceptual model

Costs		
Compliance costs	Personal costs	
	Social costs	
	Political costs	
Implementation costs	Costs of ambiguity	
	Costs of conflict	
	Resource availability	
Benefits		
Stakeholder objectives	Power limits	
	Process logics	
	Optimal control	
	Procedural fairness	
	Shared understanding	
Stakeholder values	Personal values	
	Public values	

Methodology

Most of the existing studies on red tape take a quantitative approach or employ a multimethod study (van Loon et al., 2016; Pandey et al., 2007; Bozeman & Feeney, 2015). Bozeman and Feeney (2015) call for more exploration on the topic by means of qualitative research. Explorative studies try to explain a certain phenomenon (Gabrielian, Yang & Spice, 2008), in this case the conditions where red tape can be positive or negative for different stakeholders. Qualitative research has a main advantage in comparison to quantitative research. Instead of being bound by existing theories, it can help develop new theory (Gabrielian, et al., 2008). Because of operationalization problems, the stakeholder red tape perspective has lacked attention in the red tape literature (Bozeman, 2012). The multidimensional perspective on red tape however, has received even less attention even though it contains four dimensions which can be used for a variety of studies. Exploring these concepts empirically and aimed at theory building might provide an incentive for further research on multidimensional red tape.

In accordance with previous red tape literature an interview study is conducted (Watkins-Hayes, 2011; Mehrenberg, 2013). Interview studies provide insight into the personal experiences of those who are interviewed and thus the human condition in specific situations (Weiss, 1995). Formally, interview studies are structured by starting with choices regarding an interview sample, followed by the actual interviews and end in analysis. In practice however, these steps are often intertwined as interviews provide information which can influence choices regarding future interviews (Weiss, 1995). Choices regarding sampling and the coding scheme used for data analysis are explained below. The method is applicable in this study because of the importance of different perspectives on specific rules and regulation within the context of red tape. This is

evidently the case with multidimensional red tape, whose underlying dimensions are yet to be approached empirically and require more exploration.

The interviews were semi-structured to add to the existing theory by means of exploring the understudied area of multidimensional red tape by establishing whether the theorized costs and benefits were encountered in practice, and identifying potential new concepts. The concepts were then used to find instances of where red tape was detrimental for one stakeholder and beneficial for another. These instances were analyzed so that the cases could be generalized. To ensure validity, the four steps on interview sampling by Robinson (2014) were followed. Table 2 gives an overview of all steps and their implementation in this study.

Choosing interviewees

First, Robinson (2014) defines the sample universe. To define the target population, inclusion criteria, exclusion criteria or both must be defined. The organization chosen for this research is set in the domain of healthcare in the Netherlands, an area known for its many rules and regulations (Van Loon, 2016). Evidence of existing red tape in this sector is evident as the Dutch government recently started a deregulation plan in this area (Rijksoverheid, 2018). A single department of one large healthcare organization is the element under study.

Secondly, the sample size has to be determined. The choice of the size is both dependent on theoretical as well as practical considerations. Research shows that data saturation occurs within the first twelve interviews (Guest, Bunce & Johnson, 2006). Following Guest and colleagues (2006), twelve interviews have been conducted.

In the third step, Robinson (2014) goes into the selection of a sample strategy. Stratified sampling best suits the purpose of this study as it lets the researcher select groups or cases which

must be included in the final sample. This study takes an internal approach to the concept of stakeholders, thus identifying two layers of stakeholders in a single department within one organization similar to Walker and Brewer (2009). This results in the inclusion criterion of being an employee in the organization under study. The layers in the organization are divided by the natural hierarchical bureaucracy present. One layer represents the front-line worker, who is in direct contact with the client, or patient. The other layer represents the management within the department.

Finally, the last step constitutes of the selection of interviewees. The actual recruitment of participants in this study has been done using snowball sampling. Snowball sampling is a technique often used in qualitative research. It starts with one or more individuals chosen from a finite population who are interviewed and later asked to name other individuals in the population who will then be approached for an interview (Goodman, 1961). These new individuals will also be asked to name others within the population who fit the population description. This process continues until the sample size reaches saturation. For this study a single manager within the department has been approached as a starting point. A total of 7 front-line workers and 5 managers were interviewed.

Table 2
Qualitative sampling steps

Step	Content	Boundaries
1	Including criteria, excluding criteria or both	Single organization within healthcare sector
2	Choosing the sample size	$n = 12$
3	Selecting a sample strategy	Stratified sampling equally between two layers within department
4	Recruitment of participants	Snowball sampling, starting from a single manager

Interviewing and coding

To receive meaningful responses from interviewees, interview questions have been carefully constructed (See appendix A). Interview questions differ from research questions as they should promote conversation and should not be mechanical (Castillo-Montoya, 2016). Multidimensional red tape diverts from the notion of solely negatively impacts from regulation, and focuses on costs and benefits of rules in general (Bozeman, 2012). For this reason interviewees were not directly asked questions on red tape, but rather about costs and benefits of regulation within their own organization and department. In addition this helps is counter potential difficulties that might arise as respondents were found to report higher levels of red tape when a definition of the term is provided (Feeney, 2012), and because researchers and practitioners employ different interpretations of the term (Borry, 2016).

In the current study, two introductory questions were asked in which interviewees were required to briefly expand on their activities and the prominence of rules within their work. The introductory questions were followed by into depth questions, prepared to guide interviewees

towards the four predefined main themes, depending on responses, those not yet covered through earlier conversation, were asked. Because of the nature of semi-structured interviewing, not all questions were asked in all interviewees, consequently in some interviews, additional questions were asked. The interviews were rounded off with a general question asking interviewees for suggestions on improving the effectiveness of rules within their own or a similar organization. The reason for this final question was to see what benefits interviewees saw as most important for rule effectiveness and which have the greatest potential to keep regulation from crossing the multidimensional red tape threshold.

The interviews were conducted between June 11, 2019 and August 21, 2019. On average, the interviews lasted for 38 minutes and 15 seconds. An overview of the pseudonymized interviewees can be found in appendix B. After the data collecting phase was completed, data was structured through thematic coding based on the four dimensions of multidimensional red tape: compliance costs, implementation costs, and benefits to either stakeholders' objectives or values. Thematic coding applies preset codes to find specific elements of responses in context of the study (Gibbs, 2012). As this study aims to identify conditions in which red tape can produce both positive and negative effects, the dimensions of the multidimensional red tape conceptual model are well suited to act as themes for the coding process.

The dimensions are split into two groups, being either costs or benefits. The main themes used for coding are: compliance costs, implementation costs, objectives and values. Within these main themes, the specific concepts relating to each of these themes as defined in the literature review have been employed as subthemes (table 1). The subthemes were yet to be explored within the multidimensional red tape scope, but have been used in organizational and/or stakeholder red tape context, or have been drawn from neighboring research areas such as green tape, law, public

values and social psychology. Whilst conducting the interviews, additional subthemes were encountered as described in the results section.

After all costs and benefits were identified, the concepts were used to generalize situations were red tape for one stakeholder, was not red tape for one or more other stakeholders.

Results

This section delves into the results stemming from twelve interviews conducted within the domain of healthcare. The first subsection describes to what extend the theorized and untheorized costs and benefits of rules that can work towards or away from the multidimensional red tape threshold, relate to an actual organizational setting by looking at specific rules which are in force in a healthcare organization. For a complete overview of the conceptual model with all features added see appendix C. In the second subsection the identified costs and benefits are used to identify cases where rules are red tape for one or multiple stakeholders, but can be beneficial for others. Generalization of such situations can then be applied using the predefined costs and benefits. The final subsection provides some first insights into potential effects of regulation over time.

Costs

Each of the conceptualized costs relating to the multidimensional red tape concept were to an extent encountered during the interviews. Power limits, theorized to be mainly beneficial, in some cases also lead to costs for stakeholders. In addition two new costs of regulation were identified which have the potential to result in red tape: costs arising from the organizational culture within an organization and monitoring costs.

The first of the costs are *personal costs*, which are costs borne by a single individual and which are directed specifically at this person but are derived from specific regulation. All interviewees confirm in some way experiencing personal costs associated with regulations. The burdens posed often consist of perceived ineffectiveness of a rule, making it difficult for the person in question to adhere to it. An often expressed feeling regarded regulations consisting of continuous repetition of mundane tasks like filling in checklists. These tasks take up large amounts

of time for both nursing staff and specialists as they require direct patient contact and forms that can only be filled in and passed along the chain of processes if all boxes have been checked. One interviewee added that having to continuously fill in the same forms gave her the feeling that her expertise was being questioned and said that "even if you know you have the right expertise, know what to pay attention to, it can seem belittling when you are required to fill in a checklist" (Interviewee 3, personal communication, June 12, 2019).

Personal costs make it difficult for individuals to adhere to rules because of their individual problems concerning specific regulation. For example one interviewee stated: "I find it very hard to adhere to a rule which I do not agree with" (Interviewee 6, personal communication, June 20, 2019). In this way personal costs can potentially negatively impact rules towards the red tape threshold.

The second category of costs consists of *social costs*. Social costs are negative impacts which are directed at society as a whole or at certain groups in society as a result of specific regulation. Both front-line workers and managers agree that patients can be at the receiving end of regulations. This can result directly from regulations, or indirectly because regulation put too much strain on medical staff. For example the checklists prior an operation require time and commitment from staff and are sometimes checked without consulting patients, three front-line workers stated. This increases the risk of so called "left-right interchanges". These left-right interchanges happen when a medical procedure is performed on the wrong body part. These can have huge implications for patients and also greatly increase (public) financial costs. An example of direct social cost for patients in the Netherlands was made by a manager who explains that:

"Sometimes we work with superior standards than those that are internationally used, these may be very safe worldwide, but if we work with a better system locally, that

does not fully comply with the international standards, we sometimes have to go back to rules which we do not fully support" (Interviewee 9, personal communication, June 21, 2019).

A different manager giving an example of indirect social costs stemming from strict regulation explained that:

"The financial structure and regulations of insurance companies are too diverse and fragmented […] they do not care about job satisfaction from a caretaker point of view […] treatments get cancelled when applications are not filled in according to the right procedures" (Interviewee 10, personal communication, June 21, 2019).

As society gets burdened by these rules, rule effectiveness goes down and rules can approach the red tape threshold.

Political costs arise when actors complying with a rule face negative consequences from their peers or even their superiors. Individuals get forced to make choices between adhering to a rule or maintaining / strengthening personal relations with coworkers. In this specific case these costs arose when front-line workers had to address other medical professionals in a reversed formal hierarchical relation on complying with rules.

Three interviewees each named the specific example of front-line workers tasked with addressing medical professionals on wearing clean overcoats if they left the operation room (OR). This created tensions as the professionals did not see the need for this especially if they only left for a short amount of time or would leave for home immediately after a final patient visit. One frontline-worker compared her work to that of a policeman, constantly having to account others for their behavior, another said that at one point a mannequin was placed wearing an overcoat

because addressing medical professionals lead to heated discussions. Although these front-line workers were formally required to follow the procedure, the issues that arose from complying with the rule lead to one front-line worker no longer following the rule, and one manager saying: "it is an ongoing battle, there are many nurses and secretaries who no longer address specialists, and I get it, you get snapped at" (Interviewee 8, personal communication, June 14, 2019).

When rules no longer get followed because of the potential conflicts they might produce, they lose their effectiveness. This finding is in line with what Schimmelfennig et al. (2003) find on a much larger scale in the European Union concerning conditionality.

As first of the implementation costs, *ambiguity* has the potential to lead to wrong interpretations of rules or responsibilities by staff. The costs are carried mainly by those implementing regulation and are a result of rules lacking clarity. For example, one front-line worker noted that often checklists prior an operation were not filled in by medical specialists as it was unclear who was responsible for them. A different front-line worker expressed concerns about patients drifting through the organization because of a lack of a uniform take-in process. This eventually resulted in patients appearing at the wrong departments and leading to extra work for the front-line workers tasked with directing them to the right department.

These examples are similar to what Matland (1995) refers to as ambiguity of means, although the goals are not contested, the means to get there are ambiguous and not understood by all. One particular form of ambiguity was observed as the organization has a policy in which most regulation has to be evidence-based, meaning research has to be conducted to conform its effectiveness. The problem this created, according to two managers, is that medical professionals in certain cases no longer followed non-evidence based rules. Another manager stated that especially regulation stemming from external sources can be difficult to explain to staff because

certain international standards are less applicable to the local situation. The previous two examples relate to the concept of ambiguity of goals (Matland, 1995), as in the first example, medical professionals no longer see the need for non-evidence based regulation. In the second example, international goals differ from those at a local level. The above examples show that ambiguity can reduce rule effectiveness at the implementation level of a rule, as personnel can get confused about tasks and responsibilities.

Aside from ambiguity, the effectiveness of regulation has the potential to be negatively impacted by conflict at the implementation level driving a rule towards the red tape threshold. A reason for this is that conflict might lead to compromises or a lack of support. Not surprisingly mainly managers were able to address *costs of conflict* at the implementation level, however specific examples were scarce.

Out of the five managers interviewed, three explicitly expressed the need for support of regulation to be implemented successfully. One manager commented that: "you can only start implementing rules if you have both formal and informal support, if you don't, chances are high that you will fail" (Interviewee 12, personal communication, August 20, 2019). Conflict was also seen to negatively impact the effectiveness of regulation stemming from other rules or from contradicting values, the latter being similar to what Matland (1995) finds when looking at policy implementation. One manager stated that international accreditation regulation in certain cases conflicted with local regulation and that locally considered strong rules had to make room for less applicable global regulations. One manager added: "an ongoing challenge is the need to create a uniform process, which is also personal" (Interviewee 10, personal communication, June 21, 2019). Rules being perceived as red tape is one result from a compromise between a personal approach

and a personal approach. Examples of costs relating to this particular compromise have resulted in personal costs for specific front-lone workers, as explained before.

Resource availability was explained by Hill (2003) in terms of human resources. Expertise and authority as human resources were in a few cases mentioned as important for rule creation. Two managers expressed the need for formal authority, but also emphasized that it served the purpose of gaining support. Similarly, two managers explicitly emphasized the requirement of expertise in the rule implementation process. One front-line worker expressed a case where a physical lack of expertise on the work floor resulted in reduction of rule effectiveness for herself and her coworkers:

> "We are required to rate falling risks for patients which are shared with a geriatrician […] but if the patient leaves the same day, he will not see the geriatrician, so essentially we are scoring something which only makes something visible for yourself but which is not used directly" (Interviewee 3, personal communication, June 12, 2019).

Lacking the right expertise to assess risk scores, but having to collect them anyway, was seen as ineffective by the interviewee. It thus drives a rule towards the red tape threshold.

Power limits are the formal limits of behavior resulting from written rules. The negative side of power limits encountered during the interviews was mainly outed by managers. As the organization is subjected to external regulations stemming from international accreditation, inspections, politics, and profession groups it can be difficult to change high level regulation or cope with regulation which is less applicable in specific local context. This limit was also expressed at the micro level by a front-line worker who stated that:

"The organization is large and you cannot pick up the phone to call whether something is the best thing to do, it has to pass many desks. It can take over a year before a rule is suspended" (Interviewee 4, personal communication, June 17, 2019).

One manager added that the organization is horizontal in the sense that departments function as their own organizations, where the overall board of directors simply gives advices, thus limiting the effect of top-down regulations from the within the organization.

Now the theorized costs have been reported, it is time to turn to the untheorized costs. The most prominently observed of these is the influence of *organizational culture* on regulation. One finding relates to the influences of hierarchy and power. Hierarchy was addressed by two front-line workers and one manager as the informal relation that exists between them and medical specialists and was most apparent when the latter tried to use their position to divert from regulation. Power was stated by six interviewees (three front-line workers and three managers) as an important factor in rule creation. A lot of formal power, can lead to fear among staff however, one manager added. Rules can become ingrained within the organization or department and lead to a potential downside of people believing they "know it all" other interviewees expressed. Finally, three managers stated that the organization has grown into a trend of overregulation, with more rules being added, but none ever disappearing.

The second observation from the interviews relates to the costs stemming from the monitoring of staff whether they adhere to regulations. *Monitoring costs* are strains on rule effectiveness coming from staff having to address other staff to adhere to regulation, but for some reason encounter difficulties whilst doing this.

Two examples of monitoring costs were encountered in the interviews. The first has to do with a rule compelling front-line workers and their direct manager having to address OR personnel

on wearing overcoats when leaving the OR. Several explanations of why this posed issues were given. First, the rule could lead to uncertainty about whether OR staff were reentering the OR at a later time or not, second, the rule was not evidence-based leading to OR staff not seeing the need for it, third, those having to address OR staff not seeing the need for it, and fourth the conflicts stemming from addressing offenders. The second example related to the prohibition of jewelry in the department. In this example the same issues were encountered, excluding the uncertainty about staff reentering the OR. In both cases these issues resulted in the monitoring staff not always adhering to the rule in full, but sometimes making exceptions or pretend not to have seen offenders.

Benefits

Regulations can have benefits for staff that drive a rule away from the red tape threshold. For all but one of the theorized concepts, the interviewees confirm that the each concept has the potential to increase rule effectiveness. Organizational culture, aside from only having negative influences on rule effectiveness, was also found to have a positive impact.

Power limits as theorized, also had positive influences on rule effectiveness. One such effect was mentioned by a multitude of front-line workers as well as managers. The organization works with a set of regulations that follow patients as they move through the process and at each stage so called "stop-moments" exist that ensure patient safety. These stop-moments formally empower front-line workers to address medical specialists, who are often considered to be higher up in the hierarchy, if checklists are not filled in. In addition front-line workers can make notifications of breaches of protocol. A similar failsafe exists in the form of crew resource management (CRM) this gives all staff present in an OR the option to address concerns about the procedure or if for some reason they feel they cannot continue with the procedure, regardless of hierarchical position.

Logical procedures are valid means to end relationships (DeHart-Davis, 2009) and they can be beneficial for the perceived effectiveness of regulation as rules complete the goals they were intended to achieve. The set of regulations where the process of a patient is being monitored is often named as an example of this. This set of regulations consists of multiple loose processes that must be completed in order to continue to the next phase. Front-line workers and managers both expressed the safety guarantees this provides and was intended to provide. Two front-line workers also state that having these procedures acts as a personal check for their work, helping them to ensure they have followed all necessary steps. Both a front-line worker and a manager explain the need for a Plan-Do-Check-Act cycle (PDCA-cycle) in order to maintain rule effectiveness and update rules if they are no longer logical or effective.

The lack of process logics has also been stated by both managers and front-line workers as reducing rule effectiveness, similar to what DeHart-Davis (2009) calls invalid means-ends relationships. For example, one manager said that: "having two comparable and simultaneous evaluation processes is simply a waste of resources" (Interviewee 12, personal communication, August 20, 2019), referring to an evaluation procedures for medical specialists. From the above it can be confirmed that multiple interviewees see process logics as increasing rule effectiveness and thus driving a rule away from the red tape threshold.

Optimal control is the efficient use of regulation which limits control as much as possible and at the same time minimizes the amount of resources needed to achieve goals (DeHart-Davis, 2009). Both managers and front-line workers expressed that the amount of rules present can lead to problems such as time constraints. Finding optimal control in terms of rule density can be difficult as one manager explains: "we are always looking for the balance, sometimes a rule can disappear, but we also get requests to file new regulation" (Interviewee 11, personal

communication, July 16, 2019). The same manager stated that too strict application of a regulation that prohibits the wearing of OR shoes outside of the OR increases financial costs. The rule however, was not evidence-based and the presence of air-flow systems reduced risks greatly, she added.

The previous example is accordance with what Simon (as cited in Dehart-Davis, 2009) explains as decision-makers who identify options and anticipate consequences. Whether regulation should be strict or interpretable differed among interviewees and dependents on the rule in question. Most interviewees agreed that very specific procedures should be as strict as possible, whilst others, for example a discharge conversation with a patient, should be regulated more loosely as one manager explains: "everyone does it in his own way, everyone has their own personality and that is the way I like it" (Interviewee 8, personal communication, June 14, 2019). Three front-line workers stated that strict rules could function as a fundament for their work. Both front-line workers and managers however also noted that regulation is not set in stone and that in certain cases diverting from it should be possible. Although no direct evidence of optimal control increasing rule effectiveness was found, the above examples are very much in line with the findings by DeHart-Davis (2009), who observed related attributes such as reasonableness, a lack of pickiness and flexibility.

None of the interviewees questioned the need of *shared understanding* for rule effectiveness. The concept relates to stakeholders knowing and understanding the purpose of a specific rule (DeHart-Davis, 2009). Knowing what to do and when, was seen as an important factor for many front-line workers. Creating shared understanding is something that should already take place at the foundation of regulation according to both managers and front-line workers. As one front-line worker said: "rules benefit from a multitude of specialists from different fields working

on them" (Interviewee 6, personal communication, June 20, 2019). A different front-line worker stated that she worried that sometimes rules came into place without consulting those on the work floor and thus leading to unnecessary wastage of resources, in addition one front-line worker said that: "earlier involvement would have saved a lot of trouble, especially when you see that a rule is reversed after some time" (Interviewee 3, personal communication, June 12, 2019). "Without a shared understanding of regulation, you will lack the support of those working with a rule" (Interviewee 9, personal communication, June 21, 2019), a manager stated.

Creating shared understanding was found to be difficult with regulation that had an external source according to three managers. Rules in these cases could not always be explained properly. Finally a lack of understanding the functionality of a rule made it difficult for one front-line worker to address others on breaking the rule. It seems evident that shared understanding is an important factor for rule effectiveness and thus helps to keep a rule from reaching the red tape threshold.

Aside from the benefits of objectives, values have also been found to increase rule effectiveness. *Personal values* result from the fulfilling of personal needs through their work (Giauque et al. (2011), whilst *public values* are outcomes that specific strategic choices can have in society (Bennington & Moore, 2011). As it became apparent from the interviews that personal and public values were often intertwined, results are handled simultaneously.

All interviewees expressed the importance of patient safety and health. "Patient safety is an area in which I make no compromises" (Interviewee 6, personal communication, June 20, 2019), one front-line worker stated. A different front-line worker expressed the difficulty for her to provide the attention and care for patients that she believed necessary within the structured and time limited process. One specific value provided by strict regulation is the assurance given by the rules that procedures are being carried out in the appropriate and safe manner, as stated by both

front-line workers and managers. As one manager added, the need for new regulation often arises from the work floor. Another manager explained that values can conflict, on the one hand you want to put the patient first, on the other you want to take good care of your staff.

The implementation of CRM depicts this trade-off. Medical staff can delay or cancel a procedure if they feel they cannot proceed with it, but this can potentially affect patient wellbeing. The importance of taking good care of personnel has received more attention over the years, one manager stated, they sometimes being referred to as "second victims". Aside from the solely personal values related to patient safety, strategic choices were being made on a higher level to reduce patient and staff risks and serve as examples to other healthcare organizations. The entire set of rules relating to the patient process from start to end has even been awarded with international appraisal and is being implemented worldwide because of its high safety standards. One manager stated that: "you must always think wider than your own organization, what impact do measures have worldwide?" (Interviewee 9, personal communication, June 21, 2019).

From the above it becomes clear that if a rule complies with the personal values people hold, they are more likely to follow the rule, than if it contradicts with their beliefs. Public values are more visible at the implementation level. At this level they may reflect personal values and work their way throughout an organization and other organizations in society as with the values of patient and staff safety. Its relation to rule effectiveness and the red tape threshold works through the collectiveness of similar personal values.

The effects of *procedural fairness* on rule effectiveness and the red tape threshold have not been observed as interviewees found it difficult to provide examples and elaborate on them.

Aside from solely negative impacts, organizational culture can also positively influence the perception of rule effectiveness among staff. Hierarchy and power were found to play a role within the organization. Both formal and informal power were named as needed for the successful implementation of regulation within the organization, as Interviewee 12 explained (Personal communication, August 20, 2019). A lot of formal power, as with a very strict inspection with the power to close down an organization, can lead to rule adherence, a different manager stated. In addition, two front-line workers and one manager said that the more rules become ingrained within the organization, the more it leads to subconscious rule adherence. Two managers further stated the need for creating a culture where staff addresses each other on behavior, behavior ultimately shows whether regulation is adhered to or not, one of them said.

Red tape for whom?

Having described the individual concepts that either drive a rule towards the red tape threshold, away from it, or can do both, the concepts can now be applied to find situations in which rules are red tape to some stakeholders, but not to others. Aside from being asked general questions on regulation, interviewees were asked to think of one specific rule they see as effective and another which they perceive as ineffective in order to shed more light on when a threshold between the costs and benefits of a rule might be reached. Finally interviewees were asked what specific recommendations they have to increase rule effectivity to see which of the concepts were deemed most important.

Several instances where rules become red tape to specific stakeholders, but not to others, have been identified. The first example relates to a rule where at least three stakeholder groups are involved and which has been named by three interviewees. In the organization, there exists a rule where OR staff has to put on a blue overcoat to cover the operation room suit, whenever they leave

the OR. Front-line workers working in the lobby are expected to address those who leave the OR without the blue overcoat.

The first stakeholder group, OR personnel, are burdened by the rule as they believe it to be unnecessary, especially when they leave an OR and do not return to it, but change clothing in their own department and see it as time consuming. The second stakeholder group, that of quality managers, those responsible for creating rules, do not agree with the first. They believe that an overcoat should be worn at all times, as patients and visitors do not know whether a person is leaving for home or changes clothes later on. All they see is a person in a dirty OR suit leaving the OR, and perhaps returning to a sterile OR at a later stage, one manager said. The third stakeholder group is positioned between the first and second as it is responsible for addressing violators of the rule.

For the first stakeholder group the rule could be deemed red tape, as costs exceed benefits, thus the rule is broken and the red tape threshold is breached. For OR personnel the rule leads to personal costs as gives way to irritations and is seen as a waste of time (lack of optimal control), and political costs as conflicts arise between them and the front-line workers.

The second stakeholder group, that of quality managers, strive for a uniform process, where patients and visitors are not left wondering about hospital hygiene and safety. For this stakeholder group benefits exceed costs as uniformity leads to process logics and hospital hygiene and safety are both personal and public values worth to pursue.

The final stakeholder group acknowledges that the rule has lost effectiveness, but also reports potential benefits. The benefits they name are overall the same as those presented by quality managers. The costs however, were often said to exceed these benefits, as addressing OR personnel

often led to conflicts and strained relationships (political costs), leading to those formally tasked with enforcing regulations, in certain cases no longer wanting to enforce the rule, or stop enforcing the rule all together (monitoring costs).

A second example refers to a set of rules which are created as a safety mechanism to guide patients through the entire process from intake to exit. These rules require multiple checklists to be filled in by a number of staff members before a patients can move on to the next phase in the process. One of these requirements is that a medical specialist has been in contact with a patient a 24 hours prior a procedure. In certain cases however, this process was skipped or checklists were filled in without consulting a patient. Three stakeholder positions were identified concerning this rule.

The first, medical specialists, experience a lack of time and state that certain small procedures never encounter complications, so contacting patients is unnecessary (lack of optimal control). In addition, medical specialists are scarce, adding further to time constraints (resource availability).

Front-line workers, being the second stakeholder group, value the rule. To let a patient proceed to the next phase of the process, the checklist has to be signed by a medical specialist, so if this is not the case, the front-line worker cannot continue his or her work (process logics). However, the rule is also experienced by front-line workers as ineffective if it is not adhered to by medical specialists. In these cases it can lead to conflicts with those medical specialists, but also with other departments (political costs). Having to address others on adhering to the rule can be burdensome in and of itself thus resulting in monitoring costs.

Management is the third stakeholder involved. When medical specialists do not adhere to the rule and front-line workers are tasked with addressing them and getting them to sign a checklist, it can lead to delays in OR scheduling (Lack of optimal control). As one manager explained: "[front-line workers] are bothered by it. It leads to conflicts and delays, and I do not like delays as they work throughout the organization as a domino effect" (Interviewee 8, personal communication, June 14, 2019). Another manager explained that the checklists are very important to ensure patient safety (public value).

In this case the rule in itself can be seen as red tape for medical specialist, but not for front-line workers and management. However, if medical specialists break the rule, it becomes ineffective directly for front-line workers and later also for management.

Also within a given stakeholder group different perspectives on rule effectiveness were found. For at least one specific department a rule exists that prohibits a patient's caretakers and partners from staying the night. Two different perspectives were found concerning this rule within a group of front-line workers.

The first perspective, motivated from a strong personal value considered the rule to be ineffective in the specific cases where a patient was recovering from a traumatic experience and experienced heavy anxiety. In addition patient wellbeing (public value) was valued over strict rule adherence.   The other perspective was motivated from a more pragmatic line of reasoning. A lack of physical space and hygiene issues were used as arguments as to why the rule should be adhered to (process logics). Political costs were experienced by both sides as arguments arose. Strict adherence of the rule lead to a decrease in patient wellbeing for these specific cases, was argued from the first perspective (social cost).

In this situation the rule in question is red tape for one perspective within a stakeholder group, others however do not experience it the same way. This finding is similar to what Van Loon et al. (2016) find when looking at differences of rule perceptions within stakeholder groups.

Different perspectives on rule effectiveness were also found at the level of rule implementation. As one manager explained, an international accreditation organization exists that defines rules to be applied for organizations that want to apply for accreditation. At the level of the accreditation organization, rules very strictly prohibit patients from managing their own medication. At the local level, it is believed that registration processes are well enough developed to give patients control of take home medication.   The accreditation organization strives for uniform application of rules throughout the world for all associated organizations (process logics). As it has to deal with organizations with varying levels of expertise and resources it has to set realistic standards that all organizations can comply with (public value).

At the level of the organization under study, complying with these international standards has the benefit that the organization will receive its international accreditation, streamlining processes with international standards (process logics). However, as one manager explained:

> "Sometimes uniformity can be very safe from a global standard, but if you have a local process which works really well, sometimes you have to revert back to an earlier state because you do not fully comply with the international standard" (Interviewee 9, personal communication, June 21, 2019).

Reverting back to an early state, with no patient responsibility, reduces the level of care that can be given to patients and thus leads to a social cost. In addition, it takes away patient input which

the organization tries to stimulate. This also relates to the negative influence of power limits, as international accreditation is valued at a higher level in the organization over specific local standards. In this example, rules stemming from outside the organization can lead to red tape within the organization, something which Bozeman (1993) identified as red tape with an external origin but internal impact. These rules may be effective in other organizations, but do not find the same degree of effectiveness in the organization under study.

The recommendations made by front-line workers to increase rule effectiveness mainly related to creating shared understanding (4 out of 7) and providing a working environment of optimal control (3 out of 7). Other examples included, staying true to oneself (personal values), and making sure rules are clear and logical (process logics). Recommendations made by managers to increase rule effectiveness, were either aimed at optimal control (2 times), by emphasizing uniformity and implementing a PDCA-cycle, and creating public value with a rule (2 times). Creating public value could either be done by showing that rules exist to serve the patient, not the doctor, and by creating rules that look beyond the present organization.

Regulation over time

The final aspect of multidimensional red tape is the way in which it treats regulation as time dependent. According to Bozeman (2012), the goal of regulation can change over time and whether or not a rule passes the red tape threshold can change with it. Whilst a longitudinal approach is beyond the aim of this study, some first insights were recorded.

Interviewees gave mixed responses to the question of whether they believed that the goal of a rule could change the longer it is in effect. Four interviewees of which two front-line workers and two managers believed that the goal of a rule could change over time. One manager and one

front-line worker were certain that the goal of a rule maintains the same. The six other interviewees were unsure whether the goal of a rule could change over time.

Aside from the possible change of the goal of a rule, interviewees were also asked whether they believed rules could become more effective or ineffective over time. Only one interviewee said that rules get more effective over time, similarly, one interviewee stated that rules get less effective as time moves on. Five interviewees believed that the potential change is rule dependent and the final five interviewees were unsure whether rules would become more effective or ineffective over time.

The main results are threefold. First, costs and benefits deducted from the literature have mostly been identified in the interviews. Aside from procedural fairness all concepts were encountered. Power limits were found to also be able to negatively impact rule effectiveness. Two more costs were identified, costs stemming from the organizational culture and monitoring costs, organizational culture could however also be beneficial for rule effectiveness.

Secondly, four cases were identified were rules could be seen as red tape for one or more stakeholder, but not for others. In the first two cases, a rule lacked optimal control and thus created time constraints for one group. This does not make the rule ineffective for other groups in itself. For both cases the rule added public value and was experienced as increasing process logics by two stakeholder groups. Non-compliance with the rule from the first group however, could then lead to the rule being experienced as red tape by other stakeholder groups as well. This decreased rule effectiveness for all groups as it lead to political costs for all, monitoring costs for one stakeholder group and a lack of optimal control in the second example for management.

In the third case, a rule was experienced as red tape from one perspective within a stakeholder group, but not from another within the same stakeholder group. Strong personal and public values were set against pragmatic process logics. As the rule remained in effect, one perspective experienced social costs as they felt patient wellbeing suffered because of it.

The fourth case is different from the others as it represents a case where red tape is experienced by an internal stakeholder, as a results from an external organization, who sees the rule as effective. Although the rule produced accreditation for the local organization, it produced a power limit that impeded local rule implementation possibilities. In addition social costs arose because it was felt that patients could get more care, if not hindered by international standards. The international accreditation organization however experienced the rules as promoting public value and process logics around the world.

Finally, whether the goals of rules are susceptive to change over time remains inconclusive, as interviewees gave mixed responses.

Discussion and conclusion

Whether or not red tape is present in an organization and for whom it actually is red tape is a question which has kept researchers busy for over decades. Introducing a new red tape concept, Bozeman (2012), tried to ignite the spark for a new area of research. The concept of multidimensional red tape has however been understudied in red tape literature. Prior to this study, no empirical research has been conducted on the notion. Because of this, the first step was to create a conceptual model to identify multidimensional red tape and see which concepts are encountered in practice. Taking an explorative approach, the initial framework of multidimensional red tape by Bozeman (2012) has been built upon to give insight into the costs and benefits of regulation that work towards the red tape threshold or away from it. Based on the conceptual model, this study then finds conditions under which red tape can be detrimental for one stakeholder and potentially beneficial for another. By interviewing both front-line workers and managers, in accordance with Walker and Brewer (2008), in the domain of healthcare, an area known to be highly regulated, the theorized aspects of multidimensional red tape have been empirically investigated.

The multidimensional red tape concept evaluates both costs and benefits of regulation and introduces the influence of time on the perception of rule effectiveness. Because of the limited amount of studies focusing on multidimensional red tape, literature from business, sociology and other public administration fields has been employed in a conceptual model of multidimensional red tape. The conceptual model that was initially presented consisted of the categories costs and benefits. Costs were further divided into compliance costs, existing of personal costs, social costs and political costs, and implementation costs, which existed of the costs of ambiguity, the cost of conflict and resource availability. Benefits were built up from objectives, being power limits,

process logics, optimal control, procedural fairness and shared understanding, and values, subdivided into personal values and public values.

The interviews provided information on how front-line workers and managers view regulation and give insights into when rules cross the multidimensional red tape threshold. Starting with compliance on the costs side, personal costs, social costs and political costs were each found to decrease the perception of rule effectiveness by interviewees. Also the implementation costs, stemming from ambiguity, conflict and a lack of human resources were found to negatively impact the perception of rule effectiveness. The cost of conflict was mainly experienced by managers. Ambiguity however, was felt by both managers and front-line workers. According to the interviewees resource availability mainly related to a lack of time and to a lesser extend to the human resource requirements of expertise and authority as was theorized.

Moving on to the observed benefits and starting with the benefits of objectives, power limits were found to being used as a failsafe and formal protection. Process logics provided staff with guarantees that they worked in a safe manner, consequently a lack of process logics was mentioned to result in ineffective regulation. The presence of optimal control reduced costs and time constraints, interviewees stated, increasing rule effectiveness. Shared understanding was found by all interviewees as important for rule effectiveness as it results in support for regulation. Aside from the objectives viewpoint, the benefits of values have also been observed. Personal values and public values intertwined when it concerned patient and staff safety. On the implementation level, managers created rules aimed at providing the best possible care for patients, on the floor this was seen compatible with personal values held by front-line workers.

Based on the above, it can be concluded that most of the theorized concepts have the potential to drive a rule towards the multidimensional red tape threshold, or away from it, as

interviewees' perception of rule effectiveness is impacted. Only the concept of procedural fairness has not been encountered as influencing interviewees' perception of rule effectiveness. From the interviews it also become clear that the initial conceptual model requires some adjustments.

The concept of power limits was found to not only be beneficial, empowering lower ranking staff, but it also could potentially be a barrier for stakeholders to reach objectives. Examples include the front-line worker who could not bring about change in the organization because of its large size, and the manager whose local plans were overruled by an international accreditation organization.

In addition, two new concepts were found to negatively impact interviewees' perception of rule effectiveness. The first, organizational culture was found to impact rule effectiveness mainly through hierarchy and power. The use of formal power can lead to fear among staff. Another effect mentioned by interviewees, was that when rules become ingrained, people might start slacking. The second concept is that of monitoring costs. These are strains on staff that are tasked with accounting others to adhere to rules. These strains from addressing others and potential consequences, lead to the monitoring staff not always addressing rule offenders.

On the benefits side, organizational culture was also found to contribute to interviewees' perception of rule effectiveness and can thus be added to the conceptual model. Formal and informal power were said to be necessary for successful rule implementation. In addition, ingrained rules, aside from their negative effects, also were said to lead to subconscious rule adherence. Two managers also stated that creating an organizational culture where staff addresses each other could positively impact rule effectiveness.

Now that all costs and benefits were identified and described, they were used to find instances where stakeholders' perspectives on specific rules were different, balancing costs and benefits for specific stakeholders. In this way it was possible to find rules which could be considered red tape for some stakeholders, but not for others. Four cases have been identified in the interviews.

In the first case three stakeholder groups were identified. One group, OR personnel, often lacks time to fully comply with a rule, which is a sign of lack of optimal control and making the rule red tape for this group. The rule in question and of itself is seen as positive by the two other groups, as it promotes a uniform, thus logical process. Furthermore it is said to enhance hygiene and safety, personal and public values. However as conflicts arise between the three groups on rule effectiveness, its added value decreases for all groups because of political costs. In addition, one group that was tasked with addressing offenders, no longer wants to carry out this task, leading to monitoring costs.

The second case is similar to the first. Three groups exists, where one breaks the rule, decreasing effectiveness of a once effective rule for the other groups. In this example time limits and a scarcity of staff, also seen as a lack of optimal control and a lack of human resources are the cause for one group experiencing the rule as red tape. The rule of itself is again, experienced by the other groups as effective because it adds to public values. However as the rule is broken by one group, it leads to conflicts and delays and thus political costs and a lack of optimal control, leading to effectiveness lowered for all groups.

The third case differs from the first two as it describes different perspectives on a rule within a single stakeholder group. From one perspective a rule is red tape as it lead to social costs, whereas this perspective valued patient wellbeing above all else (public value). The other

perspective saw the rule as effective as it secured hygiene standards. Conflicts arose between both sides however, leading to political costs between the two.

The final case related to a different perspectives on a rule on the implementation level. A procedure valued at the local level was overruled, as it did not adhere to international standards. From local level perspective the rule set by the international organization had some benefits as it helped them to gain accreditation, however it also posed a burden their power was limited to pursue their own objectives, and social costs as it was felt that not the right care could be given to patients. From this perspective the rule could thus be seen as red tape, although not solely negative. From the other perspective, the rule was effective as it added to process logics by creating a uniform process around the world, which led to increased public value in areas where local standards are lower.

Summarizing from the above, if multiple stakeholder groups are involved in a rule, it is possible that the rule is red tape for one or more stakeholder groups and not for others. Three conditions were found in which these cases can occur. First, if optimal control lacks, such as time constraints, for one stakeholder group, this group might experience a rule as red tape. That same rule does not need to produce this same constraint for other stakeholder groups. The rule might even contribute to public values held by other stakeholders or increase rule effectivity as it leads to process logics.

Second, a rule can be red tape for one stakeholder, but not for another, if for the first it works against personal and public values, and in their opinion leads to a social costs if being held onto. For a different stakeholder however, the rule may be beneficial as it contributes to logical working processes.

Third, a rule may be seen as red tape by one stakeholder and not by another, even if it brings certain benefits for both stakeholders. Being restrained by power limits and perceiving social costs can outweigh those benefits. The other stakeholder might however value the rule as, from their perspective it contributes to public value and process logics.

Aside from the conditions stated above, other effects were observed. It is possible to say that rules that are red tape for stakeholder group 1, but not for stakeholder group 2, have the potential to become red tape as well for stakeholder group 2, if stakeholder group 1 continues to break the rule. Furthermore, red tape is not bound to defined stakeholder boundaries. Different perspectives on rule effectiveness can be found within a stakeholder group, especially if values are at stake. Finally, different perspectives between stakeholders on specific rules can transcend an organization. Standards at macro level can be seen as red tape by organizations at a lower level, even though they might produce a good standard globally.

Interviewees were asked to provide recommendations on how to increase rule effectiveness. The most important aspect of effective rules were said to be rules that create a shared understanding, provide optimal control, have logical working processes and, at least on the manager level, lead to increased public value.

Unfortunately, the effects of how rules potentially change to red tape or back to effective rules over time were not conclusive. Interviewees provided mixed answers and were often unsure about how the goals of rules might change over time.

Limitations and Further Research

A secondary aim of this study was to ignite the spark for multidimensional red tape research. As to date no empirical studies, apart from this, have been conducted on this particular research topic, a better defined conceptual model based on the results of an empirical study might change this. Still, the research boundaries for multidimensional red tape research can be difficult to work with.

For instance, this study was merely able to scratch upon the surface of the influence of time on stakeholder perceptions on rule effectiveness. Unfortunately, time and resource constraints did not allow to fully take this dimension into account. However, some first insight were collected on how interviewees believed rules could change as time passes on. Perceptions of costs and benefits of specific rules for various stakeholders might well differ at other points in time and should be looked into to fully understand the effects. Future studies should look into these stakeholder perceptions by means of a longitudinal study focusing on specific rules and their contributions to stakeholder values and objectives as well as the costs they might bring. Extending the current study could be done studying whether rules dive under the red tape threshold for some stakeholders, but not for others through time.

The second limitation of this study comes from the fact that all interviewees were held within a single domain, that of healthcare. This implies that the conclusions should be interpreted within the context of the healthcare domain. For instance, the importance of public values as specified by multiple interviewees, was often related to patient wellbeing and safety. This does not generalize directly to other public domains. Future research could reproduce the current study in other public domains such as education, or even to the private domain to examine to what extent the findings generalize.

The third limitation of this study is its explorative nature. Because it is the first to look empirically at multidimensional red tape, it cannot be concluded that all costs and benefits relating to the concept have been identified. Multiple research approaches are possible to aid in the operationalization of the multidimensional red tape concept. Quantitative studies, like surveys, could look into the effects of costs and benefits and to what extent they drive a rule away or towards the red tape threshold. Qualitative research in other domains than healthcare, can potentially extent the current findings by identifying more costs and benefits.

A common issue in red tape research is to find all stakeholders that are involved with a rule. This study is no exception. Throughout the interviews it became apparent that the two stakeholder groups identified prior the interviews were not the only ones involved when looking at differences in red tape perception. Internal and external stakeholders were often named in these interviews. Follow-up studies could investigate these stakeholders to gain even better understanding of all dynamics revolving around specific rules.

Finally, one interesting findings suggest that rules that are red tape to one stakeholder, have the potential to become red tape for other stakeholder, if the first stakeholder continues to break these rules. New multidimensional red studies should look into these specific cases and ideas could be developed on how to cope with these situations to prevent downward spirals.

References

Bennington, J., & Moore, M.H. (2011). Public value in complex and changing times. In J. Bennington and M.H. Moore (Eds.), *Public value: Theory and practice* (pp. 1-30). Basingstoke, England: Macmillan

Blom-hansen, J. (2005). Principals, agents, and the implementation of EU cohesion policy. *Journal of European Public Policy, 12*(4), 624-648. https://doi.org/ 10.1080/135017 60500160136

Borry, E.L. (2016). A new measure of red tape: Introducing the Three-Item Red Tape (TIRT) scale. *International Public Management Journal, 19*(4), 573-593. https://doi.org/10.1080/10967494.2016.1143421

Bozeman, B. (1993). A theory of government "red tape". *Journal of Public Administration Research and Theory, 3*(3), 273-304. https://doi.org/10.1093/oxfordjournals.jpart. a037171

Bozeman, B. (2012). Multidimensional red tape: A theory coda. *International Public Management Journal, 15*(3), 245-265. https://doi.org/10.1080/10967494.2012.725283

Bozeman, B., & Feeney, M.K. (2015). *Rules and red tape: A prism for public administration theory and research.* New York, NY: Routledge.

Bozeman, B., Reed, P.N., & Scott, P. (1992). Red tape and task delays in public and private organizations. *Administration & Society, 24*(3), 290-322. https://doi.org/10.1177/009539979202400302

Brewer, G.A., & Walker, R.M. (2009). The impact of red tape on governmental performance: An empirical analysis. *Journal of Public Administration Research and Theory, 20*(1), 233-257. https://doi.org/10.1093/jopart/mun040

Bryson, J.M., Crosby, B.C. & Bloomberg, L. (2014). Public value governance: Moving beyond traditional public administration and the new public management. *Public Administration Review, 74*(4), 445-456. https://doi.org/10.1111/puar.12238

Buchanan, B. Red-tape and the service ethic: Some unexpected differences between public and private managers. *Administration & Society, 6*(4), 423-444. https://doi.org/10.1177/009539977500600403

Bundesregierung. (n.d.). *Federal government introduces rules to limit red tape* [Press release]. Retrieved from http://www.oecd.org/regreform/regulatory-policy/cuttingred tapeseries.htm

Ciccone, A., & Papaioannou, E. (2007). Red tape and delayed entry. *Journal of the European Economic Association, 5*(2-3), 444-458. https://doi.org/10.1162/jeea.2007.5.2-3.444

Davis, R.S. (2012). Union Commitment and stakeholder red tape: How union values shape perceptions of organizational rules. *Review of Public Personnel Administration, 33*(4), 365-383. DOI: 10.1177/0734371X12453056

DeHart-Davis, L. & Pandey, S.K. (2005). Red tape and public employees: Does perceived rule dysfunction alienate managers? *Journal of Public Administration Research and Theory, 15*(1), 133-148. https://doi.org/10.1093/jopart/mui007

DeHart-Davis, L. (2008). Green tape: A theory of effective organizational rules. *Journal of Public Administration Research and Theory, 19*(2), 361-384.https://doi.org/10.1093 /jopart/mun004

DeHart-Davis, L. (2009). Green tape and public employee rule abidance: Why organizational rule attributes matter. *Public Administration Review, 69*(5), 901-910. https://doi.org/10.1111/j.1540-6210.2009.02039.x

Feeney, M.K. (2012). Organizational red tape: A measurement experiment. *Journal of Public Administration Research and Theory, 22*(3), 427- 444. https://doi.org/10.1093/jopart/mus002

European Commission. (2018, February 19). *Less red tape = more growth: Commission package for better regulation* [Press release]. Retrieved from http://europa.eu/rapid/press-release_MEMO-05-93_en.htm?locale=en

Feeney, M.K., & Bozeman, B. (2009). Stakeholder red tape: Comparing perceptions of public managers and their private consultants. *Public Administration Review, 69*(4), 710-726. https://doi.org/10.1111/j.1540-6210.2009.02019.x

Gabrielian, V., Yang, K., & Spice, S. (2008). Qualitative research methods. In G.J. Miller, & K. Yang (Eds.), *Handbook of research methods in public administration* (pp. 141-168). Boca Raton, FL: Auerbach Publications.

Giauque, D., Ritz, A., Varone, F., & Anderfuhren-Biget, S. (2011). Resigned but satisfied: The negative impact of public service motivation and red tape on work satisfaction. *Public Administration, 90*(1), 175-193. https://doi.org/10.1111/j.1467-9299.2011.01953.x

Gibbs, G. R. (2018). *Analyzing qualitative data* (2nd ed.). London, England: Sage.

Goodman, L.A. (1961). Snowball sampling. *The Annals of Mathematical Statistics, 32*(1), 148-170. Retrieved from http://www.jstor.org/stable/2237615

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82.

https://doi.org/10.1177%2F1525822X05279903

Guriev, S. (2004). Red tape and corruption. *Journal of Development Economics, 73*(2), 489-504. https://doi.org/10.1016/j.jdeveco.2003.06.001

Hill, H.C. (2003). Understanding implementation: Street-level bureaucrats' resources for reform. *Journal of Public Administration Research and Theory, 13*(3), 265-282. https://doi.org/10.1093/jpart/mug024

Homeland Security & Governmental Affairs. (n.d.). *#CutRedTape initiative* [Web page]. Retrieved from https://www.hsgac.senate.gov/subcommittees/rafm/cut-red-tape

Kaufman, H. (1977). *Red tape, its origins, uses, and abuses.* Washington, D.C.: The Brookings Institution.

Kaufmann, W., & Feeney, M.K. (2012). Objective formalization, perceived formalization and perceived red tape. *Public Management Review, 14*(8), 1195-1214. http://dx.doi.org/10.1080/14719037.2012.662447

Kaufmann, W., & Feeney, M.K. (2014). Beyond the rules: The effect of outcome favourability on red tape perceptions. *Public Administration, 92*(1), 178-191. https://doi.org/10.1111/padm.12049

Kaufmann, W., & Tummers, L. (2017). The negative effect of red tape on procedural satisfaction. *Public Management Review, 19*(9), 1311-1327. https://doi.org/10.1080/14719037.2016.1210907

Keyworth, T., (2006). Measuring and managing the costs of red tape: A review of recent policy developments. *Oxford Review of Economic Policy, 22*(2), 260-273. https://doi.org/10.1093/oxrep/grj016

Matland, R.E. (1995). Synthesizing the implementation literature: The ambiguity-conflict model of policy implementation. *Journal of Public Administration Research and Theory, 5*(2), 145-174. https://doi.org/10.1093/oxfordjournals.jpart.a037242

McGregor-Lowndes, M., & Ryan, C. (2009). Reducing the compliance burden of non-profit organizations: Cutting red tape. *Australian Journal of Public Administration, 68*(1), 21-38. https://doi.org/10.1111/j.1467-8500.2008.00607.x

Mehrenberg, R.L. (2013) Red tape and green teachers: The impact of paperwork on novice special education teachers. *International Journal of Special Education 28*(1), 80-87. Retrieved from http://www.internationalsped.com/

Moon, M.J., & Bretschneider, S. (2002). Does the perception of red tape constrain IT innovativeness in organizations? Unexpected results from a simultaneous equation model and implications. *Journal of Public Administration, 12*(2), 273-292. https://doi.org/10.1093/oxfordjournals.jpart.a003532

Moynihan, D., & Herd, P. (2010). Red tape and democracy: How rules affect citizenship rights. *The American Review of Public Administration, 40*(6), 654-670. https://doi.org/10.1177%2F0275074010366732

OECD. (n.d.). *Cutting red tape: Publication series* [Web page]. Retrieved from http://www.oecd.org/regreform/regulatory-policy/cuttingredtapeseries.htm

Pandey, K., Coursey, D.H., & Moynhihan, D.P. (2007). Organizational effectiveness and bureaucratic red tape: A multimethod study. *Public Performance & Management Review, 30*(3), 398-425. https://doi.org/10.2753/PMR1530-9576300305

Rijksoverheid. (2018). *Ontregel de zorg. Actieplan.* Retrieved from https://www.rijksoverheid.nl/documenten/publicaties/2018/05/23/actieplan-ontregel-de-zorg

Robinson, O.C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 24-41. https://doi.org/10.1080/14780887.2013.801543

Roth, W.D., & Sonnert, G. (2011). The costs and benefits of 'red tape': Anti-bureaucratic structure and gender inequity in a science research organization. *Social Studies of Science, 41*(3), 385-409. https://doi.org/10.1177%2F0306312710391494

Schimmelfennig, F., Engert, S., & Knobel (2003). Costs, commitment and compliance: The impact of EU democratic conditionality on Latvia, Slovakia and Turkey. *Journal of Common Market Studies, 41*(3), 495-518. https://doi.org/10.1111/1468-5965.00432

Schwartz, S.H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in Experimental Social Psychology, 25*, 1-65. https://doi.org/10.1016/S0065-2601(08)60281-6

Scott, P.G. (2002). Examining red tape in public and private organizations: a further look at the role of the individual perceptions and attributes. *The Political Science Journal, 39*(3), 477-482. https://doi.org/10.1016/S0362-3319(02)00198-2

Scott, P.G., & Pandey, S.K. (2000). The influence of red tape on bureaucratic behavior: An experimental simulation. *Journal of Policy Analysis and Management, 19*(4), 615-633. https://doi.org/10.1002/1520-6688(200023)19:4%3C615::AID-PAM6%3E3.0.CO;2-U

Tran-Nam, B., Evans, C., Walpole, M., & Ritchie, K. (2000) Tax compliance costs: Research methodology and empirical evidence from Australia. *National Tax Journal, 53*(2), 229-252. Retrieved from https://search.proquest.com/docview/203275293?accountid=14338

Van Loon, N.M. (2016). From red tape to which performance results? Exploring the relationship between red tape and various dimensions of performance in healthcare work units. *Public Administration, 95*(1), 60-77. https://doi.org/10.1111/padm.12294

Van Loon, N.M. (2017). From red tape to which performance results? Exploring the relationship between red tape and various dimensions of performance in healthcare work units. *Public Administration, 95*(1), 60-77. https://doi.org/10.1111/padm.12294

Van Loon, N.M., Leisink, P.L.M., Knies, E., & Brewer, G.E. (2016). Red tape: Developing and validating a new job-centered measure. *Public Administration Review, 76*(4), 662-673. DOI: 10.1111/puar.12569

Vermeule, A. (2015). Optimal abuse of power symposium. *Northwestern University Law Review, 109*(3). Retrieved from https://heinonline.org/HOL/Page?handle=hein.journals/illlr109&id=685&collection=journals&index=

Walker, R.M. & Brewer, G.E. (2009). Can public managers reduce red tape? The role of internal management in overcoming external constraints. *Policy & Politics, 37*(2), 255-272. https://doi.org/10.1332/030557309X39787

Walker, R.M., & Brewer, G.A. (2008). An organizational echelon analysis of the determinants of red tape in public organizations. *Public Administration Review, 68*(6), 1112-1127. https://doi.org/10.1111/j.1540-6210.2008.00959.x

Watkins-Hayes, C. (2011). Race, respect, and red tape: Inside the black box of racially representative bureaucracies. *Journal of Public Administration Research and Theory 21*(2), 233-251. https://doi.org/10.1093/jopart/muq096

Weiss, R.S. *Learning from strangers: The art and method of qualitative interview studies.* DOI:10.2307/2076552

Appendices

Appendix A: interview protocol
Preparation in advance

- Interviewees were asked to think of a both an effective and an ineffective rule or regulation which affects their daily work and why they see it as such.
- To provide some guidance, both effective and ineffective rules were given some clarification.
  - Effective rules: you understand the purpose of the rule and/or the rule achieves the desired effect(s)
  - Ineffective rules: you do not understand the purpose of the rule and/or the rule does not achieve the desired effect(s)

Introduction

- Interviewees were told that their responses, their names and the organization were processed anonymously.
- Interviewees were told that they have the chance to look over their responses if they wished so and provide alternative clarification.
- Interviewees were asked whether the interview could be recorded.

Interview questions

1. Can you provide a short introduction into your daily work activities?

2. In your line of work, do you encounter regulations often?

3. To what extend are you involved into the process of rule-making?
   a. Question solely for managers: to what extend do your employees get involved into the process of rule-making?

4. You have been asked to think of a rule which you deem effective, could you elaborate on that?
   a. Why do you believe this rule to be effective?
   b. For whom is this rule effective?
   c. What is the objective of this rule?
   d. Why do you think that this rule has been introduced?
   e. Can you think of a situation in which this rule might produce a burden for others, and if so, for whom?

            i.   Can you think of another effective rule?
    f.   In general, what makes a rule effective for you?

5. Aside from an effective rule, you have also been asked to think on an ineffective rule, could you elaborate on that?
    a. Why do you believe this rule to be ineffective?
    b. For whom is this rule ineffective?
    c. What is the objective of this rule?
    d. Why do you think that this rule has been introduced?
    e. Can you think of a situation in which this rule might be effective for others, and if so, for whom?
        i. Can you think of another ineffective rule?
    f. In general, what makes a rule ineffective for you?

6. When you look at rules in general, how do you believe these come to be in your organization?
    a. Who makes the rules, where do rules come from?
    b. To what extend do you believe conflicts between regulators, play a role in the creation of rules?
        i. Think about power differences
        ii. Do you believe that conflict between regulators has a positive or a negative influence on the effectivity of rules?
    c. Do you believe a rule can become more effective or more ineffective the longer it exists?
        i. If yes, why and can you think of an example?
        ii. If no, why?
    d. Do you believe that a rule is more effective if it is very precise, or when it is more open to interpretation?
        i. Can you give an example?

7. Are rule objectives often clear to you?

8. Can you deduct the values behind a rule, even if these are not explicitly stated?

9. Depending on whether the interviewee has a positive or negative outlook on rules within their organization:

a. If positive: What would you recommend co-workers within a similar organization on making rules more effective?
b. If negative: What do you recommend your organization to make rules more effective?

Rounding off

- Interviewees are asked again whether they would want to have a look at their answers before they are processed.
- Interviewees are reminded again that their information will be handled discretely.
- Interviewees are told that results from the study can be shared with them.

Appendix B: Interviewees

Interviewee number	Profession	Duration in minutes (rounded off)
1	Nurse / Care coordinator	33
2	Nurse / Care coordinator	33
3	Nurse	50
4	Nurse	29
5	Nurse	27
6	Nurse / Care coordinator	35
7	Nurse	51
8	Operational manager	76
9	Head of department	47
10	Process owner	33
11	Coordinator patient safety	25
12	Company director	21

Appendix C: Complete conceptual model

Complete multidimensional red tape conceptual model

Costs		
Compliance costs		Personal costs
		Social costs
		Political costs
Implementation costs		Costs of ambiguity
		Costs of conflict
		Resource availability
Other costs		Organizational culture costs
		Monitoring costs
		Power limits
Benefits		
		Power limits
Stakeholder objectives		Optimal control
		Procedural fairness
		Shared understanding
Stakeholder values		Personal values
		Public values
Other benefits		Organizational culture benefits