

What to Study in Ministers?

The case of German Health Minister Ulla Schmidt

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Most studies in political leadership analysis focus on the behavior or performance of chief executives, especially American presidents and Westminster prime ministers. Much less research is done on cabinet ministers as information on ministerial decision-making is not widely available and field access is a recurrent problem. As a result, most studies on ministers focus on the quantitative analysis of ministerial career patterns while leaving out the equally if not more interesting question of what ministers actually do while being in office. Those studies that have been successful in interviewing ministers or their officials mostly focus either on the differing role conceptions of ministers or on their varying impact on political and policy outcomes in specific situations. The strengths and weaknesses of both approaches are complementary: analyzing a minister's behavior in a concrete situation such as in a specific reform process may deliver a robust assessment of their impact on a specific outcome but does not tell us enough of how they use to make decision in other contexts; conversely, studying role conceptions may give us a more complete picture of a certain minister but as long as role analysis remains on the level of reconstructing *images* that ministers give of themselves, it obviously cannot yield reliable statements on ministerial impact.

In my paper, I present a research design that aims to combine the strengths of the two approaches by analyzing both routines or patterns of ministerial behavior in certain phases of their tenure as well as ministerial decision-making in more concrete situations. I do so on the basis of preliminary empirical results on the case of the former German Health Minister Ulla Schmidt (2001-2009). The examples are taken from my PhD project in which I compare the behavior and impact of four German health ministers from the 1990s and 2000s. German health policy at that time provided a critical context for ministers as problem pressure was regarded as high due to rising health care costs while the obstacles for structural policy change in a corporatist setting like the German were perceived as equally challenging. On the basis of a qualitative content analysis of semi-structured expert interviews with former ministerial officials, politicians, interest group representatives and others, I therefore analyze how ministers came to get the job in the first place and what kind of political experiences they had obtained at the time of appointment; how they entered their department, what kind of personnel they appointed at the top layer of the organization and how they preferred to receive political and policy-related advice from both political appointees and career officials; in how far ministers reversed initial decisions at later stages of their tenure and changed routines or practices of dealing with their departments; how ministers behaved in concrete reform processes, overcame potential reform obstacles and thereby impacted upon relevant policy outcomes; and, finally, how ministers acted in moments of crises and managed to remain in office or lost it.