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**Explaining Neoliberal Reforms in Neo-Patrimonial Systems:
The Commercialization of Education and Healthcare in Saudi Arabia**

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Abstract

The rise of neoliberal reforms of the provision of public services has been extensively researched in representative democracies. Less attention has been paid, instead, to explaining them in countries whose institutions have been characterized as neo-patrimonial systems. This study aims to explain the commercialization of education and healthcare services that took place in Saudi Arabia since the 2000s, with specific focus on the Business Center of the Saudi Institute of Public Administration and the King Fahad Medical City. Building on the frame ontology and frame knowledge of Bourdieu's sociological work, the analysis provides an account of the role of commercial practices in mitigating existing tensions in the education and healthcare fields and in creating novel sources of conflicts. The analysis provides some evidence for alternative explanations for neoliberal reforms of the provision of public services, and it indicates some ways to carry forward a research program that aims to enrich theoretical account of public sector reforms.

Explaining Neoliberal Reforms in Neo-Patrimonial Systems: The Commercialization of Education and Healthcare in Saudi Arabia

1. Introduction

Neoliberal reforms of the provision of public services have been documented by several studies, which explained the various forms of privatization, contracting out, outsourcing, and “marketization” of systems of public service delivery (Brewer and Walker 2010; Miranda and Lerner 1995; Slyke 2003; Wise 1990). These studies were especially attentive to the role that contemporary democratic and capitalist institutions play in shaping and promoting the adoption of neoliberal policies and programs (Dahl and Soss 2014; Steger and Roy 2010). The rise of neoliberal reforms has been related, for example, to political turnover and shifts of political economy ideology away from the “publicness” of public services (Haque 2001; Weyland 2002). Their diffusion has been associated, *inter alia*, with the fiscal crisis of the state and the pressures from the international organizations of the “Washington Consensus”, the World Bank and the IMF (Mascarenhas 1993).

The propagation of neoliberal reforms across the world opens up the issue of why they take place in country systems where institutions deviate from democratic and capitalist ones (Moloney 2007). The introduction of neoliberal-style reforms in countries like China, Russia, and Saudi Arabia defies the standard account of neoliberal reforms because of the presence of local political and economic institutions that curb political turnover and ideological shifts and context conditions that help contain fiscal stress and international pressures. A renewed attention towards the political economy of neoliberal reforms is needed if we are to explain why neoliberal-style reforms are adopted in countries that do not possess the kind of democratic and capitalist institutions that are typical of representative (or electoral) democracies as in Western countries (Welch and Wong 1998).

The political economy regime of countries like China, Russia, and Saudi Arabia has been characterized as a neo-patrimonial one. The term neo-patrimonialism is used to indicate systems where formal, legal, and rational forms of domination and legitimacy coexist alongside informal, charismatic, and patrimonial ones (Chapman 1966; Eisenstadt 1973; Riggs 1964). In neo-patrimonial systems, policy change takes place within a context of political and economic institutions that may bear some formal resemblance to representative democracies, but which operate in a fundamentally different way (Helmke and Levitsky 2004). Neo-patrimonial systems, for example, are less conducive to political turnover and ideological shifts than the representative democracy systems of Western countries (Lindberg 2003). In addition, when neo-patrimonial regimes build on systems where the government enjoys control of large sectors of the economy (like for example the oil and gas industries in rentier states), they are more resistant to capitulate to fiscal stress and international pressures (Ross 1999).

If neo-patrimonial systems do not possess the traits of representative democracies that are typically associated with the adoption of neoliberal policies, how can we explain neoliberal reforms in neo-patrimonial systems? This study aims to address this question through a case study of neoliberal reform in the public sector in a neo-patrimonial country. The case selected for the analysis is the commercialization of education and healthcare in the Kingdom of Saudi Arabia, a country that is considered to exhibit the quintessential traits of neo-patrimonialism. Since the 2000s, the Saudi government promoted the establishment of “business centers” for the delivery of education and healthcare services through commercial practices alongside the installed systems of public service delivery. Moreover, the Saudi government recently launched Saudi 2030 vision and 2020 National Transformation Plan (NTP 2020) where it announced an ambitious plan to diversify its economy away

from oil. Part of that plan included privatization of some public sector agencies and public private partnership projects PPP, with an emphasis on commercial activity within government. The case study will especially focus on two business centers, namely the one of the Institute of Public Administration (IPA) and the one of King Fahad Medical City (KFMC).

The rest of the paper is organized as follows. Next section will review the literature on neoliberal reforms of the provision of public services, with attention to the commercialization of education and healthcare services. Section three will illustrate the data collection and analytical method. The fourth section will narrate the episode of the commercialization of education and healthcare in Saudi Arabia since the 2000s. Section five will provide an explanatory argument for neoliberal reforms of the provision of public services. Finally, the last section will draw the conclusions of the study.

2. Explaining Neoliberal Reforms: The Role of the Political and Institutional Context

Neoliberal reforms consist of a wide range of policy change processes that typically originate from a normative preference for minimal state intervention in the society and reliance on the market system for coordinating the production and allocation of goods and services in the economy (Beeson and Firth 1998; Harvey 2007a). Neoliberal reforms of the provision of public services take different forms, including privatization, contracting out, outsourcing, and “marketization” of systems of public service delivery. The term “commercialization” has been also used to refer to the introduction of exchange transactions in the provision of public services like education and healthcare (Læg Reid, Roness, and Verhoest 2011; Pollitt and Talbot 2003; Spicer, Emanuel, and Powell 1996).

Several studies have documented the rationales, effects, and modalities of the commercialization of public services (Brown, Ryan, and Parker 2000; John Dixon, Kouzmin, and Korac-Kakabadse 1996; Evers 2005; Joyce 1999; Lucio, Noon, and Jenkins 1997; Wollmann and Marcou 2010). Neoliberal reforms of the provision of public services typically take place because of reasons of financial, efficiency, and service quality sorts. Arguments for the commercialization of public services because of financial considerations include the attainment of financial self-sufficiency for public sector service providers in the context of increasing costs, which arise from growing expectations from the public and escalating investments to keep pace with technological advancements, and increased stress on public revenue and finances (Creese 1991; Evans and Etienne 2010; Mossialos et al. 2002; Wanna, Weller, and O’Faircheallaigh 1992). The justification of the adoption of neoliberal policies because of efficiency concerns takes the form of arguments about the role of prices to contain consumption of public services and to make managers pay more attention to full cost recovery (O’Faircheallaigh, Wanna, and Weller 1999). Also, the commercialization of public services is expected to stimulate service quality because of greater responsiveness to the demands of users, who would benefit from increased choice options between alternative public service providers (Jordan 2006).

The commercialization of public services also entails various repercussions on both the users and service providers. Commercializing public services may be unpopular with the public and ineffective to promote cost-efficiency and quality. For example, the commercialization of higher education often results in increased financial burden on the students and their families (Barr 1993; Dixon and Kouzmin 1994; Greenaway and Haynes 2003; Marginson and Considine 2000) and the one of healthcare services may give rise to barriers to access and, relatedly, the marginalization of weaker parts of the society (Hercot et al. 2011; Lagarde and Palmer 2011; Prinja et al. 2012). In addition, the introduction of commercial practices into systems of public service provision may result in the inception of competing “institutional logics” (Goodrick and Reay 2011; Reay and Hinings 2009)

between the identity and role of public service professionals (like teachers and physicians) and those of public managers. Issues arise, consequently, around the redefinition of identities and roles of individuals who can either defend their occupational spaces from commercialism or acquire “hybrid” characters that combine business-oriented and public service-oriented traits (Fitzgerald and Ferlie 2000; McGivern et al. 2015; Montgomery 2001).

Explanatory accounts of public services reforms have often remarked the analytical importance of context conditions (Pollitt 2013). Conditions that have been related to the adoption of neoliberal policies include the coming to power of political parties and leading figures (such as Ronald Reagan in the US and Margaret Thatcher in the UK) that leaned favorably towards the commercialization of public services and the championing of free market ideologies from the side of influential academic and think tank circles (such as the Chicago school of economic) (Peters and Savoie 1994). Both these conditions are closely related to features of the context of democratic and capitalist institutions in Western countries, where the political regime permits the turnover of parties in power and the economic system provides for entrepreneurial efforts to exploit emergent market opportunities.

The diffusion of neoliberal reforms of the provision of public services has been also explained on the basis of additional conditions that include, *inter alia*, the fiscal crisis of the state and the pressures from international organizations of the “Washington Consensus” (Harvey 2007b). Conditions of stress on public finances help account, for example, for part of the recourse to privatization and other forms of commercialization that are pursued to raise public revenue and shrink the size of the public sector in countries that are severely hit by financial crises, such as, for example, Asian countries after 1997 and some European countries like Cyprus and Greece in the aftermath of the sovereign debt crisis since 2009. Pressures from international organizations contribute explaining, for example, the adoption of neoliberal reforms in the healthcare sector in Latin American countries (Homedes and Ugalde 2005) and in the education sector in developing countries of Asia and Africa (Ball and Youdell 2008).

That context conditions are important for explaining the rise of neoliberal reforms of the provision of public services has been acknowledged. An issue arises, however, concerning how context conditions are analytically relevant to explain neoliberal reforms in countries whose political and institutional systems deviate from representative democracies, like in China, Russia, and Saudi Arabia. Since the late 1970s, China undertook various reforms that gradually introduced market institutions and practices - albeit in a centrally coordinated fashion - into the economy together with the privatization of state-owned enterprises and the restructuring of the welfare and healthcare systems (Bloom 2011; Bloom and Xingyuan 1997; Leung 1990; Wong 2009). In Russia, following a period in the 1990s when the country moved away from a centrally planned economy to market system (a process that was accompanied by controversial privatizations), the government undertook reforms of the public sector (Barabashev and Straussman 2007) that included, in particular, the introduction of commercial services into public healthcare facilities and granted a larger role for private providers (Gordeev, Pavlova, and Groot 2011; Rechel and McKee 2009). In Saudi Arabia, under the kingdom of Abdullah (2005-2015) various reforms were passed which introduced some amount of privatization, deregulation, and openness to foreign investments, together with measures that were intended to increase transparency and accountability in the public sector. Under the kingdom of Salman (2015-), a strategic plan (called Vision 2030) was formulated that included objectives like “increase private sector share of spending through alternative financing methods and service provision” in healthcare and “increase private sector participation” in the education sector.

Features of the political and institutional regime of countries like China, Russia, and Saudi Arabia have been characterized as neo-patrimonial ones. Neo-patrimonialism refers to political and institutional systems that blend traditional forms of authority and legitimacy (patrimonial systems) with

modern ones (Chapman 1966; Eisenstadt 1973; Riggs 1964). Neo-patrimonialism arises in the context of modernization, where systems of power that are historically based on charismatic and paternalistic forms of domination are adjusted to socio-cultural norms that center on principles of rationality and legality (Weber 1968). The combination between traditional and modern forms of domination results in systems where informal institutions exist alongside formal ones (Bratton and Walle 1997; Erdmann and Engel 2006).

Neo-patrimonial systems bear various implications on political and societal relationships. The public and the private spheres are formally separated but, in practice, their boundaries are blurred and provide more opportunities for private appropriation of public resources than in more formal and bureaucratic systems. The political elites maintain clientelistic ties with social groups that tend to provide support in exchange for particularistic benefits rather than universal public services. In addition, the power structure is strongly based on personal relationships between the ruler and the ruled (Weber 1948; Bendix 1996), with the effect that decisions can be made on an ad hoc basis rather than in a transparent and unbiased way. These features affect the policy process in ways that diverge from political and institutional systems like representative democracies (although selected features of neo-patrimonial systems may partially characterize also Western countries) and their variants, e.g., the administrative reforms in the Japan deliberative society (Wright and Sakurai 1987) and in Eastern Europe new democracies (Neshkova and Kostadinova 2012).

Features of neo-patrimonial systems do not seem reconcilable with standard accounts of neoliberal reforms of the provision of public services. In neo-patrimonial systems, power elites may be reluctant to open up the provision of public services to commercialization because access to services through exchange transactions would erode their selective control of benefits to the clientele. Political institutions may prevent dramatic shifts in the policy orientation of governments because of lack of elections or of ostracism towards ideologies that are not compatible with the dominant value paradigms. Especially if a neo-patrimonial system builds on the economic conditions of a rentier state (where a large share of public revenues originate from domestic natural resources), power elites may be also unimpressed by the threats posed by financial crises or the pressures exerted by international organizations. Alternative explanations are needed, therefore, for the commercialization of public services in countries where the neo-patrimonial political and institutional context seems unfavorable for neoliberal-style reforms of public service provision.

3. Research Method

The issue of why neoliberal-style reforms of the provision of public services take place in neo-patrimonial systems is tackled here through the case study of the commercialization of education and healthcare services in Saudi Arabia. The case is selected as an exemplar of the issue scenario under consideration, which plays the role of “counterfactual” (Fauconnier and Turner 2008; Lebow 2000) in an explanatory argument about neoliberal reforms with respect to alternative scenarios where neoliberal reforms of the provision of public services take place within political and institutional systems of representative democracy. As a country context, Saudi Arabia includes features that fit the distinctive traits of neo-patrimonial systems.

The case study consists, more precisely, of the introduction of commercial practices within “business centers” attached to public sector providers of education and healthcare services. Partially departing from a regime of full government funding and free-of-charge service delivery, since the mid-2000s education and healthcare service providers started diversifying their undertakings into for-profit activities, such as, for example, training civil servants and professionals and delivering healthcare services within the same public sector organizations but outside the stipulated working

hours. While several business centers were established in the country, evidence will especially focus on the commercialization that took place at the Institute of Public Administration and at the King Fahd Medical City in Riyadh.

Data collection was carried out by one of the authors in the form of ten interviews (in Arabic) with key informants. Interviewees consisted of the director, a member of the board, two members of staff, and two institutional clients of the Business Center of the Institute of Public Administration, and a consultant, two members of staff, and one institutional client of the Business Center of the King Fahd Medical City. Evidence from the interviews was triangulated with secondary sources, in the forms of government documents, business centers' documents, media and policy reports.

The analysis of the evidence was conducted within the conceptual framework of Bourdieu's sociological work (Bourdieu 1977, 1991, 2011) because it is especially attentive to issues that arise from power relationships (Everett 2002) like those that are encountered in the challenges posed by neoliberal-style reforms in neo-patrimonial systems. In addition, Bourdieu's sociological work provides a balanced perspective between structuralist and agentic explanatory orientations, which seems helpful to account for the role of existing configurations of social domination on the one hand, and of individuals' efforts to reposition themselves in a reformed policy environment on the other one.

Bourdieu's frame ontology builds on the central concepts of field, capital, and habitus. The field is understood as the ensemble of social relations between individuals, groups and organizations, which perpetually struggle to gain control and accumulate resources. Capital, which is any means for actors to exert power and influence in social relations, takes the form of economic capital (like monetary and financial resources), cultural capital (like knowledge, skills, qualifications, physical appearance and anything else that contributes to the status of actors), social capital (like the network ties that enable one actor to leverage on the resources of other actors), and symbolic capital (like prestige, reputation, authority and anything else that help justify power relationships in the field). Habitus is a durable system of dispositions that informs the conduct of individuals, which originates from individuals' past and present interactions within the field in the forms of cues, rewards, and sanctions that signal what is socially acceptable (Emirbayer and Johnson 2008; Navarro 2006; Wacquant 2013).

Bourdieu's frame knowledge consists of propositions that articulate the properties and interactions between field, capital, and habitus. Propositions include that the field is asymmetric because some individuals, groups and organizations dominate others by controlling patterns of production, appropriation and accumulation of the various forms of capital. Control over capital, in turn, contributes shaping the habitus of individuals because it signals what is considered legitimate, appropriate, and desirable. A special role, in this respect, is played by symbolic capital because it makes individuals believe that existing social relations within the field are natural and self-evident rather than arbitrary and concealed by taken-for-granted assumptions. Individuals may not even recognize that existing social relations play at their disadvantage when they are exposed to "symbolic violence" (Eagleton and Bourdieu 1992; Webb, Schirato, and Danaher 2002) that disguises the interests of the dominant parties and denies those of the subjugated (Bourdieu and Wacquant 1992). The habitus of individuals, in turn, contributes perpetuating the struggles over social differences and unequal social structures (Cronin 1996; Navarro 2006).

From Bourdieu's sociological perspective, the commercialization of education and healthcare services entails the reconfiguration of the education and healthcare policy fields. The introduction of commercial practices is accompanied by changed patterns of capital production, appropriation and accumulation. In addition, the commercialization of education and healthcare services challenges

the existing habitus of individuals who had only operated within full public funded entities and of their clients. The analysis of such reconfiguration requires attention to the “accumulated history” (Bourdieu 2011) in the field, to the forms of capital that operate in the field (Bourdieu and Wacquant 1992), and to the subjective meaning that individuals attribute to the symbolic order (Schinkel and Noordegraaf 2011). Understanding these features of the experience studied (i.e. the “logic” of the field) was assisted by one of the authors’ participation to public service in Saudi Arabia.

4. The changing features of Saudi public services

During the last decade, the provision of public services in Saudi Arabia started exhibiting stronger customer orientation, adoption of business initiatives, and opportunities for users’ choices. In the education and healthcare sectors, in particular, the establishment of “business centers” resulted in the adoption of commercially-oriented practices for the delivery of training programs and healthcare services. Although the country had already followed a trajectory of relative “modernization” since the 1970s, the introduction of such neoliberal-style reforms - broadly related to the idea of marketization of public services - disrupted a long-established tradition of centralization and bureaucratic administration of the education and healthcare sectors.

The Saudi administrative tradition of centralization and bureaucracy can be traced back to the very origins of the country. The unification of the kingdoms of Hejaz and Najd into the Kingdom of Saudi Arabia under Abdulaziz Al Saud in 1932 resulted in the formation of a state administration that centered on the role of the King (and, relatedly, of the royal family), who exerts supreme authority in the interpretation and execution of Sharia (the Islamic law) and control of the bureaucracy at the level of the central government and of the 13 provinces of the country (Al-Otaibi 2010; Jabbara and Jabbara 2005). Since then, the King and the royal family exerted a strong influence on Saudi public administration, whose practices have been also affected by the application of principles of *wasta*, which broadly consists of a system of patronage built on the basis of family and tribal ties (Al-Awaji 1971; Common 2008; Idris 2007; Jabbara and Jabbara 2005).

The historical and cultural conditions at the origin of the Saudi public administration resulted in the consolidation of paternalistic, hierarchical and authoritarian management practices (Tayeb 2004). The organizational culture of the Saudi public administration, which is strongly rooted in religion, tradition, and the community (Common 2008), has long exhibited traits of high power distance, collectivism, and femininity (Barakat 1993; Bjerke and Al-Meer 1993; Idris 2007; Jabbara and Jabbara 2005; Mellahi 2006). Decision-making style followed high uncertainty avoidance and consultation with in-groups, with the effect that even minute administrative problems have been typically passed up to the attention of senior officers (Jabbara and Jabbara 2005). A conservative attitude towards change, coupled with lot of regulation and red tape, has typically hampered innovation and improvement (Common 2008).

An account of the changing features of Saudi public services cannot escape, moreover, the role that oil played in the economic and administrative development of the country. After the beginning of the oil exploitation in the 1930s, and especially since the discovery of the largest oil field in the world, Ghawar, in 1948, Saudi Arabia enjoyed a continuous flow of oil revenue which funded more than 80% of public sector budget, apart from accruing to the riches of the royal family (Kamrava and Mora 1998; Lucas 2004). As a rentier state, Saudi Arabia pursued the development of generous welfare in the forms of free education and healthcare services, subsidized prices for fuel and other commodities, supply of desalinated water, and other forms of public benefits.

While oil revenue provided the opportunity for Saudi Arabia to enjoy instant prosperity, it also brought about profound changes in the society and the economy. Improvements of material conditions were accompanied by dramatic growth of Saudi population, with consequential effects on demand for more and better public services. Under the kingdom of Faisal (1964-1975), the public sector expanded to include more education and healthcare services, social security, television and telecommunications, and the central government started developing the capacity to plan and execute development projects (Al-Tawail 1995). His successor King Khalid (1975-1982) continued pursuing the strengthening of the public sector, which stimulated further immigration including the one of skilled workers and professionals who compensated for the lack of qualified local labor resources (Al-Ahmadi and Roland 2005; Al-Awaji 1971; Jabbra and Jabbra 2005). The emergence of a new class of professionals, partially related to a limited privatization of the economy (Bertucci 2004), stimulated the establishment of quasi-representative bodies like the Consultative Council (Majlis al-Shura), formed of professional, religious and academic advisors, and of Provincial Councils under King Fahd (1982-2005). The pervasive presence of foreigners among the workforce also triggered the adoption of Saudization policies (Ghallager 2002), which were also intended to tackle the growing unemployment in the country (although the expected increase of the share of Saudi employees was not attained; Mellahi 2006).

It is within this historical context that neoliberal reforms of the provision of public services took place. In 2003, the Saudi government established the General Memorandum Committee Administrative Reform, which was charged with the task to guide the restructuring of the public sector (Al-Otaibi 2006). While most of the reform focused on fixing duplications and overlaps between a plethora of government agencies, pressure to provide better services also fell onto the education and healthcare sectors. Some universities and public healthcare companies reacted by diversifying their activities into commercial branches, which would provide paid ancillary services while the parent entities (which were fully funded by the government) would carry out their statutory services for free. Several business centers were established during the 2000s (Table 1 lists the main ones).

Only partially did the introduction of commercial practices in the education and healthcare sectors serve to fulfil demand for training programs and healthcare services. The establishment of the business centers also offered opportunities to earn additional income for academics and physicians who performed services beyond the stipulated working hours. Extra income sources were intended to help education and healthcare entities attract and retain highly skilled professionals, whose salaries at the Saudi universities and public healthcare providers were inferior than market rates. The health sector, in particular, was extremely dependent on foreign physicians (who catered for about 80% of the service; Al-Sheri 2010) who could be attracted by better economic conditions in neighboring countries.

4.1. The commercialization of education: The Business Center of the Institute of Public Administration

The Institute of Public Administration (IPA) was established in 1961 as an autonomous government agency charged with the statutory aim to contribute enhance the quality of the country's public administration and economic development. IPA was required to provide education to public employees in order to improve efficiency and effectiveness of the implementation of government policies and programs and increase their accountability for the exercise of public authority. In addition, IPA provided various consulting services to government entities, including organizing administrative systems, advising on administrative issues, carrying out research work, and promoting principles of efficiency and effectiveness in public administration.

In 2006, the IPA established its Business Centre (IPA BC) with the aim to fulfil growing demand for training and advisory services and to expand IPA's offerings into market areas that were not included in the original IPA statutory mandate, such as services for the private sector and for semi-governmental entities. Legal requirements provided that IPA could only offer training and consulting services to individuals and entities that were part of the government. The IPA BC, instead, enjoyed the flexibility to provide services to other parts of the public sector and to business clients. The same employees of the IPA could provide training and consulting services through the IPA BC in addition to their yearly work plans at IPA.

The formulation of the business strategy of the IPA BC was illustrated in its mission and vision. The vision provided that the IPA BC "aspires to be pioneering and outstanding in offering high-quality services in the various fields of administrative development, which can serve as an example to be followed on the local, regional, and global levels". The mission of the IPA BC was "to provide both the public and the private sectors with high-quality training, consultative, and research services in a unique way that meet their expectations and guarantee their satisfaction". Business areas of the IPA BC comprised the provision of training services, consulting, advice and research, the organization of seminars, symposia, and exhibitions, and other forms of utilization of the IPA BC's facilities at the IPA premises (at both the headquarter and the branches). Provision of training services has been the main business area of IPA BC so far, in the form of general-purpose training programs, special-purpose training programs, general qualification preparatory programs, special qualification preparatory programs, and seminars for administrative leaders.

The delivery of training and other services built on the human and material resources that IPA BC could draw from the parent entity IPA. Instances of such resources included over 600 IPA faculty members, the Prince Salman Conference Center with a capacity of 900 people, training rooms and computer labs equipped with up-to-date technology, the Center of Training Technologies which was equipped with a modern studio for the production of films and training cases, the largest library on administrative sciences in the country (counting over 285,000 volumes in Arabic and English), subscription to local and international databases specialized in various administrative disciplines, a publishing facility, an English teaching center, and a remote communication and training network that connects the IPA headquarters and branches with local and international organizations. In addition to training programs (which were also carried out in collaboration with the World Bank and other national and international organizations), IPA BC also deployed its resources in several consulting projects on the restructuring of government entities and in frequent advisory services.

As the commercial activity of the IPA BC unfolded, it also became apparent that the center lacked full autonomy from the parent entity. The requirement that IPA employees perform commercial activities outside the stipulated working hours, for example, limited the delivery of training programs to the evenings and weekends only. The relationship between IPA and IPA BC, which was dealt with as an organizational unit of the parent entity, resulted in a limited scope for the commercial branch to set its own strategic direction and resource allocation policy. As an effect of these conditions, IPA BC hardly expanded its commercial activity beyond the public sector and its engagement with business entities remained relatively circumscribed. Lately, IPA BC has followed aggressive marketing plan aiming to make it more visible among clients, especially by establishing a Marketing department and hiring dedicated staff to develop the commercial activity in a corporate style. IPA BC has established a strong network of partnerships with many global private consulting firm to improve its offering and to cover a wide range of services provided to other government agencies and private sector firms. These efforts resulted in an increase in revenue by 20-fold in 2017.

4.2. The commercialization of healthcare: The Business Center of the King Fahad Medical City

Established in 2005, King Fahad Medical City was intended to be one of the largest independent medical complexes in the Middle East, with a total capacity of about 1,200 beds. Fully funded by the Saudi government and oriented towards providing services that are not typically provided in other hospitals, KFMC comprised four hospitals to treat more than 50,000 in-house patients and over 2m out-patients per year. Since its creation, KFMC was allowed to carry out commercial activities, which were launched through a Business Centre (KFMC BC) that was intended to generate income for the Resource Development Fund (RDF) of KFMC, established in 2007 by the Council of Ministers. Headed by a board that included executive members of KFMC and two representatives from the Ministry of Finance and the Ministry of Health, the RDF was granted legal and financial autonomy to manage and develop the asset base and businesses of KFMC.

The commercial activities of the KFMC BC were arranged in close coordination with the healthcare services of the KFMC. Differently from the patients of the KFMC, who were treated for free, those of the KFMC BC paid a fee but were hospitalized under the same procedures and shared the same facilities of KFMC patients. Patients that were serviced through the KFMC BC could benefit from shorter waiting list, but both KFMC and KFMC BC patients received services of commensurate quality. Physicians of the KFMC did not differentiate between KFMC and KFMC BC patients, with the effect that no additional income was provided to the individual physicians who treated KFMC BC patients. Income generated from the commercial activity of the KFMC BC accrued to the RDF, which invested into development projects of the KFMC although it also shared part of the profit with KFMC departments.

The lack of monetary rewards for physicians who treated patients of the KFMC BC limited the capacity of KFMC's healthcare system, however. Physicians preferred practicing in private clinics outside the KFMC rather than devoting extra time to KFMC BC patients. The management had to contemplate providing physicians extra income sources in order to expand the commercial business area, although legal impediments have been limiting the possibility for the RDF to act as a commercial enterprise. The Ministry of Commerce refused to grant the RDF the status of commercial undertaking because Saudi company law does not provide for business activity for government-owned entities.

5. Discussion: The reconfiguration of the education and healthcare fields

The introduction of neoliberal reforms of the provision of public services in Saudi Arabia should be related to the political, social and economic features of the country's neo-patrimonial regime. As discussed above, the commercialization of education and healthcare services cannot be explained on the basis of conditions that are typically associated with neoliberal reforms in countries characterized by representative democratic systems. Stability of the Saudi political elite in power and of the traditional value system rule out the role of political turnover and ideological shifts. Reliance on oil revenue also helps dismiss the role that fiscal crisis and pressures from international organizations have in stimulating countries' adoption of neoliberal reforms (although the Saudi government takes steps to prepare for a post-oil regime, as articulated in Saudi Vision 2030).

Following Bourdieu's frame ontology and frame knowledge, the analysis of the commercialization of education and healthcare in Saudi Arabia should be attentive to the features of the fields of the Saudi public sector domain generally and of education and healthcare sectors specifically. In part, the fields of the general public sector domain and of the particular education and healthcare sectors are related to each other. The public sector domain has been long characterized by patterns of ap-

appropriation of economic capital that originate from oil revenue and that provide full funding of education and healthcare services. Both the public sector domain in general and the education and healthcare sectors in particular have been characterized by forms of social and symbolic capital that - as part of the Saudi society field more generally - highly regarded values of hierarchy and authority. The education and healthcare sectors, moreover, share some traits of the Saudi public sector domain more generally including the large share of foreign workers and the growing expectations of service quality from the users.

In part, the education and healthcare sectors fields exhibit some distinctive traits. Differently from other parts of the public sector, education and healthcare services provide some latitude for introducing commercial practices in the form of paid training services and healthcare treatments. For various reasons including the need to improve capacity of the Saudi workforce and the aspiration for better healthcare services, both education and healthcare services face untapped market opportunities. Like in other parts of the public sector, education and healthcare services largely rely on foreign workforce but - unlike those who work in many other public sector services - academics and physicians could find better economic opportunities in the business sector of abroad.

These traits result in tensions in the education and healthcare sectors fields. First, as the sectors experienced new forms of production of economic capital (in the form of fees for education and healthcare services), issues arouse about the appropriation of the commercial income from the side of different claimants. A second tension originated from the rising expectations for service quality and increased demand from the users, which could be hardly fulfilled if traditional bureaucratic and self-referential management styles were retained. A final tension stemmed from the conflicts between the public service logic and the economic material interests of education and healthcare professionals.

The introduction of commercial practices attained a partial mitigation of the tensions in the education and healthcare sectors fields. In the education sector, the provision of training programs provided a way to diversify income sources from the government budget. Part of the new economic capital was shared with the teaching staff, whose economic conditions improved with beneficial effects in terms of attractiveness and retention. On the front of fulfilling clients' demand, however, the commercialization of education services attained limited success because of legal and organizational constraints that can be understood - in the specific case of IPA BC - as an unresolved tension between the pursuit of managerial autonomy on the one hand, and the persistence of hierarchical controls on the other one. The commercialization initiative seem to have also triggered novel forms of conflict, especially when newly acquired entrepreneurial traits of the habitus of individuals who worked in the IPA BC came to collide with the conservative traits of the habitus of IPA headquarter staff.

Also in the healthcare sector, the provision of commercial healthcare services contributed mitigate the existing tensions within the field. Differently from the education sector, however, the new economic capital was not even partially shared with the professionals - in the specific case of the KFMC BC - but redirected toward investments of the RDF. Commercial income served funding development projects that would result in improved conditions for meeting the expectations of the patients, although they could also serve the accumulation of symbolic capital around the RDF as an influential player within the healthcare sector field. The lack of distribution of the commercial income to the physicians, however, did not help solve the tension between the economic conditions of work at the KFMC BC and the more advantageous ones in the business sector or abroad. Also in the case of the healthcare sector, the commercialization of services seems to have stimulated novel forms of conflict between labor and capital over the appropriation of income from patients fees. Notably, the introduction of commercial practices in the KFMC BC did not apparently exacerbate the

service relationship between physicians and patients, for reasons that arguably relate to the lack of discrimination between KFMC and KFMC BC patients.

The analysis of the commercialization of education and healthcare in Saudi Arabia suggests some ways to reconsider general arguments on the adoption of neoliberal reforms of the provision of public services. Critics often pointed out that public sector neoliberal reforms tend to disrupt existing systems of values, practices and relationships in the delivery of public services (Bozeman 2002; Horton 2006; Newman 2007). Evidence from the Saudi Arabia experience suggests that the introduction of commercial practices in the public sector can (in Bourdieu's terms) reconfigure patterns of capital production, appropriation and accumulation and reshape the habitus of individuals. The impact of commercial practices can be one to generate new conflicts within the field, but they can also help mitigate existing tensions. A more balanced appraisal of commercialization of public service provision, then, would acknowledge that the introduction of commercial practices may not necessarily result in a deterioration of existing systems of public service delivery. Rather, commercial practices may provide opportunities to generate new forms of capital whose allocation affects the tensions in the field in novel ways.

This study also suggests some ways to start theorizing about the adoption of neoliberal reforms in neo-patrimonial systems. For the reasons that have been discussed above, political and institutional systems that differ from representative democracy seem to lack the kind of conditions and factors that are conducive to neoliberal reforms of the provision of public services. Yet, evidence like the commercialization of education and healthcare in Saudi Arabia shows that this is not the case. Following Bourdieu's frame ontology and frame knowledge, the adoption of commercial practices can be explained on the basis of their role in mitigating existing tensions although they can also generate novel conflicts within the public sector field of interest.

6. Conclusions

This study took some tentative steps towards enriching our understanding of neoliberal reforms of the provision of public services that take place in neo-patrimonial systems. The analysis of the commercialization of education and healthcare services in Saudi Arabia provided some evidence that neoliberal reforms can take place for reasons that deviate from traditional accounts that are formulated in the context of representative democracies. Theoretical accounts of public sector reforms should be more attentive to the policy process in countries whose political economy regime is characterized as a neo-patrimonial, not least because they play an influential role nowadays - in economic, demographic, and geo-political terms.

This study analyzed the commercialization of education and healthcare in Saudi Arabia on the basis of the frame ontology and frame knowledge of Bourdieu's sociological work. The adoption of Bourdieu's analytic framework has been advantageous to explain the adoption of commercial practices in Saudi public services because its conceptual resources are independent of the political economy features of the context (indeed, the empirical focus of Bourdieu's work spanned across several public domains and countries, from Algeria to France). Yet, this study contains some limitations in this respect. The analysis of the commercialization of education and healthcare in Saudi Arabia could be deepened by placing greater attention to features of the public sector field that have been overlooked, such as the role of symbolic violence in legitimizing patterns of capital production, appropriation and accumulation. Additional empirical evidence should be collected on the reasons that oriented policy-makers and civil servants in the adoption of commercial practices in education and

healthcare services, although it has been noted that the Arabic policy context is one where researchers experience difficulties to gather written records on policy decisions, whose rationales may be often related to personal preferences of senior leaders (Tayeb 2004).

This study also indicates some ways to carry forward a research program that aims to enrich theoretical account of public sector reforms. Already Common (2008) highlighted that public sector reforms in the Middle East are overlooked by researchers in comparative public administration, while these experiences offer useful insights into administrative change because they defy standard assumptions about pressure for reform. Armed with additional conceptual resources but those that have been deployed in the study of public sector reforms so far, future research could help identify the conditions, rationales, and tendencies of change of provision of public services also in neo-patrimonial systems or formulate more general context-independent theories of public sector reform.

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