

# Investigating people management issues in a third sector health care organisation – an inductive approach

## AUTHORS

### John James Rodwell

BA, PG Dip Psych, PhD  
Professor, Deakin Business School, Deakin University,  
Victoria, Australia.

### Andrew James Noblet

BEd (Sec), Grad Dip Mgt, PhD  
Associate Professor, Deakin Business School, Deakin  
University, Victoria, Australia.

### Peter Steane

BTheol, GDipEd, MEd, PhD, FAICD, MAAPT  
Professor of Management, Graduate School of  
Business, RMIT University, Australia.  
Peter.Steane@mgs.edu.au

### Stephen Osborne

BA, MA, PhD  
Professor of International Public Management,  
University of Edinburgh, United Kingdom.

### Amanda Faye Allisey

BA (Psych), PG Dip Psych  
PhD Candidate, Deakin Business School, Deakin  
University, Victoria, Australia.

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## ABSTRACT

### Objective

To explain use of inductive convergent interviewing to generate the perceived critical people management issues, as perceived by staff, as a prelude to longitudinal surveys in a third sector health care organisation.

### Design

Convergent interviewing is a qualitative technique that addresses research topics that lack theoretical underpinning and is an inductive, flexible, evolving research approach. The key issues converged after six rounds of interviews as well as a further round to ensure that all of the common people management issues had been generated.

### Setting

Studies in employee behaviour in the health care industry exist, but there is little in the way of tested models of predictors of such behaviour in third sector organisations in the Australian health care industry. The context is what differentiates this study covering a range of facilities and positions in hospitals and aged care situations within one third sector health care organisation.

### Subjects

The study proposed twenty seven extensive interviews over a range of facilities and positions. Twenty one interviewees participated in the final convergent process.

### Conclusions

Critical issues included: workload across occupational groups, internal management support, adequate training, the appropriate skill mix in staff, physical risk in work, satisfaction, as well as other issues. These issues confirm the proposition of sector-ness in health organisations that are multi-dimensional rather than uni-dimensional.

## INTRODUCTION

Studies in the Australian nonprofit sector are not as extensive as private or public sector studies. Unlike the United States, Australia's third sector does not derive much of its financial resources from fund-raising or philanthropy, but from government. So studies in this sector are of particular interest in helping build a solid comparative base across the sectors. This is especially the case where 'new public management' (NPM) (Osborne and Gaebler 1992; Steane 2008) or 'public governance' reforms have had a significant effect on managerial structures, systems and processes (Kearney and Hays, 1998) on third sector organisation (TSO) health providers in Australia.

This project investigates employee perceptions of their workplaces in medium and large hospitals in Australian private third sector organisations. The study is focussed on the people management aspects of these third sector health organisations due to the dire critical shortage of trained staff, such as nurses and midwives, as well as other problems of a human resource nature.

Hospitals in Australia operate in all three sectors of the economy. However, a major consequence of NPM has been an increased blurring of the public-private divide together with the emergence of increasingly complex relationships between public, private and TSOs (Brown and Barnett, 2004). These public private partnerships (PPPs) are part of a new architecture of governance and interaction between organisations, and they are increasingly complex (Steane and Carroll 2001). It suggests that public-ness may be multi-dimensional not uni-dimensional (Ferlie et al 2003), and examples of this complexity of 'sector-ness' appear in Australian hospitals. While narratives of purity – as public or private – exist, the nature of hospitals is better understood in terms of hybridity (Brown and Barnett 2004). For example, governments have management and leasing arrangements that vary by degree across the many forms of co-location, such as contracts with private companies to manage and operate public hospitals, and companies that have leased public hospitals

and run these as private for-profit facilities (Collyer and White 1997). The overall effect is that Australian hospitals now operate in an environment that has 'blurred' the traditionally binary categories of 'public' and 'private' (Brown and Barnett 2004). Yet while TSOs mimic many aspects of the corporate or public sectors, there remain subtle differences (Steane 2008; 1997) such as managerial behaviour and the systems operative to meet the needs of particular clients in such a way to reinforce core values (Gates and Steane 2009).

### People in the Health Industry

There are two key issues pertaining to this study: an ageing workforce among health professionals and the turnover of staff in the workplace. These issues frame the investigative context of this study. The Australian overall national expenditure on health was 9.7% of GDP in 2003-4 (AIHW 2006) compared with 8.7% in 1998-9 and 8.1% in the early 1990s (AIHW 2005b; 2004). In relation to the first issue, the health care industry is presently experiencing critical workforce problems, which include severe workforce shortages together with high levels of employee stress and an ageing workforce. There is a shortage of people entering the nursing profession on a global scale (Erickson and Grove 2007). In Australia, there is the greatest shortage of nurses in over fifty years, requiring an additional 10,000 nurses to meet current demands (Chang 2005; RMIT 2003). Nurses represent almost two-thirds of the health workers in the health services industry (AIHW 2006). The proportion of the medical workforce over 45 years old increased from 41% to 46% from 1996 to 2003 (AIHW 2005a), and stayed at 46% in 2005 – considerably higher than the overall workforce average of 35.5% (AIHW 2006). It is in nursing where the most rapidly ageing proportion of the workforce occurs. Nurses older than 45 years increased from 29% to 46.5% between 1996 and 2003 (AIHW 2005b) and is now up to around 47.4% (AIHW 2006).

To reinforce the urgency of studies in this area, projections indicate that if the latter baby boomer cohort of nurses depart the workforce at the same rate as previous generations, more than half the current nursing workforce will have retired within the

next 15 years. This problem is exacerbated by the decline in nursing undergraduate commencements over the 10 years to 2003 (Schofield and Beard 2005) as well as comparatively less starting salaries than other graduating professionals (Drury et al 2009). This paints a problematic future for the profession in the medium to long-term.

The second issue of increased employee turnover is a key contributor to this shortage. Poor retention levels among younger and mature employees can be due to a number of factors, including: salaries, poor career paths, unsupportive working environments, non family-friendly working hours and increased levels of bullying, stress and dissatisfaction (Drury et al 2009; Rocker 2008; Fitzgerald 2007; Bessell et al 2004). Job stress is a particularly serious problem in the health industry with health care professionals having higher absence and sickness rates compared to staff in other industries (Edwards and Burnard 2003). Furthermore, stressful working environments are another reason why health service employees fail to function at an optimal level of effectiveness and have been associated with deteriorating patient care (Salmond and Ropis 2005; Happell et al 2003). This simple review of the issue in the literature suggests an optimal theoretical model, such as the Job Strain Model, which provides proven predictors of well-being (Ganster et al 1993). Such a model would constitute a viable framework to examine the experiences of hospital staff, especially nurses, about staying in the workforce longer and the impact of stress on work. Retention issues remain a key area of concern for the health sector, yet there appears that efforts to address it are minimal or spasmodic (Levtak 2002).

The project team seeks to contribute to this area of research and investigate the health industry in the area of work design that explicitly focuses on managing an ageing workforce (Kanfer and Ackerman 2004). This focus is compounded by the little empirical research on TSOs in Australia compared to other OECD countries. Although TSOs have assumed new prominence in recent years in the provision of education, health and welfare services, there have been only two major studies undertaken on non-profit

organisations: the Industry Commission's (1995) Report into Charitable Organisations in Australia and the Inquiry into the Definition of Charities and Related Organisations (Sheppard et al 2001). Prior to these studies, research and systematic knowledge of the scope and scale of TSOs was embryonic, with Lyons (2006) being the significant step in mapping the field. This is in stark contrast to the understanding of TSOs in the US, where this sector is far more prominent and in receipt of much more philanthropic financial assistance. Little Australian research has resulted in a consequent lack of understanding about TSO strategic and operational effectiveness vis-à-vis government or corporate organisations. This study of a TSO in a partnership with government to provide public health provides a unique insight and makes a contribution to a field hitherto not well covered. Thus the study provides an important consideration, given the role TSOs play in the Australian health industry (cf Kelly 2008; Steane 2008).

An inductive methodology was employed to surface the common issues across the organisation that may help to address critical people management issues in a third sector health organisation (TSHO). This study makes a contribution to understanding both work design in the health industry as well as understanding it within a TSO. The focus of the methodology was the question: 'what are the most pressing people management issues in your workplace?'

## METHOD

The interviewing technique used in this research was convergent interviewing (Dick 1990). Convergent interviewing is an iterative research technique for interviewing. It has a history of use in the change and organisational development literature, and is useful in clarifying focal points of inquiry as well as identifying gaps in the field (Dick 1990). The content of convergent interviewing is unstructured and the process is semi-structured (Williams and Lewis 2005). The researcher on the team engages with participants from a heterogeneous sample of interviewees, to maximise the possibility of variation (Reige and Nair 2004; Patton 1990). A series of probe questions are used to test for the pattern of

agreement (convergence) and disagreement (divergence). The series of interviews terminate when a stable pattern of convergent and divergent issues manifest. The structure in the process is derived from an embedded, ordered route of design and analysis.

Governance of the project entailed a steering committee – comprising management, union and employee representatives – who were tasked to appraise the researchers of internal and contextual issues within the case organisation – a large TSO health organisation, spread over hundreds of kilometres. The panel identified potential subjects for interviewing who were regarded as both most informed and most different to one another. The committee also advised on the operationalising of interviews, given the schedules and workloads. For example, interviewees were more amenable at the beginning or end of nursing shifts or when in the central office for meetings, but always had the option not to be involved. Ethics approval was separately sought and approved, via formal application and critique, from the Human Ethics Committees of both universities and the TSO case organisation. The project proceeded with the support of three separate ethics committees.

Participants in convergent interviewing were asked to share their views on the research topic with the interviewer. All interviews were one-to-one and lasted between 60 and 90 minutes, in order to reach the level of detail and importance necessary for identifying the key issues (Dick 1990).

The sample frame of the current study covers all the employees working for a TSO in the health industry, with the majority of employees working at hospital facilities. Of the 27 employees initially asked for interviews, 21 employees participated. A wide range of facilities and positions were represented – including the various hospitals and aged care facilities.

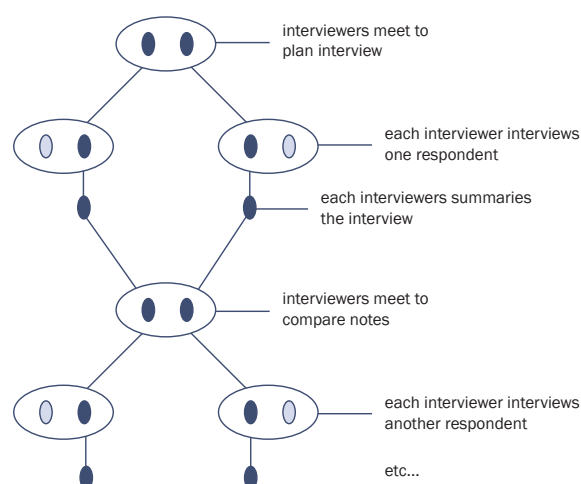
### The Interviews

Interviews were conducted in private, and usually in the respondent's general workplace. Each interview

began with an explanation of the process and how the data was to be treated, to ensure confidentiality and non-identification of interviewees. An informed consent form was provided and signed by both the researcher and the respondent, with a copy kept by the respondent.

Interview questions adhered to three quality requirements advocated by Lazarfield (1954) of: clarity, focused, and tailored to the experiences of the interviewees. The initial interview question was 'what are the most pressing people management issues in your workplace?' Open-ended questions forestalled researcher bias and allowed respondents to determine the scope and depth of issues. The interviewees were encouraged by the use of active listening techniques. Probing questions were used, such as 'Can you tell me more about that?' or 'Can you give me some examples?' to generate more responsive data. The interviews ended by summarising the key issues raised in the interview, clarifying points of uncertainty or ambiguity to the researcher, thanking the respondent for their time and repeating the confidential nature of the research.

**Figure 1. A Summary of the Standard Convergent Interview Process (adapted from Dick 1990).**



At the end of each round of three interviews, and in accordance with advised practice on convergent interviewing (Dick 1990), researchers sought to identify generalised or coincidental agreement among interviewees and develop subsequent probes

for testing and clarifying accuracy in later interviews. Subsequent rounds of interviews added new issues where convergence could be found and probed for deeper understanding of the key issues already identified. In that way, an expanding list of central issues was generated. When no new common ideas occurred at round six, a check round was conducted to confirm no new key issues were raised (an overview of the process, based on the standard two interviewees per round, is summarised in figure 1).

Building validity is a central concern of qualitative research. Generally, the more valid information is that which is gathered freely, or volunteered (Denzin 1978). This was achieved through the use of semi-structured interviews and judicious probes, without the undue influence of more structured and specific questions of a survey instrument.

Convergent interviewing satisfies the criteria for methodological soundness of greater internal validity and external validity, over reliability and objectivity (Lincoln and Guba 1985), and is widely used in qualitative action research studies. Internal validity and credibility are addressed by the subject matter being accurately identified and described (Marshall and Rossman 1995), and is enhanced by a professional demeanour and rapport a researcher establishes with a participant.

## RESULTS AND DISCUSSION

The findings build on and reinforce other research (Drury et al 2009; Rocker 2008; Fitzgerald 2007; Bessell et al 2004) and add a contextual frame hitherto uncovered by studies in TSOs.

Participants were asked to outline the key issues that were affecting the TSHO/their own workplace. The issues that were common are listed below in order from most common to least.

### Workload

Workload was the largest issue of concern across all facilities/occupational groups. The majority of participants perceived that there were excessive workloads caused by a lack of funding, limited staff and changes to the nature of their work (i.e. there is

more documentation or requirements for employees to complete work that they do not entirely feel competent with). It is possible that this finding is specific to TSOs, where many staff characteristically works an unpaid portion of their time for the benefit of their patients and the organisation, (AMA 1999, Sect. 4, cf Grbich 2002).

### Support

The lack of support that 'floor' staff received from upper management was a perceived concern. While employees understood there was adequate support from their direct managers, they identified a significant lack of support between upper management and middle management. A further issue was that there are limited opportunities for inter-team/discipline socialisation.

### Training

Participants felt there could be more opportunities for training in non-medical aspects of the organisation. Managers and administration staff in particular perceived they would be able to perform their roles better (eg. give recognition to staff, provide support, use new technologies) if they had training in the relevant skills. Participants noted that administration staff were required to do increasingly complex tasks with inadequate training to help them adjust.

### Staffing/Skill Mix

The staffing/skill mix was a major issue in all facilities. Interviewees perceived there was not the right mix of skills within departments (particularly nursing, midwifery and aged care). The main issue is with nurses and the need for more highly-skilled nurses to train and support the graduate or lower grade nurses. Some participants mentioned that due to the limited number of highly qualified staff, employees are increasingly required to do tasks that they do not feel completely competent in and ultimately end up feeling stressed.

### Communication

The perception was that there are no real problems with the level of communication employees receive from their direct managers. The issue is mainly around how much information is passed on, and in



fact how it is passed on, from upper management to the floor staff. So, the concern is over the form and amount of content. Floor staff and occasionally middle management often perceived that when they receive information about decisions that affect them, it is too late for them to have any input. They felt that they could make positive differences in the organisation if they were given opportunities to influence decision-making.

### Recognition

Another common issue raised in the interviews was the level of recognition that staff receive. This was common across all employees whether they were middle management, senior employees or floor staff. Employees perceived a lack of recognition for their effort. Participants noted that verbal recognition can suffice, however they also noted that written recognition or recognition in terms of pay and benefits is needed, especially in the case of unpaid overtime and promotions.

### Pay

Participants perceived there were a number of employees who were dissatisfied with the level of pay they received. Many believe they are not paid at a competitive rate. They also believe if they were paid at competitive rates there would less concern with issues about attracting staff who are well qualified and who are willing to work harder.

### Resistance to Change/Dealing with Change

There were numerous references to changes within the TSHO and the difficulties that interviewees perceived with these. Participants considered they were uneasy about the changes in locations/management, and there was a great deal of staff who felt insecure with change. Interviewees perceived greater communication would have put them at ease. In particular, some participants perceived that many nurses who have been with the TSHO for up to 20 years were resistant to change.

### Physically Dangerous Work

Physically dangerous work is a source of perceived stress for many employees. Interviewees mentioned some employees are concerned about their physical

safety when at work. They often felt threatened by patients and they have to deal with people who are difficult to move, which results in a greater physical strain on nurses/doctors.

### Values

Values were perceived as important within the various professional and facility groups represented among interviewees. There was reference to what makes working at the TSHO different from other places in many interviews. There was a perception that the values of the TSO are what make it a special place to work (in contrast to public sector or for-profit facilities). This emphasis on the organisation's distinctive values helps to address the current lack of empirical evidence available about the impact of motives and values between the sectors, especially at the employee level and in terms of management approaches (Carroll and Steane 2000).

### Satisfaction with Work

Interviewees generally claimed a sense of satisfaction from their work, they perceived they had made a difference at the end of every day, and this is a rewarding experience.

A summary can be gleaned from these eleven common issues. This is achieved with minimal researcher-intervention and provides a juxtaposition of the issues and their apparent proximity to the employee. An example of the summary of these relationships, incorporating the metaphor of Lewin's forcefield analysis is shown in figure 2.

**Figure 2: An Example of a Summary of the Issues Raised in terms of their Proximity to the Employee**

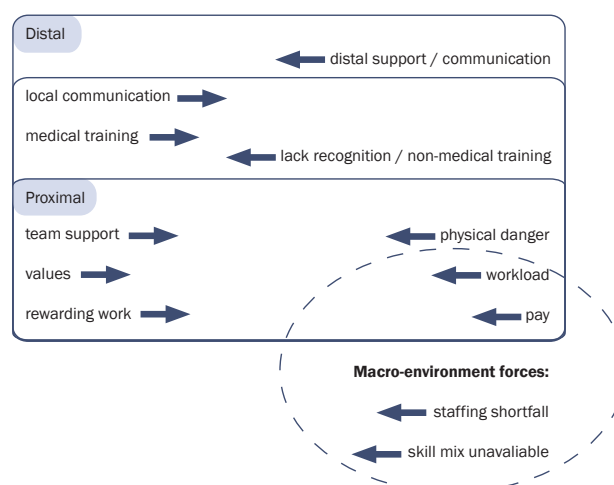


Figure 2 is an aid to illustrate the interrelationships between issues. The issues on the right hand side that have arrows pushing inward (left) tend to be negative issues; the issues on the left pushing inward (right) tend to be positive issues. The issue of the lack of recognition and providing training on non-medical issues are combined as they appear to be two sides of the same coin. Two trends arise from preliminary analysis of the inter-relationships of the issues: (i) the covariate of degree of proximity to the employee and the importance of the issues, and (ii) the view that there were levers available for 'someone' to fix the nursing shortage. The issues that are more proximal to the employee seem to be of greater importance, whereas, working outward through the contained boxes the issues can become more distal and potentially less critical to the employee. The dotted ellipse encapsulates the issues that interviewees felt were the key levers for addressing or causing the nursing shortage.

## CONCLUSION

Many of the drivers found in this study have been outlined above (e.g. Bessell et al 2004; Rocker 2008) where – working environments that are unsupportive to staff, foster bullying, entrench inflexible working hours and create unacceptable levels of stress and dissatisfaction, also possess low attraction and retention levels. Notably, except for the macro-issues associated with staff shortages, none of the issues raised above appeared to be specific to the ageing nature of the health workforce (especially nurses) and nor was age raised as a specific issue (e.g. see figure 1).

Although there may be similarities in the characteristics of organisations across sectors, several characteristics stereotypical of a TSO are found in this study (e.g., the importance of the organisation's values, the willingness of employees to self-sacrifice in the face of demanding workloads) which tends to confirm the proposition that sector-ness is multi-dimensional not unidimensional (cf Ferlie et al 2003). Indeed, this TSO may be a prime example of the hybridity of sector in hospitals (as per Brown and Barnett 2004) where

NPM-like forces and practices exist and are balanced with the ethos of serving the public. If so, then this is empirical evidence highlighting a key characteristic of not-for-profit industries and goes some way to clarifying the alleged blurring of differences between the sectors, especially at the employee level (Steane 2008; Carroll and Steane 2000).

In conclusion, the project proceeds to investigate the utility of a model that is likely to be powerful in this context, such as the Job Strain Model (Ganster et al 1993). It is a model that is comprehensive enough to incorporate many of the issues raised through convergent interviewing (e.g. Warr 1990). The use of such surveys will allow researchers to determine how widespread these issues are within the health industry and allow the statistical analyses of the inter-relationships between variables.

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