

# Planning and Implementing Change in Organisations

**To what extent is it possible for a model of good practice  
from a commercial environment to be applied and  
successfully replicated in a local authority in England?**

**Michael C Murray**

December 2014

**DOCTORATE OF BUSINESS  
ADMINISTRATION (DBA): 2014**

## **Acknowledgements**

I would like to express my sincere thanks to my supervisors for the patience and understanding shown when I deviated from the research parameters. The expertise and counsel received helped me to persevere over this long period of study and self examination. Without the support from the staff at Birmingham City University this thesis could not have been completed. I particularly thank Dr. Peter Hipkiss and Dr Clinton Bannock for staying the course with me and for the way they were able to correct my errors while at the same time convincing me that it might be possible to provide a work of some merit.

I also want to thank Professor Craig Jackson who guided me through the process and particularly with the statistics of the study. Professor Jackson was on hand to clarify many points and at all times acted in a very considerate way, even when my questions must have seemed so naive.

My friend and long time colleague Dr. Colin Reed also receives my deep appreciation and thanks for his advice and practical support in guiding me through the presentational aspects of this work.

Finally and most importantly I thank my family and particularly my wife Pené who believed in me and urged me to keep going when it was clear to me there was no end. Pené sacrificed so much to try and make sure there would be a successful outcome to the project.

# **Abstract**

The thesis research is concerned with change management in organisations, and specifically within a public sector organisation, a local authority (LA) in England. In particular the research first seeks to examine the utility and practical application of a selected model of good practice in workplace health that has been tested in the commercial world and secondly, the research examines the feasibility or otherwise of transferring and implementing the selected model of good practice to the LA in question.

The first step was to undertake a literature review of models of good practice in healthy workplace programmes and select the model to use. Next, the process was to review management change theories and strategies in order to identify how best to transfer and implement the selected model of good practice. After following a comprehensive research of workplace health programmes a Canadian model, Investing in Comprehensive Healthy Workplace Promotion was selected as the model of good practice.

The research utilised a constructive case study, aimed at an understanding of the phenomenon and creating a useful and theoretically grounded solution for the relevant problem. A collaborative action research programme involving participatory inquiry and reflection was considered and after reviewing alternatives it was deemed to be the most suitable framework for the purpose of the project; the intention was to develop a shared strategy whereby management and staff could provide better control over conflict resolution and work together.

The main approach was then to undertake a stress/satisfaction survey throughout the LA and consult with management and staff on how best the results from the research could be utilised to develop the project. Important empirical research material included an agreed questionnaire which was distributed to staff to broaden out the input of those actively involved in the exercise. 562 completed questionnaires from a workforce of some 800 were returned and the completed questionnaires were analysed and results fed back to management and staff in a further series of meetings. The reliability of questionnaires was tested using Cranach's alpha co-efficient, giving a value of .81 and this reliability was within criteria for research of this type of research. In addition to the questionnaire a series of focus groups were held together with briefings sessions to which all staff were invited to attend. The results from the survey then formed the basis for future action. This included the call for the establishment of a healthy workplace strategy and highlighted issues to be addressed in the immediate future and longer term.

A report of the findings and recommendations was submitted to the Corporate Management Team (CMT). The report recommended that the results of the questionnaire should be noted and the CWHP be implemented by the LA with external consultancy support. The research then describes and offers analysis and debate on the actions that were subsequently taken/not taken by the Corporate Management Team CMT.

Key words: healthy workplace, model of good practice, stress, change management questionnaire, focus groups

# Table of Contents

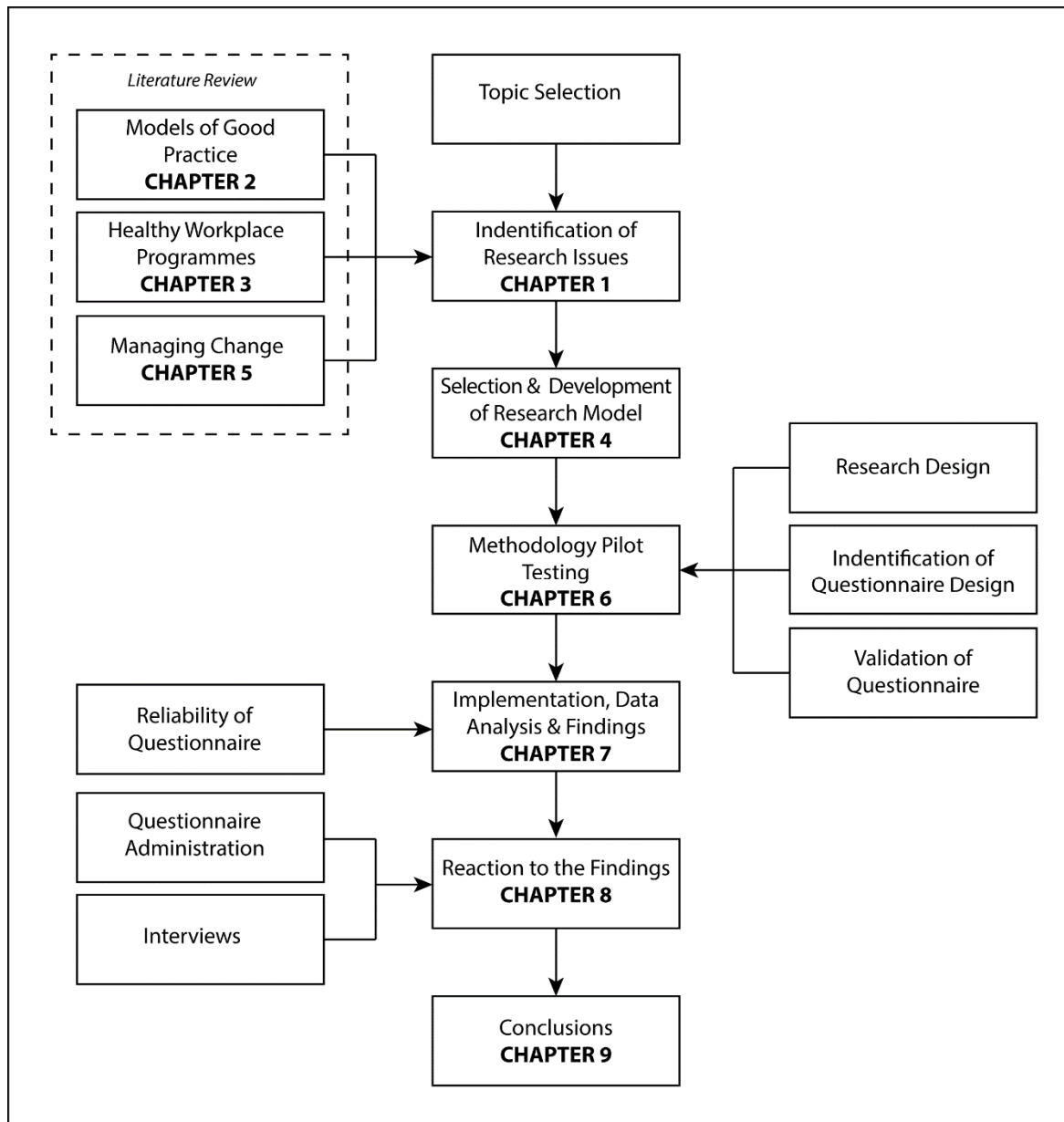
<b>Acknowledgements .....</b>	<b>1</b>
<b>Abstract.....</b>	<b>2</b>
<b>Table of Contents and Route Map .....</b>	<b>3</b>
<b>Chapter 1: Introduction .....</b>	<b>11</b>
1.1 Background and motivation for the study.....	11
1.2 Public/private sector management .....	11
1.3 Models of good practice .....	12
1.4 Managing change.....	12
1.5 Initial approach .....	13
1.6 Organisational setting .....	14
1.7 Research question, aim and objectives .....	14
1.8 Key issues to address .....	15
1.9 Initial discussions on research process .....	15
<b>Chapter 2: Literature Review.....</b>	<b>16</b>
2.1 Introduction of the literature review process .....	16
2.2 The need for ‘good practice’ .....	16
2.3 Reviewing the concept of good ‘practice’ .....	17
2.4 Replicating ‘good practice’ .....	18
2.5 Transferring ‘good practice’ .....	19
<b>Chapter 3: Identifying the Requirements of a Model of Good Practice in the Healthy Workplace .....</b>	<b>21</b>
3.1 Introduction .....	21
3.2 Background.....	21
3.3 Defining the healthy workplace .....	21
3.4 Developing the healthy workplace: Stress and related psychosocial issues .....	22
3.5 Occupational stress and work related psychological health problems .....	22
3.6 Alleviating stress .....	23
3.7 A multi-dimensional concept.....	24
3.8 The systems approach.....	24
3.9 Primary, Secondary and Tertiary interventions .....	26
3.10 Workforce participation.....	27
3.11 Worksite health promotion programmes .....	28

3.12	Establishing the steering committee .....	29
3.13	The blended philosophy.....	29
3.14	Personal health practices.....	31
3.15	Impact of the organisation of work on the health of employees .....	32
3.16	Joint impact of personal health practices and organisation of work on health, productivity, efficiency and competitiveness.....	33
3.17	The impact of health promotion programme (HPPs) on health and productivity .....	34
3.18	Programme content and design prerequisites.....	35
3.19	Selection of the model of good practice .....	36
3.20	Effectiveness.....	36
3.21	Reviewing and evaluating existing healthy workplace programmes .....	38
3.22	In conclusion.....	38
<b>Chapter 4: Change Management .....</b>		<b>40</b>
4.1	Introduction .....	40
4.2	Management philosophies and models .....	40
4.3	The quest for effective change management.....	41
4.4	Attitudes to change .....	41
4.5	Seeking a new approach .....	42
4.6	Learning organisations.....	42
4.7	Single and double loop learning .....	43
4.8	Defensive strategies .....	44
4.9	Theories in action .....	45
4.10	Organisational Learning Mechanisms [OLMs] .....	46
4.11	Organisational structure.....	47
4.12	Proximity to the organisation's core mission.....	48
4.13	Environmental uncertainty.....	48
4.14	Task uncertainty .....	49
4.15	Task structure .....	49
4.16	Summary.....	49
4.17	In conclusion.....	50
<b>Chapter 5: Evaluation of the Canadian Model of Comprehensive Workplace Health Promotion (CWHP).....</b>		<b>52</b>
5.1	Introduction .....	52
5.2	Investing in Comprehensive Workplace Health Promotion.....	53
5.3	Evaluating the Canadian Model.....	54
5.3.1	Overall philosophy of approach.....	54
5.3.2	Implementation of programme .....	59

<b>Chapter 6: Research Methodology</b>	<b>65</b>
6.1 Methodology	65
6.2 Identifying the research epistemology	65
6.3 The research methodology	66
6.3.1 Designing the research process	66
6.3.2 Case study	66
6.3.3 Ethnography	67
6.3.4 Action research	68
6.3.5 In conclusion	70
6.4 Key stages of the action research process	70
6.4.1 Stage 1: Setting up the action research objectives and process	70
6.4.2 Stage 2: Defining the conceptual framework	72
6.4.3 Stage 3: 1 <sup>st</sup> Action research cycle	73
6.4.4 Stage 4: 2 <sup>nd</sup> Action research cycle	74
6.4.5 Stage 5: 3 <sup>rd</sup> Action research cycle	79
6.5 Data collection methods	82
6.5.1 Questionnaire	82
6.5.2 Qualitative data from questionnaires	82
6.5.3 Focus groups	83
6.6 Conclusions and evaluation of research	83
6.6.1 Evaluation of the research: study limitations	83
6.6.2 Ethical research	84
<b>Chapter 7: Findings</b>	<b>86</b>
7.1 The context of the research	86
7.2 Three cycles of the action research process	86
7.2.1 Development phase	87
7.2.2 1 <sup>st</sup> Action research cycle	88
7.2.3 2 <sup>nd</sup> Action research cycle	93
7.2.4 3 <sup>rd</sup> Action research cycle	97
<b>Chapter 8: Reactions to the Findings</b>	<b>99</b>
8.1 Introduction	99
8.2 Background to the meeting with the CMT	99
8.2.1 Concerns of the researcher	99
8.3 Defensive strategies	100
8.4 Meeting with the CMT	101
8.5 Reaction from the CMT	102
8.6 Reflection on the project	102
8.7 Review of the meeting with the CMT by the researcher and the CEO	103

8.8	Discussions .....	104
8.8.1	First phase .....	104
8.8.2	Second phase .....	104
8.8.3	Third phase .....	105
8.8.4	Final phase .....	106
8.9	Interview limitations .....	107
<b>Chapter 9: Conclusions .....</b>		<b>109</b>
9.1	Introduction .....	109
9.2	The research question, aim and objectives .....	109
9.2.1	The progress of the research .....	110
9.2.2	Design of the research protocol .....	110
9.2.3	Outcomes from the survey .....	111
9.2.4	Identification and selection of a model of good practice in healthy workplace promotion ..	111
9.2.5	The assessment of managerial capability .....	111
9.3	Difficulties that arose in the research .....	112
9.4	Issues arising from the research .....	112
9.4.1	Lesson(s) from the above .....	113
9.5	Summary .....	113
<b>Bibliography .....</b>		<b>115</b>
<b>Appendix: Developing the Healthy Workplace Strategy: Draft Summary Report...</b>		<b>126</b>
<b>Portfolio of supporting papers .....</b>		<b>138</b>
A reflective account of the personal experiences of undertaking the Doctorate of Business Administration degree .....		139
<b>Main Paper 1:</b> A critical appraisal of the design, development and implementation of a comprehensive workplace policy .....		150
<b>Main Paper 2:</b> Promoting a healthy workplace - A case study .....		177
<b>Main Paper 3:</b> A review of the reactions of senior management to the results of the consultancy brief into a change management project .....		237
<b>Reflective Paper 1:</b> A discussion of issues that may influence the organisations ability to manage change .....		262
<b>Reflective Paper 2:</b> A review of organisational issues to help analyse the context of a proposed setting for organisational learning .....		272
<b>Reflective paper 3:</b> Reflecting on managing change: Single and double-loop learning .....		280

**Figure 1: Structure of the thesis**





**Figure 2: DBA Research Timetable**

Date	Activity	Comments
<b>October 2004</b>	Meet supervisor (S)	Future meetings to be agreed
<b>January 2005</b>	Identify research topic	
<b>March 2005</b>	Commence literature review	In progress until 2008
<b>July 2006</b>	Meet to discuss and agree with LA	Complete agreement and commence brief of approximately 12 months.
<b>August 2008</b>	Submit 3 main and 3 reflective papers-accepted	
<b>December 2008</b>	Commence writing thesis.	Completed 2014

***NOTE:** during the writing of the thesis there were delays of approximately 18 months due to unavailability of supervisory support.*

**Chapter 1** sets out to set the scene for the research process, including the study background and the motivation of the researcher. The scope of enquiry of the research and the restrictions faced by the researcher in carrying out this study are discussed in the context of organisational setting, managing change, research questions, aims and objectives and key issues to address. In this way the researcher outlines the issues the thesis sets out to address and the researcher composes a picture of the proposed task.

The approach, from the perspective of the researcher, is discussed and the researcher is at pains to emphasise that the study will not be restricted to a positivist approach alone but that a diverse strategy is adopted. In setting the context the researcher also provides an illustration of the organisational setting in which the research was undertaken and an outline of management change issues; the latter will be discussed in detail in **Chapter 5**. Finally **Chapter 1** provides a description of the research question, aim of the research, objectives and key issue to address i.e. *to what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?*

In **Chapter 2**, the researcher introduces the first section of the literature review i.e. provides an overview of the literature relating to important aspects of the research relating to models of good practice including the identification of models of good practice, what qualities are required of such a model and how can the models be transferred successfully between organisations in different settings.

Due to the diversity and importance of the literature in this thesis the literature review has three further specific and in some ways distinct subjects to cover. Whereas **Chapter 2**, first assesses the generic properties required of a model of good practice further discussion in **Chapter 3** examines the development and evaluation of healthy workplace programmes and reviews the evidence to identify example of ‘good practice’ in workplace health promotion programmes. **Chapter 3** reviews a number of highly influential healthy workplace programmes and identifies the ‘properties’ required, to select models of ‘good practice’ in workplace health promotion. Finally, a

number of such programmes are assessed and the decision for the selection of a specific programme as a model of 'good practice' for implementation in the workplace is made. Investing in Comprehensive Workplace Health Promotion was selected as the model of good practice to be used in the research. Since a major part of the study relates to the transfer and implementation of the selected programme it is important to address management issues in some detail.

**Chapter 4** provides a comprehensive review of management and organisational literature over a range of issues, including a discussion on how management continually changes and secondly, how the study of management has the difficulty of identifying a single solutions to any problem. Furthermore, the debate covers the need to adopt an appropriate management change model to meet the demand of the proposed change process and to ensure appropriate management resources, including financial and intellectual, are available. The researcher concludes that the existing resources are extremely suspect and suggestions to review the change process are noted.

In **Chapter 5** a further detailed analysis of the healthy workplace literature was also undertaken in order to assess CWHP. Although there is a consensus that programme evaluation is a key component of an effective approach in designing and implementing healthy workplace programmes, it is less clear what constitutes good practice in programme evaluation. Consequently, when trying to confront a model programme of good practice in promoting a healthy workplace it is difficult to select a specific programme at the expense of others. However the research illustrated there is a consensus on the major findings of a number of internationally respected programmes and a number of programmes met the required criterion. CWHP is described in detail and this review illustrates the reasons why CWHP was identified as a model of good practice. In addition to offering a broad-based approach to health and wellness issues in the workplace CWHP brings together environmental, physical, mental, safety and social issues into a strategic model designed to help organisations set goals and manage their healthy workplace programmes.

The purpose of **Chapter 6** is to provide an overview of the research design implemented by the researcher, in order to test the theoretical framework of the research. The researcher continues with an explanation of the data collection and data analysis methods employed by the researcher and these provide a justification for the approach taken. The methodology used by the researcher, in **Chapter 6**, is discussed and **Chapter 7** reports on the results obtained from the face to face discussions and group meetings and from the completed questionnaires. It was agreed by the CMT the results were to be used by the LA in efforts to create of a safe, healthy and supportive work environment. **Chapter 7** also provides a detailed commentary of the different categories of the results and these were assessed and analysed in great detail and used to support the development and implementation of the Healthy Workplace Strategy (HWS) and policies to develop management competencies to meet the proposed changes.

**Chapter 8** reports on the reaction of the CMT to the findings and in addition investigates and explores the reaction of the CMT to the proposals submitted for their approval. As outlined previously the proposals were made to encourage a process of organisational development to move more towards a learning organisation.

Consequently **Chapter 8** describes and offers analysis and debate on the actions that were subsequently taken/not taken by senior managers. The rationale behind the actions of senior managers is discussed and the final outcome of the study debated and reviewed in order to better understand how to diagnose and improve the management change processes.

**Chapter 8** also described the meeting between the CMT and the researcher and highlighted a number of issues relevant to the study. **Chapter 8** takes the analysis further. The meeting offered opportunity for the researcher to have a private and confidential meeting with the newly appointed CEO. The discussions provided the opportunity for both parties to examine rational and political agenda at play and obtain a grasp of issues important to the CEO and the LA. The decision by the CEO that the meeting could not provide a formal written report did not hinder a frank and thorough debate and the outcome helped in no small way to provide the researcher with a clearer perspective on the perspective of senior managers.

The issues raised in **Chapter 9** provided more food for thought for the researcher and especially when the CEO was prepared to outline the ideas and objectives of the most senior officer in the LA. The discussions emphasised the power of the CEO and how this power could be used to change the focus of the study towards the personal objectives of the CEO. Limitations of the project were also discussed and major points to emerge were those that highlighted how senior managers, in a bureaucracy such as the LA, could impose their will on the much larger numbers of staff. **Chapter 9** assesses major outcomes from the research and provides an overview of the advantages/disadvantages of the research when summarising the final outcome.

## **Chapter 1: Introduction**

In this chapter the background and motivation of the researcher and the scope of the research and restrictions faced by the researcher in carrying out this study are and discussed. A brief outline of the background to the research is presented

### **1.1 Background and motivation for the study**

For more than 25 years the researcher was employed as a manager in the public sector. During much of that time the researcher sought his professional and management training from university and also from a business school with an international reputation for excellence in the education of business graduates. This period of inquiry and learning was supplemented with a wide range of reading and attendance at conferences and meetings with professional colleagues. The study of organisational behaviour and management was presented in both lectures and text books as a largely cut and dried phenomenon (Grey 2005). Consequently, many of the theories presented were lacking in real conflict, and controversy of content (Knights and Willmot 2007). As a senior manager working in bureaucratic, slow changing environments such as hospitals and local authorities, this type of education appeared to the researcher (at least in the earlier stages of the research) and to many in similar positions, to be rational and appropriate for the work that was undertaken (Knights and Willmot, *ibid*). The researcher was also well versed in working within shrinking budgets and the inability to undertake improvements due to lack of resources.

This in itself was frustrating especially as many of the desired changes were taking place in similar organisations and one way that had many attractive features was the notion that it might be possible to successfully utilise a commercial model from the public sector and benefit from the experiences already gained by successful implementers.

### **1.2 Public/private sector management**

However, critics of public management have often argued that differences between and private and public organizations are so great that management practices should not be transferred between the two sectors Boyne (2002) because public organizations are more bureaucratic and managers in the public sector are less materialistic and display weaker organizational commitment than their private sector counterparts. Nevertheless, culturally the public and private sectors have never been closer, even if differences remain. Major changes in public sector management have been brought about by factors such as the pursuit of 'best value' and measures have been introduced that link individual performance with strategic objectives and pay with individual performance. Furthermore the privatisation of many public sector services has encouraged a more enterprising culture within public agencies; a culture in which staff are often required to exhibit greater flexibility and adaptability and to take ownership of their own professional development (Baleens, M. and Van den Brock, H. 2007). Since the researcher recognised the importance of being open to emerging themes related to the research

at hand it was considered, by the researcher that the potential of a commercial model should carefully considered.

### **1.3 Models of good practice**

To be successful in transferring good practice, whether in the private or public sector requires an understanding of what exactly is meant by the concept itself rather than the location in which the change will take place. What is meant by good practice is practice that has been shown to deliver superior results by a systematic process and has been judged as exemplary, good or successfully demonstrated. Good practice is then adapted to fit a particular organisation whether it is within the public and/or the private sector (Ashton 1998) and the transfer process is about identifying and learning from good practice and applying this learning in a new configuration or to a new location (O'Dell and Grayson 1997).

### **1.4 Managing change**

Many books on organisational theory begin with a definition of organisations. However, to arrive at a single definition of an organisation, it would be difficult if not impossible; to include all the different components that go to make up the organisation and/or satisfy all the different perspectives (Jaffe 2001) because organisational theory has become a multi-perspective field of study (Schultz and Hatch 1996). Although there are a wide variety of possible approaches to the study of the organisation of the LA in question there is also a degree of consensus, between local and national government as to the services that shape and affect the ways the LA operates e.g. policies and programmes of the LA and are very much shaped by national government diktat. As a result the LA has a responsibility to national government to change directions very quickly when instructed while at the same time maintaining a bureaucratic structure with the management capacity to protect status quo should circumstances demand.

Change management has a long and complex history in seeking to cultivate 'efficient and effective' organisations. While the study of the development of the healthy workplace is a relatively recent phenomenon, the latter has utilised much from the field of change management in introducing new ideas and strategies (Kantar 2007) and these will also be discussed in literature review. Through the literature review and discussions with senior managers in a number of UK and overseas based organisations the research seeks to evaluate and select a model programme that is recognised as example of good practice in developing a healthy workplace. The research also explores analyses and evaluates how a highly bureaucratic LA in England set out to manage the changes that were generated when senior management, using the selected model of good practice in healthy workplace development, sought to generate appropriate systems and organisational capacity to meet these changes.

The research examined change management in organisations and more precisely aimed to develop practical structures constructs for carrying out management change projects. Different sources supported the existence of the need for a new construct for project managers to facilitate and support the planning and implementing of change projects Lanning (2001) and these will discussed further in Chapter 5.

The researcher was also aware of the many concerns about the growing evidence of disappointment with the effectiveness of the use and transfer of models of good practice (Timbrel et al 2002), (Clegg et al 2010). For example models of good practice can be very time-consuming to undertake and manage and ensuring that sharing information with, ‘competitors,’ that is to the benefit of both organisations is often difficult to achieve (O'Dell and Grayson 1997). Furthermore, despite the importance of effectively managing change, many organisational change initiatives have failed to deliver the promises of increased productivity and morale, decreased costs, increased customer satisfaction and Casey and Decca (2007) contend that successful transfer and implementation is extremely difficult to achieve. Even full implementation of a model of good practice will not guarantee that its earlier proven efficacy will be achieved after the transfer has taken place and the many reasons for this may include cultural differences, programme adaptations and the differences between the staff in the two organisations. Bearing the above in mind, Lanning (2001) suggests that change project managers/leaders need an effective construct/strategy to help them successfully carry out change projects in the dynamic, continuously changing business environment. A construct that helps overcome the greatest obstacles, and offers guidance to avoid problems even before they occur is of great importance to those engaged in change project management.

## **1.5 Initial approach**

In the initial approach to these issues the researcher first turned to addressing the viability of transferring a model of good practice between other organisations. The major steps in this process were to:

- i. Summarise the ‘characteristics of identified good practice models’ in addressing workplace stress
- ii. Implement, Investing in Comprehensive Healthy Workplace Health Promotion programme (NQH, Canada, 2001), which was selected as the model of good practice, provides an extensive approach to managing a healthy workplace by adopting a holistic view that encompasses multiple aspects of the organisation and its management practices. CWHP promoted the move towards a learning organisation by calling for an integration of both the ‘natural’ (or ‘emergent’) and the ‘rational’ approaches to decision-making, through a synthesis of economic and behavioural theory (Bowman 1994). In managing the relationship between these two approaches, CWHP addressed the dichotomy, in respect of both reasoning and action, between the rational tradition (associated with classical management theory and professionalism) and the natural, narrative, case-based methods of behavioural/emergent theorists. As events and opportunities emerge, senior management can incrementally guide the pattern of escalated or accepted proposals to suit the organisation’s purposes without getting prematurely committed to any rigid solution which unpredictable events might prove wrong or opponents find sufficiently threatening to coalesce against.
- iii. Apply the above ‘test’ model within the LA and use the findings to develop, identify and replicate a template to replicate good practice in change management in a range of situations
- iv. Recommend enhancements to the development of a healthy workplace model that can apply in different locations and situations.

- v. Construct a new practical construct for change project managers helping them to plan and implement change projects.

## 1.6 Organisational setting

In any review of management projects it is important to assess the organisational background of the organisation and to investigate if the organisation possesses the capacity to address the different problem areas as they occurred during the research process. Since the research was an ongoing programme the researcher addressed a range of management issues including the organisation's capacity to change, staff support and the power of senior management. These issues are more comprehensively reviewed throughout Chapter 5.

The research itself had been initiated when the researcher was contacted by a member of the Health Authority in which the LA is located, to seek advice on how a good practice healthy workplace programme might be identified and secondly how such a programme could be implemented in the LA. This idea had been discussed by the Health Authority in bi-partisan talks between the local Health Authority and the LA in a number of the meetings that had been held over the previous 12 months. The person who contacted the researcher knew of the researcher's previous expertise in change management and inquired if the researcher was available and interested in consultancy work for the LA. As such the choice of the LA as setting for the research was in no small way due to the strong desire of the LA to participate in the project; this being demonstrated by the enthusiasm of the senior offices of the LA to engage in this research.

## 1.7 Research question, aim and objectives

With the above in mind the research addressed the following issues.

### Research Question

*To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?*

### Aim

*To explore the implementation of a commercial model of good workplace practice in an English LA*

### Objectives

- i. Summarise the 'characteristics of identified good practice models' in addressing workplace stress
- ii. Apply the 'test' model within a local government organisation and use the findings to develop, identify and replicate a template to replicate good practice in change management in a range of situations
- iii. Recommend enhancements to the development of a healthy workplace model that can apply in different situations/organisations.

## **1.8 Key issues to address**

Successful implementations require strong leadership, commitment, and participation by senior management (Laughlin 1997). Since executive level input is critical when analysing and rethinking existing business processes, the implementation project should have executive management control that is committed to ensuring:

- i. Existing managerial practices e.g. communications, managerial styles etc. and organisational culture(s) within the LA,
- ii. The commitment from senior managers and staff in the LA to the change process.
- iii. The identification and implementation of the selected model of good practice to assist the organisation to effectively manage change on an ongoing basis.
- iv. The potential application of the process/tool to other organisations i.e. can the process be replicated to other organisations, both in the private and public sectors and to what extent will the process require modification and organisations require training and support in the implementation process?
- v. Appropriate areas for further development and training of management and staff (Leadbetter et al 2008).

## **1.9 Initial discussions on research process**

Following preliminary meetings with representatives of the LA the researcher met with the CEO and other senior officers and agreed to undertake the research on the condition that the first step to undertake was to identify a model of good practice and then to follow this step with the implementation of the model of good practice in the LA. The aim was to develop a structure/concept that would be a prototype for the transfer of other models of good practice to the LA. In other words was it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?

It was also agreed the research could be ended at any time by the LA, the final report would be confidential to the LA and progress through the consultancy brief would be disseminated throughout the LA. It was also agreed that a senior officer would act as the liaison person between the researcher and the CEO; this person subsequently replaced the existing CEO as the results of the research were nearing completion.

As a condition of the research it was agreed the researcher could contact any member of staff in confidence. Members of staff were also able to contact the researcher in confidence the researcher's contact details were widely distributed.



## **Chapter 2: Literature Review**

### **2.1 Introduction of the literature review process**

Whereas Chapter 1 describes an overall view of the project Chapter 2 introduces the first section of the literature review i.e. provides an overview of the literature relating to important aspects of the research in a review and evaluation of the use of ‘models of good practice’. Chapter 2 also captures and records theory relevant to the research issues with the purpose of stressing the relevance of the research issue and defining the research issues.

Due to the diversity and importance of the literature in this thesis the review has three specific subjects to cover. Chapters 2, 3 and 4 provide an overview of the literature relating to important aspects of the research; first the literature review is designed to summaries the ‘characteristics of identified good practice models (Chapter 2), secondly, to identify, select, review and assess the characteristics required in a ‘model of good practice’ and in this case, a model specifically from healthy workplace programmes (Chapter 3) and thirdly review assess the management change strategies that are necessary for successful implementation of the selected healthy workplace programme (Chapter 4).

Therefore in summary the literature review is broken down into four distinct chapters as follows:

- **Chapter 2** Reviewing good practice literature to evaluate the importance of this framework of organisational development
- **Chapter 3** Reviewing and evaluating the literature on healthy workplace frameworks and models of the same that are being used globally. The objective of this chapter will be to identify good practice key features of a healthy workplace framework that can be used in Chapter 5 when evaluating the framework chosen for the research.
- **Chapter 4** Review and evaluation of the literature relating to change management. The objective of this chapter is to identify aspects of change that should be considered when evaluating the framework chosen for the research.
- **Chapter 5** Review and evaluate the framework used in the research against the features identified in the two previous chapters.

### **2.2 The need for ‘good practice’**

Good practice management is increasingly being recognized as a powerful performance tool for improvement for processes, business units, and for entire corporations. It is a catch-phrase among executives of learning organizations and those at the frontier of operational excellence (Jarrar and Zairi 2010) Well-run companies and market leaders alike cannot ignore this emerging discipline if they want to remain leaders in their respective markets. However, there are many issues that organizations are wrestling with when it comes to the effective adoption and transfer of models of good practice.

Throughout the study of management and particularly during the last few decades there has been increasing pressure to introduce new forms of organisations to complement and/or to replace the more traditional hierarchical structures but because of the methods used to introduce these new forms and because of those methods used to maintain them, many of the unintended self-defeating consequences of the older structures are re-appearing, Argyris (1999), Morgan (2006), Robbins (2003), Jaffee (2001) and French et al (2008).

To be successful organisations require:

- i. much more creativity
- ii. the development of useful and valid information on new products and processes
- iii. increased internal, concerted and co-operative action and long term commitment the organisation's aims (Leadbetter 2008).

To meet these demands a growing number of organisations review existing successful programmes 'models of good practice' (the term good practice will be used to cover good practice/benchmarking in this discussion.) i.e. when two or more people are engaged with an identical or similar practice, transferring good practice from one location to another can improve the quality and efficacy of work and learning (Measham et al 2007). Good practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. It is a process that on rigorous evaluation demonstrates success, had an impact and can be replicated (Bogan and English 1994). Good practice is working method or set of working methods that is of accepted as being the best to use in a particular business or industry.

Good practice is differentiated from its constituent parts, is an evidence based practice and knowledge translation by its general meaning and global purview. A model of good practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is also a commitment to using all the knowledge and technology at one's disposal to ensure success. A good practice is a management idea which asserts that there is a technique, method, process activity or reward that is more effective in creating a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks and appraisal a desired outcome can be delivered with fewer problems and less unforeseen complications. Good practices can also be defined as the most efficient and effective way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people (Rossi et al 2004).

### **2.3 Reviewing the concept of good 'practice'**

A decision to use good practice is a commitment to using all the knowledge and technology at one's disposal to ensure success (Fielding et al 2005). Today there are examples of good practices used in nearly every industry and professional discipline. Areas of note particularly include information technology development, e.g. new software, but examples of good practice are also found in construction, transportation, business management, sustainable development and various aspects of project management and health care (American Productivity and Quality Center 1999)

Over the past few years good practices in management have increasingly been recognised as a powerful performance improvement tool for processes, business units and for entire organisations as well-run companies and market leaders cannot afford to ignore this developing discipline (Jarrar and Zairi 2010). Good practice is a method or technique that has consistently shown good results through the process of seeking out and studying the best internal and external work practices to produce superior results. Policy makers, academics, managers and practitioners are increasingly recognising the clear advantages to be achieved when engaging in mutual support and joint activities (Bogan and English 1994). For managers the fundamental challenge is to scale up good work and spread good practice without losing the dynamism or authenticity of the original programme. Furthermore good practice can evolve to become better as further improvements are discovered. Good practice is also often described as the process of developing and following a standard way of doing things that multiple organisations can use (Jarrar and Zairi *ibid*).

## **2.4 Replicating ‘good practice’**

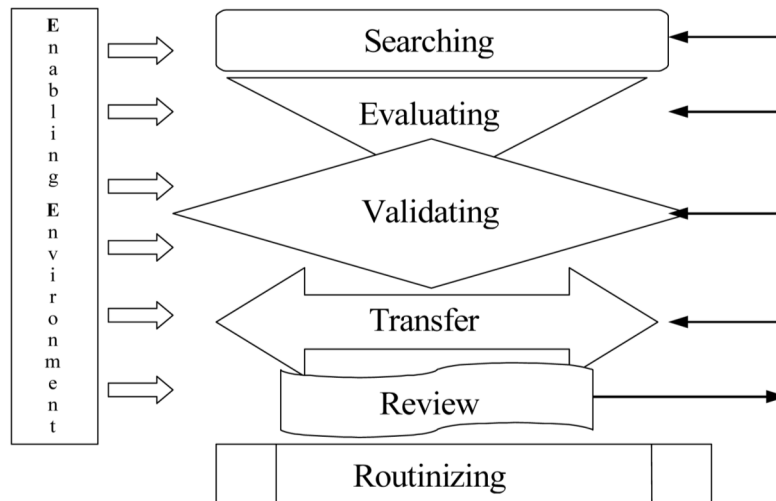
Replication of good practice continues to grow in popularity in both private and public sector organisations and although spectacular gains from good practice are claimed particularly in practitioner literature, there is also growing evidence of disappointment with the effectiveness of the use of good practice (Timbrell et al 2002), (Clegg et al 2010). For example good practice can be very time-consuming to undertake and manage and ensuring that sharing information with competitors is to the benefit of both organisations is often difficult to achieve (O'Dell and Grayson 1997).

Therefore to be successful in transferring good practice requires an understanding of what exactly is meant by the concept itself. In their glossary of benchmarking terms the American Productivity and Quality Centre (1999) noted that there is no single definition for good practice because good is not always going to be the good for everyone. What is meant by good is practice that has been shown to deliver superior results by a systematic process and has been judged as exemplary, good or successfully demonstrated. Good practice is then adapted to fit a particular organisation (Ashton 1998). There are also many issues that organisations are wrestling with when it comes to the effective transfer and adoption of good practice.

These include:

- i. How do we know that ‘good practices’ are the good?
- ii. How do we assess the relevance of good practices to our business operations?
- iii. What are the good approaches to cascade down the good practices to support our goals?
- iv. Are their particular methods to capture and transfer good practices?
- v. How do you know you are succeeding with good practices? (Jarrar and & Zairi 2010).

In a study by the European Centre for TQM (Jarrar and Zairi 2010) concluded that the good practice process for the effective transfer of good practices is made up of six major stages, as shown in Figure 3 below.



**Figure 3: The good practice process for transfer of good practices (Jarrar and Zairi 2010)**

With specific reference to good practice in developing a healthy workplace the Institute of Occupational Medicine (1999) recommended that the following should be incorporated when developing a healthy workplace programme:

- training for senior managers in order to raise awareness of workplace stress and gain their commitment
- a policy driven approach with defined goals and objectives
- development of a Task Force
- an integral risk management process which can be administered by in-house trained assessors
- use of in-house resources and expertise to develop and implement risk reduction strategies
- securing expertise, not available in-house
- continuous monitoring and appropriate intervention

## 2.5 Transferring 'good practice'

The transfer process for models of good practice is about identifying and learning from good practice and then applying the model to a new configuration or to a new location (O'Dell and Grayson 1997). However, although change programmes designed to improve overall performance by promoting the highest standards via the transfer of good practice can seem simple on paper, they often fall apart once they reach the plant or office (Kocourek et al 2002). First of all companies often have difficulty identifying good ideas and making them work and this is not surprising as workers may resist sharing because of the fear that efforts to make their organisation more efficient will mean fewer jobs, more work, and/or less overtime pay (Kocourek *ibid*). This in turn can lead to difficulties in collaborating with colleagues when meeting the challenge of documenting practices and determining which ones to implement across the organisation Argyris (1999), Szulanski (1996).

Furthermore there is a natural tendency to oppose the use of good practices and succumb to one's natural instinct to take a 'not created here' attitude toward adopting the ideas of others when information and management support are not readily available (Clegg et al 2006). Such challenges can be overcome but success in transferring good practices means reducing the effects of inhibitors or overcoming barriers which include:

- i. top management's failure to signal their importance;
- ii. little shared understanding of good practices;
- iii. a non-standardised good practices process;
- iv. organisation structures that promote 'silo thinking';
- v. a culture which values personal expertise and knowledge creation over sharing;
- vi. lack of contact and information exchange;
- vii. over-reliance on transmitting explicit rather than tacit information;
- viii. lack of time;
- ix. employees and managers not being accustomed to seeking or sharing knowledge and
- x. finally, people not being fully aware of the knowledge they hold. (Ashton 1998); ((Elrod and Tippet 2002).

In conclusion, to be successful, organisations must also create the enabling structure for the effective transfer of good practices by highlighting the importance of 'involvement' (training, ownership, and open communication) of all employees for the effective transfer of good practices and by undertaking overview of the future issues that are expected to influence the spread and application of benchmarking and good practice transfer.

## **Chapter 3: Identifying the Requirements of a Model of Good Practice in the Healthy Workplace**

### **3.1 Introduction**

Chapter 2 identified the general benefits to be achieved through the use of models of 'good practices'. Following a brief history of health promotion activities in the workplace, Chapter 3 reviews healthy workplace programmes and identifies the 'properties' required, to identify models of 'good practice' in workplace health promotion. Finally, a number of such programmes are reviewed and the decision for the selection of a specific programme as a model of 'good practice' for implementation in the workplace is assessed. Exploring the existing literature made it feasible to sharpen the focus of the research and consequently to define different paradigms and research questions and strategies relevant to the research. Chapter 3 has an essential role in the research as the tangible research outcomes are very much built on the identification and assessment of models of 'good practice' in workplace health promotion.

### **3.2 Background**

Under the provisions of the UK Health and Safety at Work etc Act, (1974), employers have a duty to ensure, as far as is reasonably practicable, the health and safety of their employees at work. Initially, the duty of care was focused upon physical wellbeing, but with increasing recognition that the experience of 'stress' at work is having a negative impact on employees, there has been a shift in the interpretation to include both physical and mental well-being (Mackay et al 2004). Furthermore, as more employers now acknowledge that their workforce is their greatest asset and resource (Mental Health in the Workplace 2003), there are a variety of ways in which employers can both demonstrate the value they place on their staff and in addition emphasise the actions needed to ensure the workforce is valued and protected. These include flexible working hours, provision of child care facilities and counselling schemes (Munn-Giddings et al 2005).

The last three decades has seen enormous changes in the nature of society in the developed world and in the workplace in particular (Shain 2001). As new technology, rising levels of global trade and investment and increasingly intensive economic competitive forces bring about fundamental changes in the workplaces of developed countries, the promotion of the determinants of a healthy workplace present unknown and fresh demands; none more so than in meeting the challenges posed by the unprecedented speed of change. Even though the physical demands of heavy manual labour and the toxicity of the workplace in the developed world have decreased due to increasing mechanisation and the bulk of work has transferred away from manufacturing to the service sector, the overall human and economic burden of work-related illnesses and disability remains high (Polanyi et al 2000).

### **3.3 Defining the healthy workplace**

A healthy workplace is defined as somewhere where there exists an organisational culture that actively promotes a healthy workforce and recognises the benefits of better health for the business prospects of the organisation,

management practices value the contribution of the individual and take into account their needs and limitations, health and safety measures are in place to minimise exposure to risk and include access to occupational health advice and support (Healthy Workplace Initiative 1999); (Shain and Kramer 2004). According to WHO, a healthy workplace is a place where everyone works together to achieve an agreed vision for the health and well-being of workers and the surrounding community. It provides all members of the workforce with physical, psychological, social and organisational conditions that protect and promote health and safety. A healthy workplace also enables managers and workers to increase control over their own health and to improve it, and to become more energetic, positive and contented WHO (2010).

### **3.4 Developing the healthy workplace: Stress and related psychosocial issues**

Employment for most people is generally beneficial to physical and mental health and their main source of income. It provides psychological and social benefits and is a defining feature of social status McDaid (2008). The personal and health benefits of work are attributed to its impact on self esteem, income, social relationships and leisure activities Ramon and Hart (2003) and there is also strong evidence to suggest that both the risk of unemployment and the actual loss of one's employment can lead to an increase in the rate of anxiety, depression, stress and even psychotic mental disorders (WHO 2010); (Stuckler et al 2011).

Although in some instances the working environment can have an adverse effect on the mental health and physical health of workers, there is a general agreement that the nature of work and the way that it is organised prescribes whether it is likely to benefit or harm the health of workers The later decades of the 20<sup>th</sup> century were significant for workplace health and improvements in the protection against the physical and toxic hazards but the psychosocial demands of work have only more recently received similar study and attention (Aaron 1995); (Polanyi et al 2000); (Birken and Linnan 2006).

### **3.5 Occupational stress and work related psychological health problems**

Such issues have a number of major socio-economic consequences including absenteeism, loss of productivity, increased labour turnover rates and disability costs (Palmer and Dryden 1994); Dewe and Kompier (2008). For the individual there are personal costs which may include lower self esteem, physical ill health (e.g. heart disease) and a negative impact on family life (Goodspeed and DeLucia 1990). Psychosocial risk factors are things that affect workers' psychological response to their work and workplace conditions; these include working relationships with supervisors and colleagues, high workloads, tight deadlines and lack of control over the work and working methods (Health and Safety Executive 2004). As well as leading to stress, which is a hazard in its own right, psychosocial risk factors often also lead to a broad range of physical health problems (Shain 2000) and these problems need to be urgently addressed, if one is to alleviate the very real human suffering and reduce the financial burden on businesses and society (European Agency for Safety 2004). Workplace stress has now become a growing and recognised concern for employers (Lancaster 2001).

Stress is a state of mind, involving both brain and body and their interactions. Stress differs among individuals as it reflects not only major life events but also the conflicts and pressures of daily life that alter physiological systems to produce a chronic stress burden that, in turn, is a factor in the expression of disease (McEwen 2012). There is a growing body of international evidence demonstrating how stressful working conditions, such as high job demands, low job control, low social support, and imbalance between efforts and rewards at work, have detrimental impacts on mental health. (Bonde 2008; LaMontagne, Keegel, Louie, & Ostry 2010; Siegrist & Marmot 2004; Stansfeld & Candy 2006)

Both the wellbeing of the individual and the productivity of businesses can be affected by stress among employees and in turn this will help to foster high absenteeism, bad judgment, misallocation of resources, poor productivity, higher labour turnover and early retirement (Kuhn et al 2001). For example, figures from the Health & Safety Executive in 2007/8 estimated that there were 442, 000 people working in Britain who believed they had experienced work-related stress at a level to negatively affect their health (Pivotal Health Solutions 2011). This translated into a total of 29.6 million lost working days due to work-related stress, depression or anxiety as estimated by the Labour Force Survey (Office for National Statistics). The total number of cases of stress in 2011/12 was 428 000 (40%) out of a total of 1,073,000 people suffering from a work-related illnesses. Around 27.0 million working days were lost in total, 22.7 million due to work-related illness and 4.3 million due to workplace injuries (Health & Safety Executive 2012).

### **3.6 Alleviating stress**

Interventions to alleviate job stress have multiplied rapidly over the last recent years, paralleling the increasing recognition and acceptance of the adverse impacts of job stress on individuals and organisations (LaMontagne et al 2007); Vragget et al, (2002); Kam Weng Boey (1998); Rabin et al (1999) and these strategies have helped to identify factors related to stress in the workplace e.g. job dissatisfaction, role confusion, ambiguity and organisational and managerial factors such as excessive workload and lack of reward (Karasek and Theorell (1990); Siegrist (1996). Evidence also suggests that mental health outcomes tend to cluster together, with anger, depression, work stress and job dissatisfaction all highly related (Dunnagan et al (2001); Bansal et al (2000); Paterniti et al (2002) and this identification of morbidity rates has also helped to encourage more research into exploring the links between the impact of occupational stress and factors within the workplace (Ramon and Hart 2003).

Consequently, employers have a particular incentive to invest in the recognition and prevention of such problems in order to reduce the substantial financial and associated costs these issues impose each year (Bull et al 2003); Munn-Giddings et al (2005); Pelletier (2004) and the benefits of establishing a healthy workplace are well documented throughout the developed industrial and commercial world (European Agency for Safety and Health at Work 2001, 2002b, 2003, 2004; the New Zealand Department of Labour (2003); Robinson and Smallman (2000); Workplace health promotion: the workplace: a priority setting for health promotion (WHO) 2010 and the Health and Safety Commission (2011). For these reasons the workplace is considered to be one of the most important settings for promoting wellbeing.



### 3.7 A multi-dimensional concept

The term 'health promotion in the workplace' in itself is a multidimensional concept that embraces at least two major philosophies about what health is and how it is influenced. The first philosophy views health as largely the product of individual behaviour and as an individual responsibility. Although, to a certain degree, this perspective may acknowledge the role of genetics and environment the type of health promotion arising from this set of beliefs focuses on individual behaviour. The workplace is seen primarily as a setting through which various programmes can be delivered. Examples of such programme themes include fitness programmes, stress management, smoking cessation, back care and weight reduction/nutrition (Shain and Kramer 2004)

The second philosophy offers a distinctly different approach by proposing that health is influenced by a range of forces, a significant number of which are outside the individual's control. In acknowledging the individual's responsibility for his or her own health, this set of beliefs concentrates on the role of the environment. Consequently, the workplace is seen as an influence on health in its own right, where attention needs to be directed on the organisation and design of work in both its physical and psychosocial dimensions i.e. taking a systems approach and viewing the organisation as an interconnected purposeful system that consists of several business sections (Reynolds and Holwell 2010). In summary, any workplace claiming to undertake health promotion policies and procedures can be characterised by the commitment of senior management to one or other of these philosophies or, as is more commonly the case, to some harmonious synthesis of the two approaches.

### 3.8 The systems approach

In view of the above there has been increasing support for systems approaches described below. Such an undertaking has emphasised primary prevention or put another way, of facing up to and tackling hazards at the source (LaMontagne et al (2007)). Furthermore a systems approach integrates primary with secondary and tertiary prevention and provides a meaningful role for participants who are targeted by the intervention. In addition system approaches to stress at work are consistent with leading authoritative declarations from policy and practice agencies e.g. Luxembourg Declaration on Workplace Health Promotion, the European Network for Workplace Health Promotion, (WHO 1997; 1999) and the European Agency for Health and Safety at Work (Baum 2002).

Because the understanding and interpretation of job stress processes in addition to the intervention strategies that have been developed across a variety of different disciplines, various descriptions are used for approaches that are synonymous with systems approaches (LaMontagne et al). Some use systems terminology (Israel et al 1996); (Karasek R.A. (2004)). Others describe similar approaches as comprehensive stress prevention management (Jordan et al 2003); (Noblett 2004)' health promotion settings (Polyanyi 2000) and healthy learning organisations (Eklof 2004).

*According to the Joint Committee on Health Education and Health Promotion Terminology (2001) health promotion is any planned integration of educational, political, environmental, regulatory and/or organisational*

*mechanisms to support actions and conditions of living conducive to the health of individual groups and communities.* Consequently the implementation of health promotion in the workplace requires, as a necessary precondition, a systems approach to promote an effective and health promotion programmes. This approach must also assess the appropriate environmental, organisational, structural, and communication channels, as well as policy changes (Punnet et al 2009) if the workplace is to be identified as an optimal place for addressing the health of employees through a controlled environmental and communication support system that offers the social support system needed to change behaviour Prodaniuk (2009).

In the Systematic Review of Job Stress intervention Evaluation Literature (1990-2005) LaMontagne et al (2007) concurs with the above hypothesis; (i.e. that a systems approach is required when designing, implementing and maintaining a healthy work place programme). The above review stressed that individual-focused, low-rated approaches are effective at the individual level and favourably affect individual level outcomes but tend not to have such favourable impacts at the organisational level. The Review also concurred that organisationally focused high and moderate-rated approaches were found to be beneficial at both individual and organisational levels. Building upon the above LaMontagne et al (2007) highlights the systems approach to health promotion in the workplace as illustrated in Figure 4 below.

Intervention Level		Intervention Targets	Examples	Systems Integration
Definition & Description	Effectiveness			
<b>1° — Primary</b> <ul style="list-style-type: none"> <li>• <b>Preventive, proactive</b></li> <li>• <u>Goal</u>: reducing potential risk factors or altering the nature of the stressor before workers experience stress-related symptoms or disease</li> </ul>	+++	<ul style="list-style-type: none"> <li>• Stressors at their source; organisation of work; working conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Job redesign, work-load reduction, improved communication, conflict management skills development</li> </ul>	
<b>2° — Secondary</b> <ul style="list-style-type: none"> <li>• <b>Ameliorative</b></li> <li>• <u>Goal</u>: To help equip workers with knowledge, skills, and resources to cope with stressful conditions</li> </ul>	++	<ul style="list-style-type: none"> <li>• Employee responses to stressors (perceived stress or strain)</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive behavioral therapy, coping classes, anger management</li> </ul>	
<b>3° — Tertiary</b> <ul style="list-style-type: none"> <li>• <b>Reactive</b></li> <li>• <u>Goal</u>: To treat, compensate, and rehabilitate workers with enduring stress-related symptoms or disease</li> </ul>	+	<ul style="list-style-type: none"> <li>• Short-term and enduring adverse health effects of job</li> </ul>	<ul style="list-style-type: none"> <li>• WC system, Return-to-work programs, occupational therapy, medical intervention stress</li> </ul>	

**Figure 4: A Systems Approach to Job Stress**

Systems approaches as represented above emphasise primary prevention i.e. dealing with problems at their source. Furthermore systems approaches integrate primary with secondary and tertiary prevention, including meaningful participation with groups targeted by the intervention and are context sensitive (Israel 1996). In many ways the above mirrors public health interventions which are also commonly classified as primary, secondary or tertiary (Cahill 1996), (Cooper et al 2001), (Melamed et al 2000).

### **3.9 Primary, Secondary and Tertiary interventions**

In the job stress context *primary proactive interventions* are designed to prevent exposure to stressors and episodes of illness among healthy employees. In brief these interventions address sources of stress in the physical and/or psychosocial environments or through organisational change taking place (Landsbergis 2003). *Primary preventive interventions* can be driven by a range of influences, including organisations, workers or their unions, or mandatory or voluntary policy directives. Examples of primary preventive interventions include job redesign, changes in work pacing, enhancement of social support, and the formation of joint labour–management health and safety committees. Primary preventive interventions are also commonly referred to as ‘stress prevention’ (Heaney & Goetzel 1997); (Reynolds and Holwell 2010). Most primary preventive interventions are directed at the organisation or the work environment, but they can also be directed at individuals—when addressing stressors rather than stress responses.

*Secondary interventions* are ameliorative, aiming to modify an individual’s response to stressors. Such interventions target the individual with the underlying assumption that addressing individuals’ responses to stressors should be done in addition to or sometimes in preference to removing or reducing stressors. Examples of secondary prevention interventions include stress-management classes to help employees to either modify or control their perceptions of stressful situations, such as the development of muscle relaxation or meditation skills.

Finally, *tertiary interventions* are reactive; aiming to minimize the effects of stress-related problems once they have occurred, through management or treatment of symptoms or disease. These include counselling (such as in the form of employee-assistance programmes), as well as return-to-work and other rehabilitation programmes. ‘Stress management’ generally refers to secondary and tertiary interventions (Jordon 1993). Ideally, problems identified in secondary and tertiary interventions should feedback to stressor-focused primary prevention.

In occupational health, the ‘hierarchy of control’ articulates general principles for the prevention and control of occupational exposure and disease. The hierarchy states in brief that the further upstream one is from an adverse health outcome, the greater the prevention effectiveness (Murphy 1996); (LaMontagne 2003) Accordingly, the physical work environment and other aspects of work organisation have greater preventive potential as intervention targets than individual employees (for example, the use of personal protective equipment by employees).

Hence, primary prevention is generally more effective than secondary, and secondary is generally more effective than tertiary (Fig.3). Importantly, however, these prevention approaches are not mutually exclusive and are optimally used in combination (Halperin 1996). For job stress, primary prevention through improvements in the work environment is complemented by secondary prevention to address individual factors and detect any effects of work stress in a timely fashion such that tertiary rehabilitation or other intervention programmes can be maximally effective (Kristensen 2000). At the organisational level, stress related problems identified through secondary or tertiary-level programmes should feedback to primary prevention efforts to reduce job stressors as illustrated in Fig 3. Finally, the processes through which interventions are implemented are also of central importance.

In summary, systems approaches to evaluating job stress interventions are consistent with the prevention frameworks of public health, psychology, and occupational health. Systems approaches to such evaluations are broadly comparable to other ‘good practice’ models, which acknowledge the need to intervene at both organisational and individual levels (Parkes and Sparkes (1998), (Karasek 2004), (Kompier 2000) (Kristensen 2000) (Giga 2003) (Jordan et al 2013) Michie 2003 (Bond 2004) Some use systems terminology (Israel et al 1996) while others describe similar approaches as comprehensive (Aust and Ducki 2004), comprehensive stress prevention and management (Jordan et al 2004), combined work directed and worker-directed, (Kobayashi and Takeuchi 2002 ), health promotion settings or determinants, (Noblet 2004), (Polanyi et al 2000) and ‘healthy’ or learning organisations (Eklof et al 2004) and Lindstrom et al 2000).

### **3.10 Workforce participation**

In taking the debate further it is widely acknowledged that a fundamental premise of public health and the ‘new public health’ in particular, is that the participation of those most affected in the formulation and implementation of responses is essential in addressing public health problems (Baum F. 2002). This principle is also specifically incorporated into the WHO’s Ottawa Charter on Health Promotion) as well as other workplace health-specific charters and declarations including WHO Healthy Workplace Framework and Model: Background Document and Supporting Literature and Practices (2009) and Workplace health promotion: the workplace: a priority setting for health promotion (WHO) 2010

Participation in workplace health by those directly involved can reasonably be expected to increase worker control, sense of fairness, justice and support; all of which are basic dimensions of job stress (Karasek 2004). Participation is a particularly important and necessary principle when conducting any job stress intervention (Grawitch et al 2009) and the participation of staff needs to be an integrated part of the assessments of intervention quality (Harrell and Murphy 1996). To enhance employee participation in health promotion programmes offered at the worksite, (McLeroy et al 1995) recommend an ecological approach.

The ecological approach emphasises the importance of the dynamic interactions between an individual and the workplace. Four levels of influence have been identified: (1) intra-personal (how people acquire knowledge, attitudes, and skills), (2) interpersonal (defines individual's social identity and role within the community,

family, or social group), (3) institutional (rules, regulations, policies and/or unwritten expectations at work that may prevent an individual from participating), and (4) community (community resources available). This ecological perspective reveals the need to address participants' preferences, perceived barriers, and the support system required to achieve and maintain good health.

Participatory approaches in which employees are actively engaged in the decision-making, problem-solving actions and evaluation is necessary for the success of a health promotion programme because such approaches do not follow the traditional top-down design. Consequently, the questions addressed, processes undertaken, and outcomes achieved become more meaningful to employees (Parry 2001). Top management support, while crucial, does not guarantee a programme's success and Aust and Ducki (2004) emphasise that participation and empowerment are more crucial aspects in health promotion programmes. This is because meaningful participation involves employees in decision-making processes and self-education enhances the development of personal capacities for the successful design of health promotion curriculum. For example Marcus et al, (1998) found that tailoring a programme to an individual's inclination significantly increased exercise and exercise maintenance. Therefore an individual's preferences should be considered when designing physical activity programmes in order to ultimately increase success rates.

Utilising this approach can also contribute to sustainability because the target population then has direct responsibility for the programme's identified outcomes (Mayhew 2006). This approach has been described as actively engaging stakeholders in project development and it can generate shared solutions to shared problems (Munn-Giddings et al 2005). In a further review of worksite health promotion programmes, Birken and Linnan (2006) re-emphasised the importance of engaging all stakeholders in the stages of planning, development, implementation, and evaluation, to achieve desired employee health outcomes that are sustained over time. Such participation also helps to optimize the fit of the intervention to the context at hand as it provides the ways and means for integrating the participants' context expertise with the content expertise of the occupational health and safety manager. This is crucial because organisations usually require unique solutions to job stress problems even if the process of intervention may be based on generic principles and frameworks (Hurrell and Murphy (1996).

### **3.11 Worksite health promotion programmes**

There is compelling evidence that worksite health promotion programmes offer benefits to both employers and employees in addressing a range of health issues that include smoking cessation, physical activity, and improved dietary habits (Bull et al 2003). Many opportunities also exist for environmental and policy changes to encourage healthy lifestyle behaviours in the workplace e.g., providing easier access to staircases to increase physical activity. Management can also promote policies that provide employees with opportunities to practice lifestyle changes (Levin et al 2003). Other conditions for success include senior management involvement, a focus on employee needs, on-going staff participation in planning, access to consultants and union representatives long-term commitment and programme evaluation (Health Communication Unit 2002)

Evidence also suggests that the key to long-term, durable workplace health protection and health promotion programmes may depend on new forms of participation by the workers who stand to benefit most from these programmes. For example, initial successes in health promotion programmes do not necessarily predict sustainability of health behaviour change (Glasgow et al 2004). Most worksite health promotion programmes lack information regarding programme maintenance and long-term outcomes for participants (Bull et al 2003) and it has also been noted that many interventions are too short to effect a sustainable change in health behaviours (Robroek et al 2007). A further issue of concern is the programme's ability to supply participants with the resources for project sustainability long after the experts and outside consultants have departed (Thompson et al 2003).

### **3.12 Establishing the steering committee**

There is wide consensus that a successful healthy workplace programme is based upon a broad based commitment of workers and managers in all stages, a partnership which permits all participants to address a full range of issues and the targeting of health issues which are a priority of workers (Macdonald et al 2008). A study by Koningsveld et al 2005 achieved such a partnership by forming a multi-level steering committee. The committee was formed from a cross-section of the organisation to provide resource support e.g. arranging access to consultants and providing general programme oversight. The membership of a key administrator served as a link between the committee and upper management in symbolising top-down support and additional representatives from existing health-related initiatives, i.e. the safety committee was important so that any health promotion interventions complemented rather than competed with other programmes. It was also felt that the inclusion of middle management managers and supervisors on the steering committee were also necessary because their support is a key determinant of programme success (Henning et al 2007).

Meaningful union/staff representation on the steering committee provides both programme endorsement and much needed guidance regarding interventions proposed. Such collaboration also helped recruit employees to serve on the design team, as well as assist with evaluations of the design programme by shielding workers from a breach of confidentiality. This type of representation also forestalled potential conflicts with the collective bargaining process and fostered a joint initiative that presents benefits to all (Macdonald et al 2008). In conclusion, the steering committee encouraged an integrated approach for engaging employees in workplace health promotion and supporting the development of a healthy workplace. Evidence also suggests that with proper training, resources, oversight and tracking controls in place, organisational learning will further contribute to overall programme effectiveness and sustainability (National Institute for Occupational Safety and Health US 2009).

### **3.13 The blended philosophy**

The 1997 Luxembourg Declaration on Workplace Health Promotion in the European Union (Kuhn et al. 2007) is an interesting document in this regard because it presents a 'blended' philosophy as the ideal (as discussed above in the need for a systems approach) and yet studies using the Luxembourg Declaration as a framework for research have revealed that by far the more common philosophy followed by organisations claiming to practice

health promotion is that of focusing on the individual as opposed to the environmental (European Network for Workplace Health Promotion 1999). However, studies using high-rated approaches now represent a growing proportion of the job-stress intervention evaluation literature (Shain and Kramer 2004). Notwithstanding the above it is increasingly becoming more accepted that health, as we experience and observe it in the workplace, is produced or manufactured by two major forces:

1. What employees bring with them to the workplace in terms of personal resources, health practices, beliefs, attitudes, values, and hereditary endowment and
2. What the workplace does to employees once they are there in terms of organisation of work in both the physical and psychosocial sense (Polyani et al 2000)

In practice, these forces do not act independently; they interact. For example, certain management practices can make it difficult for employees to care for their own health because of things like unscheduled overtime or unreasonable travel requirements, excessive time and energy demands, and so forth. On the other hand, a workplace located in an area infamous for its heavy drinking practices can make life difficult for managers and supervisors as they struggle to prevent excessive or inappropriate alcohol use from translating into absenteeism, illness, and accidents. Nevertheless, this glaring dichotomy in the practical world of health promotion provides a useful point of departure for the analysis of the subject since it reflects to a large degree the organisation of the research literature in this area.

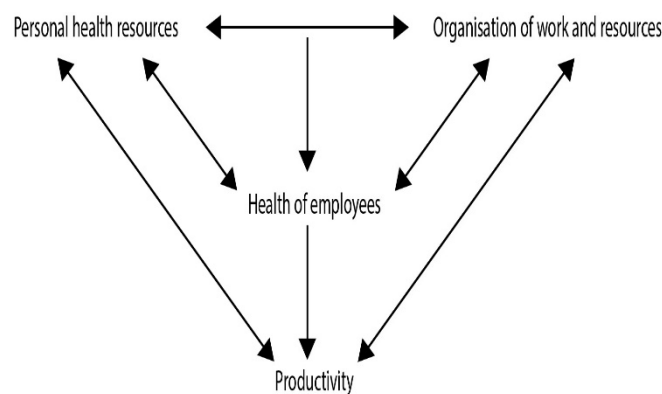
Research, until recently, was focused more on the first force ('personal health practices', for short) than on the second force ('organisation of work', for short) and consequently there is more literature on the first than the second. In regard to the organisation of work, a substantial amount has been written on the effects of the physical environment of work in the context of occupational health and safety, but the literature on the important psychosocial aspects of the organisation of work is still in its infancy (Shain 2001). The link between the physical and psychosocial environment, has to be made because both are heavily influenced by high level management choices and decisions about how work will be organised. When this interaction between the physical environment i.e. the safety of places and things and the psychosocial environment i.e. culture and climate is taken into account, their joint impact on health is significant (Amick (2003); Eakin (2000).

Moreover, the physical and psychosocial aspects of the working environment i.e. the organisation of work can influence the abilities of individuals to care for their own wellbeing and to maintain their own personal resources. Personal resources include an individual's sense of efficacy, their resilience and resolution, and the quality and density of the social support they believe is available to them. Such personal resources are affected by both work and non-work factors. This point has been well illustrated in an intervention study that found that smoking cessation was most effective when there was an integration of both health promotion and workplace occupational health and safety (Panel on Musculoskeletal Disorders and the Workplace 2001). Hence the upstream role of the organisation of work in the production of health turns out to be of deep significance. Fig 3 (below) illustrates the picture in general terms; personal health practices and resources acknowledge the

reciprocal effect of both work and non-work factors on health and wellbeing. Similarly, the organisation of work includes both physical and psychosocial aspects of the working environment. When we consider the effects of one force on the other, and vice versa, it is important to recognise how both are operating at the same time.

### 3.14 Personal health practices

The research literature usually deals with personal health practices (for example, eating, exercising, drinking, smoking, coping with stress) as ‘risk factors’ for various disorders, diseases, or incapacities, as well as being a risk factor for absenteeism and its associated health care costs (see Figure 5 below).

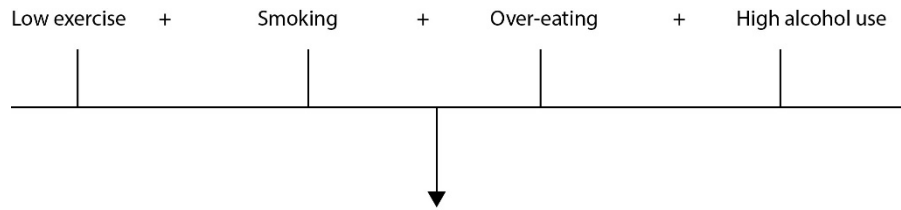


**Figure 5: Impact of personal health practices on the health of employee and employer health costs**

Personal health practices can affect productivity in two ways; directly and indirectly: directly, by time out for things like smoking and coffee breaks etc; indirectly, by first affecting health (e.g. bronchitis) which then keeps the affected individual off work. Personal resources such as one’s sense of self-efficacy, hardiness, or resilience and one’s quality or density of social support can act as ‘brokers’ between the organisation of work and health practices. Such resources can ward off the negative effects of work organisation on health practices and conditions, but they can also be defeated themselves if these negative effects are relentless and sustained. Organisation of work can also affect productivity in two ways, directly and indirectly: directly, through the design of physical and psychosocial work systems; indirectly, through management practices that cause anxiety, depression, and other negative emotional states that are antagonistic to productivity and can also contribute to physical disease processes.

There is little room for doubt that as the number of these risk factors associated with personal health practices increases, so do the negative health consequences (Sorensen et al 2002). A typical result from this research literature shows that, if you take those employees who have three or more risk factors (for example, they are seriously inactive, they smoke, they drink too much, and they are overweight), they are likely to have 50% more absence from work than those employees who have no such risk factors (Figure 6 below).





**Figure 6: Personal health practices ('risk factors'), health costs, and productivity**

Although this is the general conclusion, different studies show wide variations in the degree and intensity of negative health consequences e.g. higher health claim costs including medications absenteeism, and disability. There are a number of factors that may explain these variations, including differences in study methods, measurements and characteristics of different workforces. The problems with making comparisons between studies on this subject make it difficult to provide conclusions. However, the most confounding factor of all and one that is rarely discussed in this type of study involves the organisation of work. This is a significant omission, since there is good reason to believe that the degree to which personal health practices as risk factors

translate into negative health outcomes depends on the extent to which the management culture of the workplace supports health. (Goetzel et al 2012). The absolute size of the high risk group (three or more risk factors) will vary from one workplace to another, leading to major differences in the total impact on health costs and productivity. However, it is not uncommon to find that employees with multiple risk factors cost their employers two to three, or more, times the amounts accounted for by other less vulnerable employees in terms of services, drugs, short term disability, and other more casual forms of absenteeism Brady (1997); Maes et al (1998).

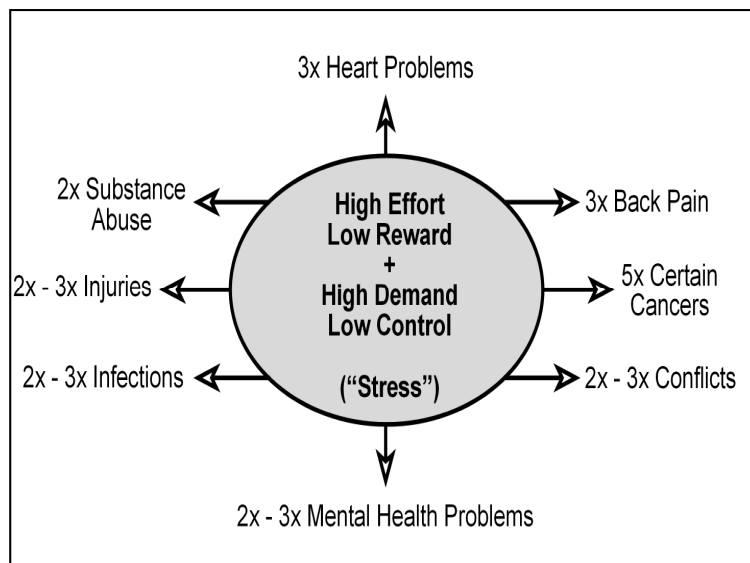
As noted earlier, personal resources such as self-efficacy, hardiness, resilience, quality, and density of social support act like brokers' that moderate how health practices and health are affected by the organisation of work. While these personal resources are clearly very important influences on health, they are rarely targeted as such in workplace interventions. Most commonly, they are approached through design features in health promotion programmes. These are discussed later under, 'Programme content and design pre-requisites'. Personal resources are also targeted in the context of management practices that either reinforce or corrode them. This aspect is discussed later under Supportive management climate.

Risks and costs are progressively related to one another: more risk, more cost. The size of the higher risk group varies from one workplace to another, even within the same industrial/commercial/ business/government sector.

### **3. 15 Impact of the organisation of work on the health of employees**

As a counterpoint to the high risk employee burden on employers, is the substantial and generally under-recognised burden of the organisation of work on the health of employees. This includes both the physical

environment including the burden of injuries and occupational illness Burton et al (1998); Heaney et al (1997)) and the psychosocial environment Brady (1997) and Maes et al (1998). The most significant research on the impact of the organisation of work on the health of employees has been carried out in the context of how the organisation of work can induce employee stress, which in turn affects both health and productivity. More specifically a quartet of psychosocial stressors that are disproportionately influential contributors to adverse health outcomes have been identified in the past few years. These are High Demand coupled with Low Control and High Effort coupled with Low Reward Leigh et al (1997); Eakin et al (1997). From Fig 7 below, we can see that employees under sustained conditions of high effort/low reward and high pressure/low control are more likely (2X-3X) to contract conditions of ill health.



**Figure 7: Costs of an unhealthy workplace**

- i. High Demand means having too much to do in too short a time over too long a period.
- ii. Low Control means not having enough influence over your job on a day-to-day basis.
- iii. High Effort means having to expend too much mental energy over too long a period.
- iv. Low Reward means not receiving adequate feedback on performance, acknowledgement for work well done, recognition.

These conditions of work are measurable and can be compared. When employees score at the high ends of scales that measure these factors it has been found that they are far more likely to suffer a wide range of adverse health outcomes ranging from cardiovascular disease to immune system disorders, anxiety, and depression Landsbergis et al, (1998).

### **3.16 Joint impact of personal health practices and organisation of work on health, productivity, efficiency and competitiveness**

When considered as separate forces, the impacts of personal health practices and the organisation of work on health, productivity, efficiency, and competitiveness are clearly of great importance. However, as noted earlier,

these two forces are not fully separable in real life so it is important to understand how the forces interact to produce an even greater impact on the outcomes above.; it is reasonably to anticipate that the whole (the forces acting together) is greater than the sum of the parts (the two forces considered separately).

The good evidence for this proposition comes from research that looks at these two forces at the same time with the same people in the same place. There is not a great deal of such research but if we examine the available research we can appreciate how stress originating in the organisation of work is highly correlated with employee health practices and conditions that are hostile to their wellbeing (de Lange 2003), (Eakin *ibid*), (Shain 2001); these unhealthy practices and conditions include low activity levels, being overweight, smoking, and heavy alcohol use. Unquestionably, stress from domestic sources is also involved in this scenario but again, home stress and job stress play off one another, making it difficult, if not impossible, to distinguish where one ends and the other begins (Dargie *et al* 2000). Although the processes connecting job stress, home stress, and personal health practices are complex, one fairly clear link is that highly stressed people often find it very difficult to pay sufficient attention to the maintenance of their own wellbeing (Dargie *ibid*) This neglect can take the form of not getting enough sleep, over-medicating, smoking, excessive alcohol consumption, poor dietary practices and inactivity (LaMontagne *et al* 2007)

In addition to the discussion regarding the advantages of taking a systems approach to promoting health in the workplace the debate has also to consider the effects of two major forces on health, i.e. personal health practices and the organisation of work on health, productivity, efficiency, and competitiveness. In order to follow up on the latter it is now necessary to examine what happens when deliberate efforts are made to affect these two forces in some way, either by influencing employee health practices or by modifying the organisation of work, or sometimes both. The following provides a review of two areas of health related interventions: health promotion programmes as well as workplace organisational interventions.

### **3.17 The impact of health promotion programme (HPPs) on health and productivity**

Research on the cost-effectiveness of HPPs goes back a number of years and the ‘art and science’ of HPPs have now reached a point where professional students of the field believe they can derive a set of ‘good practices’ among the mass of published and unpublished material (Shain and Kramer 2004) and suggest it is therefore reasonable to propose the conditions under which HPPs are most likely to succeed (European Network for Workplace Health Promotion (1999). Shain and Kramer (2004) propose that for present purposes, ‘success’ means:

- i. Showing that targeted groups (for example, “high risk” were actually reached by the programme at some pre-set level of penetration (for example, 50% of a population known to have high blood pressure as defined by specific (criteria).
- ii. Showing that, once enrolled, participants were retained to programme completion at some pre-specified level e.g. 75% retention.
- iii. Showing desired outcomes at some level that is considered practically meaningful (for example, 25% of participants lowered their diastolic blood pressure by 5%, 10%, 15%, etc).

- iv. Showing that desired health outcomes did translate into efficiencies such as reduced absenteeism, lower claims costs, etc.

Shain and Kramer (2004) go on to propose it is necessary to consider two sets of conditions under which HPPs are more likely to be cost-effective. The term “cost-effective” usually refers to some form of ratio between expected/desired programme outcomes and the costs of designing and delivering the programme for example, more “health”, less “costs”). A typical expectation is that programme gains (however measured) should exceed programme costs. In more liberal “cost-benefit” analyses the criteria may be relaxed somewhat to include “value for money.” For example, programme costs may exceed programme gains in financial terms, but this is still considered good value because certain gains (for example, morale, good will, trust) are beyond quantification. In the following, the conditions for success that are described by Shain and Kramer (ibid) are those they consider relevant for both cost-effectiveness and cost-benefit. These conditions are: content and design prerequisites, and environmental or contextual prerequisites.

### **3.18 Programme content and design prerequisites**

Within the variety of HPPs there appear to be certain common characteristics or features that predict success, whether the programme involves smoking cessation, stress management, nutrition, activity, or alcohol use, and whether it aims “merely” to inform and raise awareness, change beliefs and attitudes, or change actual behaviour. Unfortunately, some of these success factors have political and organisational ramifications, and are not always followed, as was found by (Harden et al 1999) in their review of the participative nature of many intervention programmes. These characteristics or features require the attention of management to the needs of individuals to set their own health related goals and to approach them in a step-wise, incremental fashion.

Management support refers mostly to ensuring that employees understand and actually feel the commitment of their employers to the protection and promotion of their wellbeing. This commitment may appear in various forms but management should usually normally include:

- i. providing a physically safe working environment
- ii. ensuring at least some time is available to employees during working hours for health promoting activities
- iii. making resources available in the form of preferred programmes (given the limits of operating budgets) in preferred modes of delivery (for example, “virtual”, live group, expert led, self-help, etc)
- iv. confirming interest through requiring accountability from programme deliverers/coordinators, etc on a regular basis
- v. providing a “family friendly” workplace through flexible work-time policies, giving adequate notice of travel requirements, etc
- vi. display personal leadership through exemplary behaviour e.g. taking part in programmes, sharing personal health challenges and strategies to respond to them, etc.

When HPPs are run according to the stated principles, operate under the supportive conditions as described, and have been purchased at fair market value, they will very likely to outcomes that at least offset the purchaser's investment, and are reasonably likely to show a positive return on investment. It remains necessary to use the word likely because there are many ways of defining costs, effectiveness, and benefits, as noted earlier.

### **3.19 Selection of the model of good practice**

Although there is a consensus that programme evaluation is a key component of an effective approach in designing and implementing healthy workplace programmes, it is less clear what constitutes good practice in programme evaluation (Grossmeier et al 2010). Measuring the impact of healthy workplace programmes is difficult as many health indicators e.g. absenteeism, low productivity etc are not pure indicators of worker health as they also reflect non-worksite factors such as outside life stressors on employees or secular disease trends in the community (Polanyi et al 2000). On-the-job accident rates and workers' compensation claims are more directly related to worksite conditions but they too may ignore less acute health problems, as well as more positive indicators of health e.g. a sense of wellbeing. It is therefore not surprising there has been scepticism that healthy workplace programmes may have merit but are unlikely to produce savings. However, Goetzel et al (2009) argue that worksites are uniquely positioned to combine tenets of primary, secondary and tertiary prevention to improve population health at a relatively low cost compared to the cost of treating conditions that could have been prevented. In the present economic climate many organisations have reassessed their programmes and in North America for example, many employers view healthy workplace programmes as an investment in human capital (Linman et al 2008).

### **3.20 Effectiveness**

The evidence supporting the cost-effectiveness of healthy workplace programmes is substantial (Karasek 2004) and growing but there are still doubts from among many of the purchasers of such programmes (Kompier et al 2004) that such programmes can yield a positive return on their investment. Again, expectations vary regarding the length of time it takes to achieve programme outcomes and what returns are achievable in both the short and long term and so not only do employers have different expectations about what constitutes programme success but researchers also highlight the wide variation in the types of results achieved (Kompier et al 2001).

What such programmes share in common is the conclusion that healthy workplace programmes can be effective when a 'good practice' approach is employed. However, even though there are reports of a significant increase in healthy workplace programmes, only a small minority are comprehensive (Eriksen et al 2002) although the last few years have seen a number of research articles that specify what is meant by good practice (Kristensen 2000). With this search for the clarification of quality components in healthy workplace programmes come expectations that well designed and well defined programmes will deliver superior outcomes to common-practice approaches.

There is a plethora of research studies in the quest to identify a common framework for the evaluation of healthy workplace programmes including (LaMontagne et al 2007), European Agency for Safety and Health at Work

(2001, 2002, 2003; European Network for Workplace Health Promotion: Barcelona Declaration on Developing Good Workplace Health in Europe: ENWHP (2002); Goetzel et al (2009), Shain and Kramer (2004) and Schulz et al (2007) These include a wide range of desired outcomes to be achieved including return on investment, staff turnover, stress reduction and a systems approach and management leadership and a variation on the make-up and format of in different programmes.

Commonly accepted standards and definitions delineate what outcomes these good practice programmes will produce and continue to develop because this research is built upon the emerging literature that is defining good practices in healthy workplace programmes. Although the on-going research addresses a variety of issues there is a growing school of co-operation that has produced a range of agreed components for inclusion in a list of commonly accepted standards and definitions. For example studies of interventions using high and moderate rated systems approaches represent a growing proportion of the job-stress intervention evaluation literature and reflect the growing international application of such approaches in practice. Organisationally- focused high- and moderate-rated systems approach job-stress interventions have favourable impacts at both individual and organisational levels (LaMontagne et al 2007). This observed growth in high- and moderate-rated studies in the literature evaluating job-stress interventions suggests that systems approaches are likewise growing in practice—at least internationally previous reviews and authoritative declarations also indicate that individually-focused (low-rated) approaches continue to dominate. (Jordan et al 2003; Caulfield et al 2004)

The available evidence also indicates that high-rated systems approaches are the most effective in addressing the organisational and individual impacts of job stress. Organisationally-directed interventions appear to be more effective than individually-directed ones, despite the fact that low-rated studies of individually-directed interventions included some primary prevention. Notwithstanding these findings, they are consistent with the hierarchy-of-controls principle that the further upstream the intervention, the more effective it will be at preventing both exposure and disease implementing healthy workplace programmes, it is less clear what constitutes good practice in programme evaluation (Grossmeier et al 2010). These findings are consistent with those from several other reviews that have applied similar lenses to the job-stress intervention literature, all of which acknowledge the need to address both the causes and the consequences of job stress (Giga et al 2003; Michie et al 2003; Bond et.al 2004). In addition, addressing job stress using systems approaches is consistent with leading authoritative statements and declarations from policy and practice agencies. European Network for Workplace Health Promotion (2002), European Agency for Safety and Health at Work (2002), Tokyo Declaration on Work-Related Stress and Health (1999)

Such results provide further empirical support for these policy statements and declarations (Grossmeier et al 2010). (For example different studies show wide variations in the degree and intensity of negative health such as higher health care costs including absenteeism, disabilities, use of services etc. (Sauter et al 2002) Many factors may explain the variations, including differences in study methods, measurements, characteristics of the workforce and so on. However, the most confounding factor of all involves the organisation of work (Siegrist et al 2004) There is compelling evidence to believe that the degree to which personal health practices translate into negative health outcomes depends on the extent to which the management culture of the workplace supports

health. Consequently the problems with comparing studies on the healthy workplace make it difficult to provide concrete conclusions as there are so many variables to contend with in the studies.

### **3.21 Reviewing and evaluating existing healthy workplace programmes**

In order to select the programme of good practice as the programme to be used in the study, a review of workplace programmes from different countries and types of organisations were reviewed in the light of the criterion above. These programmes including a WHO global model for action (2007), Involving your workforce in health and safety: Good practice for all workplaces HSE (2008), Investing in Comprehensive Healthy Workplace Health Promotion (2001), Leading health and safety at work: Actions for directors, board members, business owners and organisations of all sizes HSE (2013) Mental Health in the Workplace: Tackling the effects of stress (2003), the European Agency for Safety and Health at Work (2003). OSS Prevention Programme Evaluation Report (1997), The National OHS Strategy 2002-2012, Involving your workforce in health and safety: Good practice for all workplaces HSE (2008), How to tackle work-related stress: A guide for employers on making the Management Standards work HSE (2012), Workplace Health and Safety Strategy for New Zealand to 2015, Work Stress and Health: the Whitehall II study (2004), Involving your workforce in health and safety: Good practice for all workplaces HSE (2008) and WHO Healthy Workplace Framework and Model: Background Document and Supporting Literature and Practices (2009) were included

A review of the above programmes highlighted differences in what constitutes best practice in workplace health promotion programmes. Whereas some organisations view workplace health programmes as an investment in human capital others argue that worksites are uniquely suited for combining tenets of primary, secondary and tertiary prevention to improve population health at a relatively low cost in comparison to the cost of treating conditions that could have been prevented.

The findings from the literature review build upon a growing body of research that indicates a need for a model of 'good practice approach, to workplace health promotion programmes and evaluation (Pollack et al 2006), (Dunet et al 2008) and (MacDonald et al 2006). Although the on-going research addresses a variety of issues there is a growing school of co-operation that has produced a range of agreed components for inclusion in a list of commonly accepted standards that should be included in a model of 'good practice'. Even though organisations vary in their expectations as to what constitutes programme success, researchers also note wide variations in the kind of results achieved by models of 'good practice.' What such programme reviews show in common is the conclusion that workplace health programmes can be very effective when they employ a model of good practice.'

### **3.22 In conclusion**

When trying to confront a model programme of good practice in promoting the healthy workplace it is difficult to select a specific programme at the expense of others. However research does illustrate there is a consensus on the major findings of what comprises such a programme. To summarise, after review of the literature and the other models have been analysed, the key features of a healthy programme can be said to be aimed a two levels.

Firstly the overall philosophy of the approach and secondly the way in which the programme is expected to be implemented.

**A. Overall Philosophy of Approach**

1. Systems based
2. Focused on primary preventative intervention
3. Holistic so that it engages the whole workforce, at all levels

**B. Implementation of Programme**

1. Senior management commitment to the development, maintenance and improvement of a healthy workplace initiative - leadership
2. Employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities - establishing the steering committee
3. A systematic, step-by-step approach, for the healthy workplace programme must be carefully planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE 2012) e.g. a multidimensional concept and systems approach with primary, secondary and tertiary interventions
4. Policies that address both the causes as well as the effects of stressors.
5. Realistic expectations about the results of the healthy workplace initiative
6. Worksite health promotion programmes

Although a healthy workplace programme may not contain all of the above attributes and different programmes may have variances in objectives and used different terminology it is essential that a framework be built around the above strategies if the selected programme is to generate comprehensive and lasting benefits. The researcher also recognised that it would be inappropriate to suggest one healthy workplace programme, from the above, was more suitable than the others to be selected as the model of 'good practice because of the variation in expectations as to what constitutes programme success.

Therefore before reviewing the CWHP approach to see in what way it met the above features. It is necessary to review the change management literature to understand what insights the literature might have on the research intervention. Once this has been reviewed the final literature review chapter (Chapter 5) will evaluate the Canadian model against the features identified.



## **Chapter 4: Change Management**

### **4.1 Introduction**

As managers have long voiced a strong interest in making improvements within their organisation the volume of literature on organisational change is overwhelming and during the last few decades there has been increasing pressure to introduce new forms of organisations to complement or to replace the more traditional hierarchical structures. Since a major part of the study relates to the transfer and implementation of the selected programme it is important to address management issues in some detail. Chapter 4 provides a comprehensive review of management and organisational literature over a range of issues, including a discussion on how management continually seeks change and secondly, the difficulty of identifying a single solution to any problem. Furthermore, the debate highlights the need to adopt an appropriate management change model to meet the demand of the proposed change process and to ensure appropriate management resources, including financial and intellectual, are available. The researcher concludes that the existing management resources are extremely suspect and open to investigation if the programme is to achieve 'successes'.

### **4.2 Management philosophies and models**

In relation to organisational change two main philosophies have dominated managerial thinking Grey (2005). The first of these is the rational/classical approach by Weber (in du Gray 2000) which prescribes decision-making and control based upon clear, well defined organisational structures, analytical techniques and the well-regulated motivation of people (Elwell, 1996). The underlying assumption of the classical approach to organisational change is that it involves a series of predictable, reducible steps that enable senior management to establish a new work order and routines (Graetz et al 2010).

There are a range of various models of change management based on the above. Many of these essentially build on the work of Kurt Lewin in the USA in the 1940s and 50s, (Rosch 2001), (Elrod and Tippet 2002). Even today, Lewin's ideas are still used as the basis of thinking about organisational change by many researchers, consultants and managers (Burnes 2011). The basic premise of the 'Force Field' model is that there is a balance of forces to keep the situation stable and the task of change management is to either decrease the forces against change or increase the forces for change. This version of management is part of the engineering model and of the top down managerial approach which grows out of the classical approach to organisational theory Gray (2005); Mullins (2010). Executives will use the rational model tools, described above and believe that precise solutions should be achieved through precise and calculated change programmes (Washburn 2011).

Developments over the last two decades have led to a new way of thinking in economic and management approaches (Cawsey and Deszca 2007) and as a result the scientific approach to management (Grey 2005) which emphasises the basic management functions of planning, organizing, leadership and control, now seems unable to explain the era of change that characterizes economies and organisations alike. In response to this criticism of the planned approach to organisational change, the emergent approach has gained ground. Rather

than seeing change to be top down driven, the emergent approach tends to see change driven from the bottom up (Bamford and Forrester 2003; Burnes 2004). This proposition suggests change to be so rapid that it is impossible for senior managers effectively to identify, plan and implement the necessary organisational responses (Burnes *ibid*). Therefore, the responsibility for organisational change has to become increasingly devolved (Bamford and Forrester *ibid*).

In this second or entrepreneurial philosophy, decision-making control is much looser. Such an approach is based upon less-clear organisational structures and job definitions, experimentation and inspirational motivation (Foss and Klien 2012). More recently there has been a greater emphasis on the need for change management programmes to include bottom-up consultation with employees from start to finish (Burns 2000). Under conditions of unpredictable change successful organisations are those whose leaders and members do not predict the future and try to control it (Quinn 2002). Instead they are able to rapidly change course, to redefine their methods of operation, even to learn to live with uncertainty and chaos and are confident enough to recognise that applying a 'winning formula' can be futile (Gabriel et al 2000).

### **4.3 The quest for effective change management**

Although the management of organisational change has become a normal part of the manager's role, periods of stability are taken as the exception for many organisations operating in the current era, there are still many reasons why change programmes may not be successful. For example Millet (2000) offers criticism of the change management process when asserting that although there is a general assumption that managers know the answers, most do not possess the competence and understanding to manage change. According it is claimed that the problem is created because such managers have not been exposed to the wider range of concepts and organisational models that provide a useful framework for dealing with the contemporary challenges they face when attempting to managing change (Clegg et al 2006).

For example, the implementation and adoption of change is achieved through integrating the new with the older established and already known. Politically, the new will not be accepted in full by everyone because some people will have committed resources to the status quo, and evolution not revolution appears to be the keys to success (Clegg *ibid*). When change is achieved managers assess whether the change was a failure or a success but the criteria against which management assess often inappropriately biased towards short term financial indicators (Grey 2005.)

### **4.4 Attitudes to change**

In *Understanding and managing cynicism about organisational change*, Reichers et al (1997) illustrate how change, successful or otherwise, can be very dependent upon the response of the players involved and the degree of cynicism, held by the players as to the impact and importance of the change process. Furthermore as Reichers (*ibid*) contends such cynicism, is often generated by pessimism about the likelihood of successful change with a consequent loss of face and blame for those responsible for the change i.e. viewing their managers as being incompetent and/or lazy. Data from the empirical study by Reichers (1997) also highlights a

number of factors that contribute to the development of such cynicism e.g. a history of failed programmes, a lack of information about the change and a contention that the cynicism generates negative consequences for the motivation, commitment and satisfaction of the employees involved.

Many managers and staff will have experienced the struggles, success, failures and frustrations that can accompany change (Kotter 2002) and the level of enthusiasm for new initiatives varies between employees and between employees and their supervisors. Those at the top of the organisation may view change as interesting, a challenge or even perhaps a way to achieve promotion. Those lower down may see them as actions of a top management team, out of touch with day-to-day operations (Kouzes and Posner 1993). Cynicism about organisational change can thus become a self-fulfilling prophecy and as such a barrier to change (Grey 2005).

#### **4.5 Seeking a new approach**

To address the above issues, Lanning (2001) advises that change project managers/leaders need an effective construct/strategy to help them successfully carry out change projects in the dynamic, continuously changing business environment; as such a construct would help overcome the greatest obstacles and offer guidance to avoid problems even before they occur in change management.

It is through an adaptive management process of responding quickly, that an organisation can move towards improving its readiness to deal with any disturbance or change that occurs and improve the recovery process after disturbance or change (Argent 2009). The emergent approach also emphasises that change should not be perceived as a series of linear events within a given period of time, but as a continuous, open-ended process of adaptation to changing conditions (Burnes 2004). Apart from being a method of altering organisational practices and structures, change is also perceived as a process of learning (Davidson and De Marco 1999) to cope with the complexity and uncertainty of the environment. Organisations need to engage with open learning systems (Luecke 2003) where strategy development and change emerge from the way a company as a whole acquires, interprets and processes information about the environment (Argyris 1999); Senge (1990). Consequently change is less dependent on detailed plans and projections than arriving at an understanding of the complexity of the issues concerned and identifying the range of available options Lanning (2001). Such a change management approach provides a good rationale for moving towards a learning organisation; thereby promoting an organisational structure and a culture in a more effective position to deal with future change - be it imposed and/or self generated (Argyris 1999).

#### **4.6 Learning organisations**

The concept of the learning organisation, at both the individual and organisational levels, emphasises the importance of developing core competencies within the organisation in order to sustain a successful journey rather than to reach a particular destination (Morgan 2006) and success lies in the development of managers who see themselves as key participants in the context of the learning organisation Millett (2000). Organisational learning is about the self-reflection that triggers insights into organisational routines, values and beliefs, and after these facets of an organisation are understood they are open to change (Clegg et al 2005).

Next to such subjects as organisational behaviour and development, organisational learning is seen as a topic in its own right or a specific strategy of management. However, Weick and Westley (1999) do not share this view and argue that the term organisational learning is, in fact an oxymoron, as learning and organising are activities that don't fit together well. Whereas organising is all about ordering and controlling, learning is about disorganising. To put it another way, organising is about reducing variety and learning is about increasing variety (Clegg et al 2005).

With so much riding on success, one would think that companies would be better at learning. Amazingly, it seems as if they resist learning, often with disastrous results e.g. the subprime mortgage crisis in 2008. The reasons, however, make a lot of sense (Robbins 2003). Few of us think much about learning when not in school or in a training environment but learning doesn't just happen. It takes reflection and thought. Reflection time used to be built into the work environment and thereby allow ample time to ponder and rethink decisions. Now there are overnight letters, junk mail, e-mail, voice mail, fax, cell phones, 30-second-delayed stock quotes, and the expectation that responding immediately is far more important than responding thoughtfully. Organisations rarely build in time to do thoughtful learning, and when they do, that time is often the first to go when emergencies beckon. Implementing insights from a learning review is difficult (Robbins, *ibid*).

#### 4.7 Single and double loop learning

Single and double loop and organisational learning go back to the work of Argyris and Schön (1978) and is directed to promoting an organisational structure and a culture in a more effective position to deal with future change. **Single-loop learning** is about correcting an action to solve or avoid a mistake, while **double-loop learning** is also about correcting the underlying causes behind the problematic action. Underlying causes may consist of an organisation's norms and policies, individuals' motives and assumptions, and informal and ingrained practices that block inquiry on these causes. Double-loop learning requires the skills of self-awareness and self-management, and the willingness to candidly inquire into why what and/or went wrong without sliding into defensiveness, blaming others, making excuses, trying to be nice and positive to each other, protecting each other's ego etc., and thereby block honest feedback, inquiry and learning. Whereas single-loop learning looks at technical or external causes; double-loop learning looks at cultural, personal or internal causes] (Apin 2008) The ability to become proficient with double-loop learning often proves to be very difficult (Argyris 1999).

Although some organisations have been successful in institutionalizing systems that review and challenge basic paradigms and operating norms, many others fail to do so (Morgan 2006). Such failure is especially true of bureaucratic organisations whose fundamental organisation principles often operate in a way that actually obstructs the learning process. For example, bureaucracy tends to encourage and create fragmented patterns of thought and action. When hierarchical and horizontal divisions are particularly influential, knowledge and information is inhibited from flowing in free and open patterns. As a result, different departments and divisions within the organisation often operate on different perceptions and understandings of the total situation. This in turn, can encourage the pursuance of sub-unit goals as ends in themselves.

The existence of such divisions has a further tendency to emphasise the distinctions between the different parts of the organisation and can encourage the development of political systems which place additional barriers in the way of learning. The bounded rationality inherent within organisational design thus leads to the creation of boundaries, within which the employee is encouraged to occupy and rewarded for so doing (Morgan 2006). Under such circumstances, single-loop learning systems are reinforced and may serve to keep an organisation on the wrong course e.g. the continued dominance of the medical model in areas of social care with the medical profession continuing to take the lead role even when the issue is not specifically a medical issue.

#### **4.8 Defensive strategies**

As Argyris and Schon (1978) have shown, when staff feel threatened and/or vulnerable they may well engage in 'defensive mechanisms' to protect themselves and colleagues. Such organisational defensive routines are taught through socialisation, as strategies to deal effectively with threat or embarrassment and are supported by the culture of the organisation. In such an environment, staff can become skilled in a range of ways to make situations for which they are responsible, look better than they actually are or find ways of obscuring issues that will put them in a bad light. Deep-seated problems are often ignored or diluted and senior managers presented with over optimistic scenarios, to which they respond favourable. Such issues are systematic and universal (Argyris and Schon 1978) and are found in many different types of organisations and cultural settings. These defensive patterns can become face-saving processes to save individuals from embarrassment or threat. In the context of an organisational setting, formal structures, job descriptions, rules and conventions are convenient aids in the process of self-protection and used both consciously and unconsciously for this purpose. Such defensive routines can also become embedded in the organisational culture and generate shared norms. Given such a range of potential pathologies, it is not difficult to be surprised that so many organisations find difficulty in learning and evolving in a fluid manner. As Senge (1990) points out, most organisations 'die' before the age of forty. To survive in the tough business environment of the 21st century, organisations must develop designs that allow them to become skilled in the art of double-loop learning, to avoid getting trapped in single-loop processes, especially those created by traditional management control systems and the defensive routines of organisational members (Morgan 2006).

Skilled professionals are frequently good at single-loop learning; they have spent much of their life acquiring academic credentials, mastering a number of intellectual disciplines and applying this knowledge to real world-problems. However, it may be this very fact that helps explain why professionals are so unsuccessful when it comes to mastering double-loop learning (Argyris 2003). Because many professionals are often successful in what they do and because they have rarely failed, they have never learned how to learn from failure. Whenever the single-loop learning strategies go wrong, they become defensive, screen out criticism and allocate blame to others and/or circumstances. In essence, they learn to shut down at the time they most need to learn; they avoid learning; they become defensive.

This defensiveness is not due to a negative attitude about change. Rather, such professionals want to work more effectively and continuously improve systems. They fail to recognize that to learn one needs to look inward at

one's own behaviour (Argyris 1996). Professionals have a body of knowledge that constrains their learning. They do not know how to learn from failure. When challenged, they can become very defensive and tend to focus attention away from their behaviour to that of others i.e. defensive reasoning. The key factor, for this behaviour can be found in the way in which they reason about their own behaviour and the behaviour of others (Argyris 1991) but of course to a modernist strategist, the answer is often in the organisation's culture; blame is hard-wired into it. Consequently fear of failure becomes very strong, so any failure is inevitably passed on to others, almost always 'down' the hierarchy.

#### **4.9 Theories in action**

It is of course impossible to reason anew in every situation. If one had to think through all possible responses to a particular question, life would become impossible. Everyone develops a theory of action, a set of rules to design and implement their own behaviours as well as to understand the behaviour of others (Argyris 1999). In the course of everyday events, these theories of action become so taken for granted that people don't even realize they are using them. However, people consistently act inconsistently and are often unaware of the contradiction between the way they think they are acting and the way they really act i.e. theories-in-use. Most theories-in-use rest on the same set of governing values to:

- i. remain in unilateral control
- ii. maximise winning' and minimise losing
- iii. suppress negative feelings
- iv. be as rational as possible- by which people mean defining clear objectives and evaluating their behaviour in terms of whether or not they have achieved them. The purpose of all these values is to avoid embarrassment or threat, feeling vulnerable or incompetent. Essentially this is a profoundly defensive strategy (Argyris *ibid*).

Such a defensive approach encourages individuals to keep private the inferences, premises and conclusions that influence their behaviour and it helps avoid any testing of their behaviour via an objective inquiry. Since the defensive strategies are never really tested, the situation remains a closed loop, quite oblivious to conflicting influences. Inevitably, this defensive reasoning meets with additional defensive reasoning. In such a situation, an act of encouraging more-open inquiry, may be intimidating and help foster a corporate defensive shield amongst senior professionals.

It is also important to recognize how double-loop learning at the individual and organisational levels also involves the important issues of competence and justice. It is not just for individuals to define certain actions as incompetence and unjust, and then act as if the incompetence and injustice do not occur when they behave in the same way. Double-loop learning must also deal with the contentious issues e.g. the puzzling fact that most individuals are unaware of their causal contribution to these organisational features, yet are aware of the causal contributions of others. In order to turn the situation around managers at the top need to critically examine and change their own theories-in-use (Korth 2000). Until senior managers become aware of how they reason

defensively and of the counterproductive consequences of such action, there will be little real action. Major change has to start at the top of the managerial hierarchy; otherwise, defensive senior managers are likely to disown transformational strategies generated from below.

The ability to achieve proficiency in double loop learning is seen to be much more elusive. Double-loop learning leads to the organisation modifying its underlying norms, policies, or objectives (Korth 2000) and although some organisations have been successful in developing systems to challenge underlying policies, and norms, many fail to do so. This is particularly so in bureaucratic organisations where methods of working usually operate in a way that obstructs the learning process. Barriers to double loop learning can be created where hierarchical bureaucracies are particularly strong and the existence of such divisions creates boundaries and divisions in which single loop learning systems are reinforced.

The move towards a learning organisation calls for an integration of both the 'natural' and 'emergent' and the 'rational' approaches to decision making. This is important because it is impossible to conceive of a single approach which is suitable for all types of change, all types of organisations and all types of situations. Organisations will often consist of a wide range of departments, have important issues to address and these varying challenges will demand a diversity of solutions. Certain approaches may be too narrow or too general in their application. Some may be complementary to each other while others may be incompatible and the range of approaches to change and the confusion over the relative strengths and weaknesses of the various approaches leads to confusion and conflict in the study of change.

What the research has been able to highlight is that organisations operating as hierarchical and bureaucratic entities will have great difficulty in moving towards a structure that encourages openness' fuller participation and innovation and the lesson is they are well equipped to address stable and regulated issues. This applies in reverse to those organisations that have embraced the idea a learning organisation and as such are better prepared to work in an innovative and changing environment. There is therefore a place for bureaucracy and a place for learning organisations. Scientific management, human relations, contingency theory and varying styles of management all have a place in organisational life and often in the same organisation.

#### **4.10 Organisational Learning Mechanisms [OLMs]**

According to Argyris and Schon (ibid) organisations should strive to create a learning system where single and double-loop approaches are used as and when appropriate; although what is appropriate is open to debate. Argyris and Schon's work links individual learning to organisational learning and comes from an organisation development perspective.

It is not easy to create organisational learning (Argyris 1999) but the structural, cultural, psychological, and leadership and policy facets of the multi-facet model (Lipshitz et al 2007) help provide a basic set of tools for analysing and instituting organisational learning. Using the model helps managers to promote productive learning by initiating and commissioning organisational learning mechanisms (OLMs), by nurturing and

cultivating the norms of a learning environment i.e. structural, organisational, commitment and psychological safety among their staff (Potter and Lipshitz 2000). OLMs are concrete observable entities that provide a means for observing and specifying where and when organisation learning occurs. OLMs are the structures i.e. roles, functions and procedures that enable the organisation's staff to work together to collect, analyse, disseminate and apply information relevant to their own work and that of the organisation.

However, such actions cannot take place within a vacuum. Rather they are conditioned by the context in which they take place: e.g. the characteristics of the organisation and the environment. Contextual factors are largely beyond the control of management but are nevertheless helpful in assessing the likelihood that organisational learning efforts will succeed (Lipshitz et al 2007). Although the specific contexts of different organisations may vary considerably research has shown that five contextual factors have a significantly influence organisational learning. The contexts are:

- i. Organisational structure
- ii. Proximity to the organisation's core mission,
- iii. Environmental uncertainty
- iv. Task uncertainty, and
- v. Task structure (Lipshitz et al 2007).

According to Lipshitz et al (ibid), the relationship between the context and organisational learning provides a useful guide for managers who may wish to analyse the particular context in which organisational learning may be introduced into an organisation and this in turn may offer guidance and provide a framework to assist the decision-making process.

#### **4.11 Organisational structure**

As discussed above, effective organisational learning is highly dependent upon the free flow of information and knowledge throughout the whole of the organisation. To the extent that the organisational structure i.e. size and the division of labour in different departments and locations erects barriers, to the free flow of information, it hinders both learning and the exchange and dissemination of information (Englehardt and Simmons (2000); Tan and Heracleous (2001). Size and geographical separation inhibit organisation learning in three ways. Firstly, different locations can have different goals, tasks and responsibilities. Secondly, this in turn may lead to staff in the different locations having different learning needs and so they develop different types of knowledge. Furthermore, the knowledge gained in one location may be irrelevant to staff in the others and different locations constrain the amount of time people can spend together, to exchange information and share issues.

However, it is possible to counteract these difficulties. One method is to create centralised OLMs that serve as hubs in which knowledge from different parts of the organisation is collected, stored and disseminated to those locations where it will help operations (Baird et al 1997). A second method for counteracting size and location



dispersion is by the development of a strong network of OLMs that promotes the direct transfer of knowledge between the different units (Barrow 2001 and Prokesch 1997).

#### **4.12 Proximity to the organisation's core mission**

The core mission of an organisation is the task or set of tasks, that the organisation is designed to achieve. Although some members of the organisation are employed specifically to undertake tasks directly related to the core mission there are other who have a support role. Tasks which form part of the core mission are vital to the survival of the organisation. As such they are considered to be of great importance and usually receive more attention and resources than support tasks. Consequently, the core mission-related tasks are more likely to be selected for improvement. In turn, OLMs related to these tasks are more likely to attract necessary resources. In a study conducted in a public sector 1 setting (Lipshitz and Popper 2000) identified 14 different OLMs. All were associated with the organisation's core mission. However, support tasks in an organisation are also necessary and can be just as important to the organisation's success as are core tasks. One way to ensure that learning receives attention in all areas of the organisation is to make developing OLMs a core task.

#### **4.13 Environmental uncertainty**

The uncertainty of a situation or task usually means that it is inconclusive, arguable or speculative. The claims that uncertainty affects learning are based upon the observation that individuals have little inclination to learn unless they are feeling a sense of doubt. (Ellis and Shpielberg 2003) Learning begins with the willingness to challenge doubt and to inquire. Srikantia and Pasmore (1996) confirm this and stress that organisational learning begins with individual doubt and ends with collective consensus.

The ability of an organisation to manage its core business effectively can be affected by environmental trends, including market changes, new technologies, economic movements, political shifts and social trends. It is customary to attribute this objective uncertainty to three attributes of the environment: complexity of the environment, rate of change and the intensity of the competition faced by the organisation (Lipshitz and Strauss 1997).

The relationship between organisational learning and environmental uncertainty is widely accepted by researcher (Ellis and Shpielberg 2003). Organisations must produce products of a quality and price that are more acceptable to consumers than those of competitors. Should the environment change; e.g. should a competitor acquire new technology and produce a superior product at a lower price other organisations must adapt, which means it must learn. Consequently, there tends to be fewer examples of organisational learning in the public sector, which until recently had little competition and a learning towards more bureaucratic structures and processes. The perception of environmental learning and potential strategic threats is a particularly important catalyst for learning (Stopford 2001). For many managers, planning has been the traditional strategy in dealing with uncertainty. Planning approaches such as forecasting and risk analysis are often based upon the assumption that future trends can be predicted on the basis of past behaviour. Consequently, such approaches are unlikely to stimulate learning because they are perceived to reduce uncertainty (Lipshitz et al 2007) and management is

unlikely to invest resources into organisational learning unless there is perceived uncertainty about the environment within which it operates. Conversely, investment in organisational learning is more likely to happen when management realises that past experience is not necessarily a good predictor of the future and therefore will require new responses.

#### **4.14 Task uncertainty**

The complexities of the tasks that have to be performed within the organisation provide a further source of uncertainty that can help promote organisational learning. For example the development process of the *Apple* family of electronic telephones, computers etc. provides a good example of the effects of task uncertainty on organisational learning. Although *Apple* has been at the forefront of the industry its top managers still felt the need to undergo a major change in direction to stay leaders in the field, following the death of Steve Jobs. The change which is just underway is subject to a substantial degree of task uncertainty, because of the new technologies involved and the competition. There are also a number of empirical findings that demonstrate through examples how organisational learning has come from organisations that have faced potentially catastrophic incidents (Tucker and Edmondson 2003) e.g. building nuclear plants and developing new vaccines. The more severe the error the more effort will be invested in learning how to prevent it (Wong and Wiener, 1981).

#### **4.15 Task structure**

The manner in which the organisation sets about achieving the tasks or activities required for its success affects organisational learning in two ways. First of all it determines the ease with which staff will receive feedback on their work and also influence their motivation to disseminate and share information with colleagues. The feasibility of vital feedback is determined by the extent to which the task is standardised and the delay that takes place between its completion and the receiving of feedback (Alder and Cole 1993). The shorter time cycle helps in the detection of the problem while standardisation facilitates diagnosis of cause and the dissemination of information to colleagues. Secondly, task structure can also influence the motivation to share information through the degree of interdependence that it can impose upon persons who perform the task. For example, people who depend upon others in critical situations (e.g. where team working is required for safety reasons) will cooperate out of self interest (Lipshitz et al 2007).

#### **4.16 Summary**

Organisations and people can learn, and people can also promote or hinder these learning processes through their action or lack of action. Being a learning organisation is not a distant vision but one that can occur within the context of the normal functioning of an organisation. Organisational learning can help organisations manage more effectively in times of complex and rapid change and it provides an opportunity to tap into the knowledge and skills of employees. Organisational learning is not easy to achieve and there is no single recipe for achievement. Productive learning is difficult and requires senior managers to accept a culture that accepts

change and uncertainty and threat. It places power in the hands of staff and can lead to challenges to the management status quo.

Although the factors discussed do not present a comprehensive list of the diverse factors that influence the development of a learning organisation they provide managers with a series of questions to consider and to help begin to analyse the particular context in which organisational learning may be initiated.

#### **4.17 In conclusion**

Taking an overview from issues raised in the literature review enabled the researcher to move towards the initial stages in developing a construct/structure which would be utilised to assist in the implementation of the healthy workplace programme. This would build on the framework established in the conclusion section of the previous chapter

In the light of the analysis made in this chapter at there any further issues that should be considered when evaluating a healthy workplace programme and added to the framework in the previous chapter?

As discussed earlier in this chapter, there are two main philosophies relied upon in change management. The first is the classical school which is considered appropriate for bureaucratic entities operating in a slow moving, stable environment while the emergent school of thought is encouraged when the organisation operates in a fast moving and fast changing environment that encourages a bottom up approach involving different groups of staff. The emergent approach also emphasises that change should not be perceived as a series of linear events within a given period of time, but as a continuous, open-ended process of adaptation to changing conditions. Of course no change management process belongs exclusively to either philosophy but to be successful it is essential to assess and implement the more appropriate strategy. The key to good management is to apply the appropriate change theory/strategy to the task under review.

Therefore the final framework from which the Canadian model can be evaluated is as follows and will be used in the next chapter to make that evaluation.

##### **A. Overall Philosophy of Approach**

1. Systems based
2. Focused on primary preventative intervention
3. Holistic so that it engages the whole workforce, at all levels
4. Bureaucratic or emergent change strategy approach depending on situation

##### **B. Implementation of Programme**

1. Senior management commitment to the development, maintenance and improvement of a healthy workplace initiative - leadership
2. Employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities - establishing the steering committee

3. A systematic, step-by-step approach, for the healthy workplace programme must be carefully planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE 2012) e.g. a multidimensional concept and systems approach with primary, secondary and tertiary interventions
4. Policies that address both the causes as well as the effects of stressors.
5. Realistic expectations about the results of the healthy workplace initiative
6. Worksite health promotion programmes

## **Chapter 5: Evaluation of the Canadian Model of Comprehensive Workplace Health Promotion (CWHP)**

### **5.1 Introduction**

Chapter 2 identified the general benefits to be achieved through the use of models 'good practices' in healthy workplaces. Following a brief history of health promotion activities in the workplace, Chapter 3 then reviewed a range of healthy workplace programmes and after reviewing the literature and existing models identified the properties required for inclusion as a model of 'good practice' in workplace health programmes. In exploring existing literature the researcher sharpened the focus of the research to define different paradigms and research questions and strategies relevant to the research. Chapter 3 therefore had an essential role in the fact finding as the tangible research outcomes were very much built on the identification and assessment of models of 'good practice' in workplace health promotion

In Chapter 4 the author provides a comprehensive review of management and organisational literature over a range of issues, including a discussion on how management continually seeks change and secondly, acknowledges the difficulty of identifying a single solution to any problem. Furthermore, the debate highlights the need to adopt an appropriate management change model to meet the demand of the proposed change process and to ensure appropriate management resources, including financial and intellectual, are available. Chapter 4 also set out the debate on how best to fully exploit the benefits from the transfer of the selected model of good practice to the LA in question. The enquiry and analysis undertaken provided a review of management and organisational development issues in order to assess strategies necessary for successful implementation of the selected healthy workplace programme.

As managers have long voiced a strong interest in making improvements within their organisation the volume of literature on organisational change is overwhelming and during the last few decades there has been increasing pressure to introduce new forms of organisations to complement or to replace the more traditional hierarchical structures. Since a major part of this study relates to the transfer and implementation of the selected programme it is important to address management issues in some detail. Furthermore, the debate highlighted the need to adopt an appropriate management change model to meet the demand of the proposed change process and to ensure appropriate management resources, including financial and intellectual, are available. The researcher also concluded that the existing management resources are extremely suspect and open to investigation if the programme is to achieve 'successes'.

The reason for the selection of the specific programme selected as a model of 'good practice' i.e. Comprehensive Workplace Health Promotion (CWHP) was based first upon the criteria for achieving 'good practice' status and secondly on the assessment of CHWP to determine the if programme met the requirements to be classified a good practice. The contents of Chapters 2, 3 and 4 are combined to provide the framework to for the analysis of the CWHP in order to benchmark and determine how best to how to operationalise CWHP. In

other words does the CWHP meet the criteria, to be accepted as a good practice as a workplace health programme?

## **5.2 Investing in Comprehensive Workplace Health Promotion**

The Investing in Comprehensive Workplace Health Promotion CWHP was selected as the model of good practice for a number of reasons as set out in Chapters 2, 3 and 4. First of all CWHP is from a commercial environment and the research question for thesis is *To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?*

Secondly CWHP is not a particular programme or model. It is a philosophy of health promotion that is intended and designed to be incorporated into the Business Plans of organisations whose managers care about the wellbeing of their employees. CWHP fits within in the business plan because what is good for employee health is also good for organisational productivity, efficiency and competitiveness. CWHP is an ongoing work in progress which can never be completed but which can be constantly updated and improved through experience. CWHP has been identified by the National Quality Institute of Canada and Health Canada as a comprehensive approach to developing a healthy workplace.

In addition to the above reasons for the choice of programme to use, the researcher felt more confident in using CWHP because of his training in the process and subsequent presentations at international and world conferences. Finally, and most importantly CWHP incorporates the strategies that are required if a programme is to be considered as a model of good practice.

### **A. Overall Philosophy of Approach**

- i. Systems based
- ii. Focused on primary preventative intervention
- iii. Holistic so that it engages the whole workforce, at all levels
- iv. Bureaucratic or emergent change strategy approach depending on situation

### **B. Implementation of Programme**

- i. Senior management commitment to the development, maintenance and improvement of a healthy workplace initiative - leadership
- ii. Employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities - establishing the steering committee
- iii. A systematic, step-by-step approach, for the healthy workplace programme must be carefully planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE 2012) e.g. a multidimensional concept and systems approach with primary, secondary and tertiary interventions

- iv. Policies that address both the causes as well as the effects of stressors.
- v. Realistic expectations about the results of the healthy workplace initiative
- vi. Worksite health promotion programmes

## **5.3 Evaluating the Canadian model**

These features will now be considered as a method for evaluating the Canadian model, starting with an evaluation of the philosophy of the approach.

### **5.3.1 Overall philosophy of approach**

The term ‘health promotion in the workplace’ in itself is a multidimensional concept that embraces at least two major philosophies about what health is and how it is influenced. The first philosophy views health as largely the product of individual behaviour and as an individual responsibility. Although, to a certain degree, this perspective may acknowledge the role of genetics and environment the type of health promotion arising from this set of beliefs focuses on individual behaviour. The workplace is seen primarily as a setting through which various programmes can be delivered. Examples of such programme themes include fitness programmes, stress management, smoking cessation, back care and weight reduction/nutrition (Shain and Kramer 2004)

The second philosophy offers a distinctly different approach by proposing that health is influenced by a range of forces, a significant number of which are outside the individual’s control. In acknowledging the individual’s responsibility for his or her own health, this set of beliefs concentrates on the role of the environment. Consequently, the workplace is seen as an influence on health in its own right, where attention needs to be directed on the organisation and design of work in both its physical and psychosocial dimensions i.e. taking a systems approach and viewing the organisation as an interconnected purposeful system that consists of several business sections (Reynolds and Holwell 2010).

In summary, any workplace claiming to undertake health promotion policies and procedures can be characterised by the commitment of senior management to one or other of these philosophies or, as is more commonly the case, to some harmonious synthesis of the two approaches.

#### **i. The Systems Approach**

Job stress intervention efforts have grown rapidly over the two decades and there is increasing recognition of the adverse impacts of job stress on organisations and individuals. This has been reflected in the rapid increase of job stress intervention literature and there is growing consensus that systems or comprehensive approaches are the best way to address job stress (Israel 1996, No 10 and no 1)

Investing in CWWP took a systems approach to promote and improve the health of the workplace under review. As outlined in Chapter 3, the design and implementation of a healthy workplace programme requires, as a necessary precondition, a systems approach to promote an effective health programme (La Montagne 2007).

This approach must also assess the appropriate environment, organisational structure and communication channels as well as policy changes (Punnet et al 2009). The systems approach integrates primary with secondary and tertiary prevention, includes the meaningful participation of groups targeted by intervention and are context sensitive (Israel et al 1996). In addition systems approaches to job stress are consistent with leading authoritative declarations from both policy and practice agencies including the WHO (the WHO Jakarta Statement on Healthy Workplaces 1997), the European Network for Workplace Health Promotion (WHO Regional Guidelines for the development of Healthy Workplaces 1999 ed.) and the European Agency for Safety and Health at Work (EASH W. How to Tackle Psychosocial Issues and Reduce Work Related Stress 2002). Furthermore, in taking a systems approach to job stress the philosophy of the study was consistent with the prevention framework of public health, psychology and occupational health. (Israel et. al 1996)

In view of the above there has been increasing support for systems approaches, described below. Such an undertaking has emphasised primary prevention or put another way, of facing up to and tackling hazards at the source LaMontagne et al (2007). Furthermore a systems approach integrates primary with secondary and tertiary prevention and provides a meaningful role for participants who are targeted by the intervention. In addition system approaches to stress at work are consistent with leading authoritative declarations from policy and practice agencies e.g. Luxembourg Declaration on Workplace Health Promotion, the European Network for Workplace Health Promotion, (WHO 1997; 1999) and the European Agency for Health and Safety at Work (Baum 2002).

Because the understanding and interpretation of job stress processes in addition to the intervention strategies that have been developed across a variety of different disciplines, various descriptions are used for approaches that are synonymous with systems approaches (LaMontagne et al). Some use systems terminology (Israel et al 1996); (Karasek 2004). Others describe similar approaches as comprehensive stress prevention management (Jordan et al 2003); (Noblett 2004), health promotion settings (Polyanyi 2000) and healthy learning organisations (Eklof 2004). *According to the Joint Committee on Health Education and Health Promotion Terminology (2001) health promotion is any planned integration of educational, political, environmental, regulatory and/or organisational mechanisms to support actions and conditions of living conducive to the health of individual groups and communities.* Consequently the implementation of health promotion in the workplace requires, as a necessary precondition, a systems approach to promote an effective and health promotion programmes. This approach must also assess the appropriate environmental, organisational, structural, and communication channels, as well as policy changes (Punnet et al 2009) if the workplace is to be identified as an optimal place for addressing the health of employees through a controlled environmental and communication support system that offers the social support system needed to change behaviour Prodaniuk (2009).

## **ii. Primary Prevention**

In the job stress context primary proactive interventions are designed to prevent exposure to stressors and episodes of illness among healthy employees. In brief these interventions address sources of stress in the physical and/or psychosocial environments or through organisational change taking place (Landsbergis 2003).



Primary preventive interventions can be driven by a range of influences, including organisations, workers or their unions, or mandatory or voluntary policy directives. Examples of primary preventive interventions include job redesign, changes in work pacing, enhancement of social support, and the formation of joint labour–management health and safety committees. Primary preventive interventions are also commonly referred to as ‘stress prevention’ (Heaney and Goetzel 1997); (Reynolds and Holwell 2010). In view of the above there has been increasing support for systems approaches.

A primary prevention intervention approach was considered because primary preventive interventions are considered to be the most effective at addressing both individual and organisational impacts of job stress (LaMontagne et al 2007) and in addition they are proactive, aiming in the job stress context to prevent exposure to stressors and the occurrence of job stress-related illnesses among healthy individuals. This is done by reducing potential risk factors or altering the nature of the stressor before workers experience stress-related symptoms and /or disease i.e. primary interventions address sources of stress in the workplace, or stressors, through alterations in physical or psychosocial work environment or through organisational changes<sup>49</sup> Primary prevention interventions can be supported by a range of influences including workers/unions, mandatory legislation, changes in and changes brought about by the organisation itself. Primary prevention interventions include a range of issues including changes in the pace of work, job redesign, the formation of health and safety committees and social/family support.

Such interventions can be driven by a wide range of influences and because the understanding of job stress processes as well as intervention strategies has developed across a number of disciplines, various descriptors are used for approaches that are synonymous with systems approaches e.g. ‘comprehensive.’, and ‘workplace health promotion settings’ or ‘learning organisation.’ (Eklof et al 2004). Because of this primary preventive interventions are often referred to as ‘stress prevention.’ Primary preventive interventions are also commonly referred to as ‘stress prevention’ (Heaney & Goetzel 1997); (Reynolds and Holwell 2010). In conclusion, in view of the above there has been increasing support for systems approaches.

### **iii. Holistic so that it engages the whole workforce, at all levels**

Modern workplace health promotion (WHP) requires collaboration, partnerships, and alliances with both internal and external stakeholders but the identification of the key stakeholders as well as the systematic mapping of their views has barely been covered in the existing research literature. However, both active employers and active employees can through their own work accelerate the development of new WHP services. Modern workplace health promotion requires collaboration, partnerships, and alliances with both internal and external stakeholders and a fundamental premise of workplace health is that the participation of those most affected in the formulation and implementation of responses is essential in addressing healthy workplace problems (Baum 2002)

This principle is specifically incorporated into WHO’s Ottawa charter on health promotion (Norbet et al 2004) as well as other workplace health-specific charters and declarations such as WHO’s Health Workplace

Guidelines and the European Network for Workplace Health Promotion's Luxembourg Declaration. Increasing participation for those directly involved is likely to increase worker 'control', 'a sense of fairness and justice and support', all of which are basic dimensions of workplace stress. WHP is therefore a particularly important principle when undertaking any job stress intervention and it should be integrated into assessments of intervention quality and close collaboration between employers and employees is required at the individual workplaces. Some stakeholders, such as pension funds and occupational health services (OHS) providers, can act as important driving forces and support the strategic implementation of WHP in the workplaces. However, alone they have only limited opportunities to organize the WHP activities. Understanding the various stakeholders and the systematic mapping of their positions is therefore essential for the successful planning and implementation of WHP activities.

To enhance employee participation in developing a healthy workplace McElroy and colleagues (Karasek 2004) recommend an ecological approach and in this framework multi levels of influence must be identified for an effective programme. An ecological approach emphasises the importance of the dynamic interactions between the individual and the workplace. Many opportunities exist for environmental and policy changes to foster healthy lifestyle behaviours in the workplace and management can also adopt policies that provide employees with the opportunity to practice lifestyle changes. (Fielding 1999)

In addition to the above participation also helps optimise the fit of the intervention to the context at hand and provides the means to integrate the participants' context expertise with the content expertise of the occupational health staff or other professionals who more often than not, usually manage the intervention process. This is a very crucial issue since organisations usually require unique solutions to job stress problems, even when the process at hand may be based on generic frameworks and principles. It is also interesting to note that there is a growing awareness in intervention strategies that integrate occupational health with workplace health promotion (61 and 62). Notably, job stress has been linked to adverse health behaviours as one of the mechanisms through which it damages health. For example long working hours and job stress have been linked to higher incidents of smoking and body mass index, both of which are known to increase the risk of cardiovascular disease'. This makes a compelling case for integration and primary preventive synergies can be promoted through integrated approaches (LaMontagne 2007).

#### **iv. Bureaucratic or emergent change strategy approach depending on situation**

Innovation and change are now a central part of today's business environment (Henry and Mayle 2000). People and how we manage people are becoming much more important (Pfeffer 2002). Organisations face unprecedented pressures to respond quickly to unpredictable and rapid changes in virtually every aspect of their business, including the economy, marketplace, and technology and agility has become more a matter of survival than choice (Becker 2000). The management of organisational change has now become a conventional part of the role for many managers and change capability has become a core managerial competence (Cawsey and Deszca 2007). Undoubtedly, both the way change (major and minor) is managed, and the appropriateness of the methods used will have a major influence on the perceptions and experiences of the people involved (HSE

2003). Reports of the association of increases in stress levels with such change are underlined by the fact that organisations can and do experience great difficulties in managing change effectively (Arnold et al 1998). The increasing complexity of the modern organisation which needs both differentiation and integration' (Lawrence and Lorsch 1967; Argyris 1999) means key decisions about the organisation of central operational and transformational processes are required (Miller 1993). However, the overarching paradigm of structural functionalism views management as being fundamentally concerned with rational decision-making in order to facilitate the smooth running and goal attainment of the modern, complex, structurally and functionally different organisation. Rational-legal authority (Weber 1947) both empowers and compels managers to take rational decisions and such an emphasis upon unemotional, impersonal and objective logic has long been held to shape managerial beliefs and actions.

But when innovation and change increasingly become central parts of business life, as organisations struggle to keep up with changing tastes, global competition and faster product life cycles, it is not a simple task to get right the balance between the need on the one hand to allow staff sufficient freedom to be creative and innovative and on the other hand the need to co-ordinate business objectives, to standardise certain product specifications and to conform to legal regulations (Henry and Mayle 2002) ; particularly when faced with a pluralistic vision of multiple, competing interests). To be effective such organisations need to be more flexible, adaptable to change, have relatively few formal, hierarchical levels of management, have loose boundaries between functions and departments, to be more sensitive and responsive to the environment, and be concerned with stakeholders.

In relation to organisational change there have been two explanations that dominate managerial thinking:

- the rational approach prescribes decision-making and control which is based upon clear, well defined organisational structures, analytical techniques and the well-regulated motivation of people (Weber 1947)
- the entrepreneurial approach, in which decision-making control is much looser. Such an approach is based upon less-clear organisational structures and job definitions,

More recently there has greater emphasis on the need for change management programmes to include bottom-up consultation with employees from start to finish, Burnes (2000) ; Grey 2005. No manager can succeed without depending upon staff to respond one way or another and members of staff are able to influence managers because of the dependence of managers on their subordinates. This results in revised strategies and the development of alternative systems of management which in turn influence and reshape organisational theory and management strategy (Jafee 2001).

Such explanations have been useful, particularly in stable conditions. Under conditions of unpredictable change successful organisations are those whose leaders and members do not predict the future and try to control it. Instead they are able to rapidly change course, to redefine themselves and even to learn to live with uncertainty and chaos ((Argyris 1999) and are confident enough to recognise that applying a 'winning formula' can be futile (Gabriel et al 2000). In essence, such organisations recognise the gains that can be achieved from moving more towards a natural/emergent model Such a change management approach provides a good rationale for

moving towards a 'learning organisation', thereby promoting an organisational structure and a culture that are in a more effective position to deal with future change - be it imposed and/or self generated

However, the move towards a learning organisation calls for an integration of both the 'natural' or 'emergent' and the 'rational' approaches to decision making, through a synthesis of economic and behavioural theory. The relationship between the two approaches epitomises the dichotomy, in respect of both reasoning and action, between the rational tradition, associated with classical management theory and professionalism and the natural, narrative, case-based methods of behavioural/emergent theorists.

The challenge, then, is to create an environment whereby strategy evolves from activities taking place throughout the organisation (and thus can be influenced by strategic planning via the rational model) but is also shaped by other influences. For example, those who favour the rational model have a tendency to take a top-down view and portray the internal structure and processes of the organisation as leading to the concept of structure following strategy, whereas emergent views provide reasons to believe that existing structures and processes influences strategy to redefine themselves and even to learn to live with uncertainty and chaos (Argyris 1999). They are confident enough to recognise that applying a 'winning formula' can be futile (Gabriel et al 2000).

### **5.3.2 Implementation of programme**

As highlighted in Section 5.2, there are 6 key strategic elements to programme implementation:

- Senior management commitment to the development, maintenance and improvement of a healthy workplace initiative - leadership
- Employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities - establishing the steering committee
- A systematic, step-by-step approach, for the healthy workplace programme must be carefully planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE 2012) e.g. a multidimensional concept and systems approach with primary, secondary and tertiary interventions
- Policies that address both the causes as well as the effects of stressors.
- Realistic expectations about the results of the healthy workplace initiative
- Worksite health promotion programmes

#### **i. Identification of good practice**

In addition to the above there is a plethora of research studies in the quest to identify a common framework for the evaluation of healthy workplace programmes including (LaMontagne et al 2007), European Agency for Safety and Health at Work (2001, 2002, 2003; European Network for Workplace Health Promotion: Barcelona Declaration on Developing Good Workplace Health in Europe: ENWHP (2002); Goetzel et al (2009), Shain and Kramer (2004) and Schulz et al (2007) These include a wide range of desired outcomes to be achieved

including return on investment, staff turnover, stress reduction and a systems approach and management leadership and a variation on the make-up and format of in different programmes.

These findings are consistent with those from several other reviews that have applied similar lenses to the job-stress intervention literature, all of which acknowledge the need to address both the causes and the consequences of job stress (Giga et al 2003; Michie et al 2003; Bond et.al 2004). In addition, addressing job stress using systems approaches is consistent with leading authoritative statements and declarations from policy and practice agencies. European Network for Workplace Health Promotion (2002), European Agency for Safety and Health at Work (2002), Tokyo Declaration on Work-Related Stress and Health (1999)

Such results provide further empirical support for these policy statements and declarations (Grossmeier et al 2010) (For example different studies show wide variations in the degree and intensity of negative health such as higher health care costs including absenteeism, disabilities, use of services etc. (Sauter et al 2002) Many factors may explain the variations, including differences in study methods, measurements, characteristics of the workforce and so on. However, the most confounding factor of all involves the organisation of work (Siegrist et al 2004) There is compelling evidence to believe that the degree to which personal health practices translate into negative health outcomes depends on the extent to which the management culture of the workplace supports health. Consequently the problems with comparing studies on the healthy workplace make it difficult to provide concrete conclusions as there are so many variables to contend with in the studies.

Consequently, when trying to confront a model programme of good practice in promoting the healthy workplace it is difficult to select a specific programme at the expense of others. However research does illustrate there is a consensus on the major findings. Further study is needed to develop the job-stress intervention evidence base to guide policy and practice. Nevertheless, the available evidence clearly justifies the recommendation of high over low- or even moderate-level systems approaches as most effective for addressing the impacts of job stress on both workers and the organisations employing them. ∴ Good practice for all workplaces HSE (2008), How to tackle work-related stress: A guide for employers on making the Management Standards work HSE (2012), Workplace Health and Safety Strategy for New Zealand to 2015, Work Stress and Health: the Whitehall II study (2004), Involving your workforce in health and safety: Good practice for all workplaces HSE (2008) and WHO Healthy Workplace Framework and Model: Background Document and Supporting Literature and Practices (2009).

As discussed above Investing in Comprehensive Healthy Workplace Health Promotion from NQI, Canada (2001) was selected as the model of good practice in healthy workplace development. Chapter 5 describes the attributes of the programme in order to illustrate why CWHP was considered to be a model of good practice' The National Quality Institute Canada, in partnership with Health Canada and a team of key health professionals developed the Investing in Comprehensive Workplace Health Promotion CWHP in 2001. CWHP offers a broad-based approach to health and wellbeing issues in the workplace. It brings together environmental, physical, mental, safety and social issues into a strategic model designed to help organisations set goals and manage their

healthy workplace programmes by assessing how effectively the following principles are addressed and by providing defined criteria on which to base the evaluation.

## **ii. The ‘Investing in Comprehensive Healthy Workplace Health Promotion’ programme**

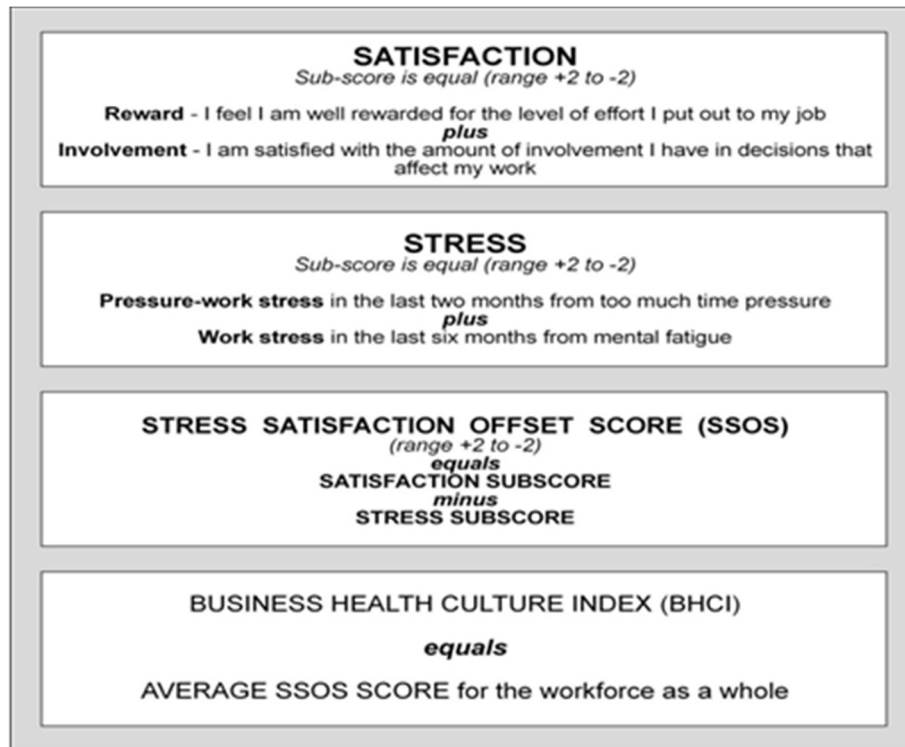
As noted above the Investing in Comprehensive Healthy Workplace Health Promotion was selected as the model of good practice that would be used in the research. The idea of a ‘Business Health Culture’ (BHC) is at the centre of the ‘Investing in Comprehensive Healthy Workplace Health Promotion’ programme (NQI, Canada 2001). BHC refers to the balance that exists between job demands and controls and job effort and reward. The BHC can be assessed by using a simple survey that provides the Business Health Culture Index (BHCI), a numeric expression of the relationship between key job stressors (demand, effort) and key job satisfiers (control, reward).

The base line score for the organisation, at the commencement of the programme, is established via the Stress/Satisfaction Offset Score (*SSOS*). In a series of workplace surveys of employee health undertaken by the Canadian National Institute of Quality (Shain 1999) a Stress/Satisfaction Offset Score (*SSOS*) was constructed. In the *SSOS*, markers of demand and effort were seen as stressors and markers of control and reward were seen as satisfiers. When the survey was completed it becomes a simple task to assign every employee who participated in the survey a score based upon the relationship between these specific stressors and these specific satisfiers within the sphere of their own work role. Once every employee has a *SSOS* it is possible to establish a base line, stress/satisfaction score for each department and also for the organisation as a whole, as shown in Figure 11. By describing the problem as an imbalance between satisfaction and stress problems can be addressed by increasing the former or reducing the latter or by a combination of both.

The *SSOS* in the Investing in Comprehensive Healthy Workplace Promotion programme (NQI, Canada, 2001) is constructed from answers to the four questions in Figure 8 and is used to assess the Business Health Culture (BHCI) score.

When the score is negative stress outweighs satisfaction and a positive score means that satisfaction outweighs stress. A score of zero indicates that stress and satisfaction cancel each other out. When the BHCI is negative, stress outweighs satisfaction and the ‘health culture’ is characterised by more stress than satisfaction. A negative health culture is one that works against the achievement of business objectives. When the BHCI score is positive, satisfaction outweighs stress and a positive health culture is one that works for the achievement of business objectives

Investing in Comprehensive Healthy Workplace Health Promotion programme (NQI, Canada, 2001) provides an extensive approach to managing a healthy workplace by adopting a holistic view.



**Figure 8: Stress, Satisfaction Offset Score (Shain 1999)**

Even though both Occupational Health (OH) and Workplace Health Promotion programmes (WHP) address the psychosocial impacts of organisation-level conditions a more holistic model that more fully addresses these issues is required. Such a framework can be developed by the integration of strategies to address total health within the workplace by integrating aspects of organisational change, participatory or action research and health promotion approaches (Polanyi et al 2000). A number of initiatives have been undertaken to try to identify a structured and yet democratic process of issue identification, analysis and action. Although there are variations in terminology and process, there is a general consensus (Aaron 1995) that promoting a programme to develop healthy workplace determinants should be based upon the following steps or principles:

- i. a broad-based commitment of workers and managers in all stages
- ii. partnership which permits all participants to address a full range of issues
- iii. targeting health issues which are a priority of the workers
- iv. a researcher to act as a technical resource and facilitator (e.g. what works: what doesn't?)
- v. long-term commitment, and on-going evaluation of both process and outcomes to promote on-going review and modification

Health within the workplace is conditional upon:

- i. Employee resources i.e. personal capabilities, health practices, attitudes, values and hereditary endowment and

- ii. Workplace influences on the employees once they are there in terms of the organisation of work in both physical and psychosocial sense.

The programme also promotes the move towards a learning organisation by calling for an integration of both the natural or emergent approaches to decision-making, through a synthesis of economic and behavioural theory (Bowman 1994). In managing the relationship between these two approaches, it addresses the dichotomy, in respect of both reasoning and action, between the rational tradition (associated with classical management theory and professionalism) and the natural, narrative, case-based methods of behavioural/emergent theorists. As events and opportunities emerge, senior management can incrementally guide the pattern of escalated or accepted proposals to suit the organisation's purposes without getting prematurely committed to any rigid solution set which unpredictable events might prove wrong or opponents find sufficiently threatening to coalesce against.

### **iii. Drivers**

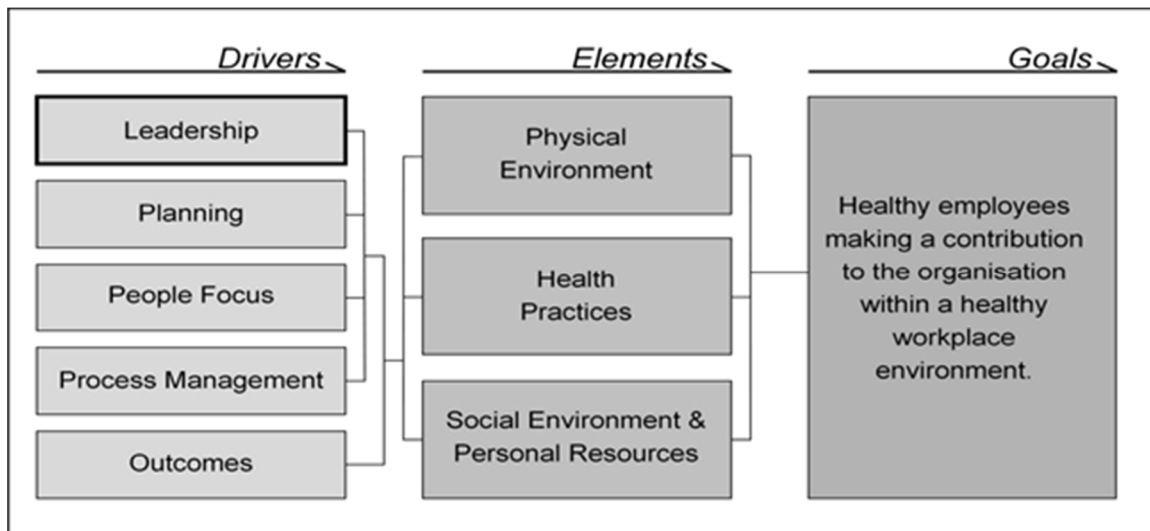
To enable such an approach to materialise, the Healthy Workplace criterion cover four 'drivers' which are considered essential to developing and sustaining a healthy workplace. These are:

- i. Leadership through the commitment and support of senior management to reinforce and promote the changes necessary for improvement. The programme focuses on those who have primary responsibility for the organisation's performance.
- ii. Planning for the development of an overall health plan for the organisation and on the design, activities and evaluation of integrated healthy workplace programmes activities
- iii. People focus, by emphasising the organisation's efforts to support and foster an environment that encourages the staff to become involved in healthy workplace activities and to make a positive contribution to the overall goals of the organisation.
- iv. Process management concentrates on how processes that have a direct impact on a healthy workplace are controlled and improved through staff development and behaviour change to help reinforce a healthy workplace.
- v. designated key elements that go to make up a healthy workplace, i.e. Physical environment, health practices and Social Environment and Personal Resources
- vi. From Figure 9 (below) we can see that each of the drivers focuses on one of the three elements in turn.

To undertake this change process, the Investing in Comprehensive Healthy Workplace Health Promotion programme outlines a set of common principles that can be adapted to the needs of specific workplaces.

- 1. Appoint a task force from members of senior management and staff to carry out the design and management of the Business Health Culture (BHC) review and future improvement. Although the composition and size of the task force may vary, it is important that the most senior member of the organisation who can be dedicated to the task, be appointed to manage the process and in this way a





**Figure 9: The Process to Goal Attainment**

commitment can be made to incorporate the process as it evolves into the organisation's strategic plan. It is also essential that accountability run from the chair of the task force to a senior executive on the Board, otherwise the exercise could be futile.

2. Investing in Comprehensive Healthy Workplace Health Promotion also strongly proposes the inclusion of people with diverse perspectives and expertise including, where present, trade union representation at the most senior level possible. The more broadly participative and inclusive the task force process is, the more likely it is to be the solution
3. An initial priority for the task force is to undertake an audit of health, social and psychosocial issues through the analysis of records, staff questionnaires, etc. in order to establish an up-to-date assessment of the present situation within the organisation. At this stage the Business Health Culture, should be assessed. The audit should focus both on the 'problem' and on the elements of the problems to determine both the reasons and causes that need to be addressed.
4. Develop a set of indicators to act as benchmarks against which later follow-ups can be compared after strategies for improvement have been implemented.
5. Present the data to senior management.
6. Determine, through consultation via the task force, to what extent the situation, described in the report is acceptable.
7. Develop a plan of action focussing on the results and the interpretation of the audit. The value of the BHC is that it draws attention to the main drivers of health as it is manufactured in and by the organisation of work. At this stage in the process it is opportune to set objectives in relation to the balance one wants to see between the demand and control, effort and rewards within a certain time frame
8. Setting objectives in the framework of BHC automatically provides a basis for the evaluation of the plan's effectiveness since it can be determined in advance the degree of improvement required within specified time frame.

## **Chapter 6: Research Methodology**

### **6.1 Introduction**

The purpose of this chapter is to provide an overview of the research design implemented by the researcher, in order to test the theoretical framework of the research. Chapter 6 details the process adopted, continues with an explanation of data collection and data analysis methods employed and provides a justification for the approach taken. The sampling method used by the researcher is discussed and the chapter continues with a commentary of limitations of the study design. The issue of potential observer influence is addressed as is the ethical approach to the research.

### **6.2 Identifying the research epistemology**

When undertaking research the author considered different research paradigms and matters of ontology and epistemology as these parameters describe perceptions, beliefs, assumptions and the nature of reality and truth and influenced the way in which the research was undertaken from the design through to implementation. It was therefore important the researcher to understand these points so that approaches suitable to the nature and aims of the inquiry could be adopted. To ensure that researcher biases were appreciated, exposed and minimised the researcher followed the advice of James and Vinnicombe (2002) who stress we all have inherent preferences that are likely to shape our research designs. The researcher considered his personal choices and illustrated how the alignment connected these choices back to the original research question (Blaikie 2000). If this had not been achieved, methods incompatible with the researcher's stance could be adopted with the result that the final work could have been undermined through lack of coherence; different paradigms encourage researchers to study phenomena in different ways and different kinds of knowledge may be derived when observing the same phenomena from different philosophical perspectives (Hatch and Cunliffe 2006).

Initially the researcher favoured a classical, deductive approach for the research but decided that it would be more constructive, to consider the methodology strategy after initial meetings with representatives of the LA and the discussions with staff and management. Following these meetings the researcher examined the research to be undertaken. The researcher used a combination of both deductive and inductive approaches and by utilising these methodologies sought to be able to expand on the '*what*' questions of human existence asked by positivism to include the '*why*' and '*how*' questions asked by constructivists.

The researcher strived to attain an understandable and sincere account of the analysed phenomenon (Mingers 2001) while simultaneously acknowledging 'no construction is or can be incontrovertibly right and it was important to rely on persuasiveness and utility rather than proof in arguing one's own position.' Such a mode of access enabled the researcher to get closer to participants in the research, to penetrate their internal logic and interpret their subjective understanding of reality (Shaw 1999). In turn this philosophy helped in the understanding of the ways in which organisations could evolve (Mouck 1998).

The qualitative approach also enabled the researcher to better study the views of respondents in detail and the qualitative methodology also allowed the researcher to test an existing framework to study issues in more depth (Irvine and Gaffikin 2006).

### **A constructionist epistemology**

A constructionist epistemology was the main philosophical approach in the research. This had a number of consequences for the research and different styles were incorporated in the research process e.g. example the researcher drew upon the emergent approach rather than a bureaucratic approach when looking at change management. The review of literature of a wide range of authors assisted in the study of the authors' work and it then became of interest and relevant to the researcher's study. Furthermore the study was holistic, which is why the researcher drew upon a systems approach in the healthy workplace literature rather than the individualist approach. This approach provided for meaningful involvement of participants in the research setting and research data was gathered from all levels in the organisation and not just senior managers. A constructionist epistemology is interactive and encouraged the decision to use an action research approach.

## **6.3 The Research Methodology**

### **6.3.1 Designing the research process**

In view of the above the researcher came to appreciate how research carried out within the positivist paradigm meant he had little or anyway of scrutinising his perspective to assess the extent personal views might affect the interpretation of the data. This initially created self-doubt within the researcher as the interpretation of the data could well be restricted and/or not impartial and as the legitimacy and therefore validity of the approach the researcher planned was in question. After the discussions with the LA management and staff the researcher was better able to appreciate how the dominance of his positivism approach could be preventing him from appreciating the different strengths to be found by considering the situation at hand from a constructionist perspective. In reflecting on these issues and following further discussions with staff from different levels of management in the LA, the researcher was better able to appreciate how the dominance of positivism might well prevent or at least hinder the researcher from seeing the strengths of the constructionist perspective. In turn the researcher began to appreciate a shift in perspective does not negate the rigour involved in the scientific pursuit of knowledge; rather, what it requires is a broader definition as to what constitutes science and scientific endeavour (Gergen 2001).

In searching for an appropriate research design the researcher considered ethnographic methodology, case study and action research. Each of the above, although different, follows a participatory approach and is assessed in turn.

### **6.3.2 Case study**

In assessing the appropriateness of the methodology for the research process the researcher first considered using a case study approach. Case study is expected to capture the complexity of a single case. The

methodology which enables this developed within the social sciences and this methodology can be applied in practice-oriented fields such as environmental studies, social work, education, and business studies.

The merits of a particular design are inherently related to the rationale for selecting it as the most appropriate plan for addressing the research problem. The strength of the case study for example, is the predictive nature of the research findings. Because of the tightly controlled conditions, random sampling, and use of statistical probabilities, it is theoretically possible to predict behaviour in similar settings without actually observing that scene. A researcher selects a design because of the nature of the research problem and the questions being asked. Case study is the best plan for answering the research questions; it offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon. Anchored in real-life situations, the case study results in a rich and holistic account of a phenomenon and offers insights and illuminates meanings that expand its readers' experiences. However because a case study focuses on a single unit, the issue of generalisability looms larger here than with other types of qualitative research.

The special features of case study research that provides the rationale for its selection also presents certain limitations in usage. As the researcher did not have the resources to devote to such an undertaking and assuming time is available to produce a worthy case study, the research could be too lengthy, too detailed, or too involved for busy policy makers and practitioners to read and use.

Case study is limited by the sensitivity and integrity of the investigator. The researcher is the primary instrument of data collection and analysis. This has its advantages but training in observation and interviewing, though necessary, is not readily available to the researcher and this places unavoidable restrictions on the research. Further limitations involve the issues of reliability, validity, and generalisability and case study has basically been faulted for its lack of representativeness and its lack of rigor in the collection, construction, and analysis of the empirical materials that give rise to this study.

### **6.3.3 Ethnography**

Ethnographic research evolved from anthropology and the close study of societies. Ethnography is more usually described as participant observation, and this is where the researcher becomes a working member of the group/situation to be observed. The aim is to understand the situation from the inside: from the viewpoints of the people in the situation. The researcher shares the same experiences as the participants and this form of research can be particularly effective in the study of small groups/small firms. Ethnographic research is a method of study which involves the field observation and qualitative analysis of human behaviour. While ethnographic research can be applied to virtually any kind of sociological or anthropological subject of inquiry, there are distinct advantages and disadvantages to using the method.

One of the more widely cited benefits of conducting ethnographic research is that due to the first-hand observation that is involved and usually conducted over an extended period of time. The research can provide extensive and in-depth findings about human behaviour and because ethnographic research relies on observation rather than examinations or predetermined tests, the research can evolve and explore new lines of

inquiry. A key advantage of conducting observations is that you can observe what people actually do or say, rather than what they say they do. People are not always willing to write their true views on a questionnaire or tell a stranger what they really think at interview. Observations can be made in real life situations, allowing the researcher access to the context and meaning surrounding what people say and do.

On the other hand, there are a number of very important problems associated with observational research. An important one relates to the role of the observer and what effect he or she has on the people and situations observed. Due to the fact that ethnographic research relies on observation, it often takes a longer period of time to produce thorough and reliable results. There is also the additional problem of being able to write an account, as a researcher, when one is immersed in a situation or culture. This latter situation can mean that the research is dismissed as too subjective. An important potential disadvantage, in conducting observational research is the ethical dilemmas inherent in observing real life situations for research purposes.

#### **6.3.4 Action research**

After assessing the above and to ensure an appropriate research design, the researcher felt it essential to choose a research paradigm that is congruent with beliefs about the nature of reality, utilises methods of enquiry that accept and value the role of the subjective as well as the objective. This required a major epistemological shift away from empiricism towards a constructionist approach.

The approach of the study was based on the philosophy and principles of action research and this method was selected for a number of reasons. First of all action research recognises the position of the facilitator is that of someone learning with the client rather than acting independently as an expert or neutral observer. Secondly, it took management discourse as a valid medium for the research and in so doing avoided the reductionism of positivist approaches. Thirdly it undertook a comprehensive view of the workings of the as a whole rather than concentrating on microscopic analysis of specific issues. Essentially the motivation for the research was explanatory and the action research was designed to find new and grounded insights about the LA. Taking such an approach directly addressed the problem of the division between theory and practice. Rather than the research being a linear process of producing knowledge which is later applied to practice settings, using action research integrated the development of practice with the construction of research knowledge in a cyclical process.

Instead of implementing the research in a social setting and with the people within, it was the research from inside the LA carried out by the researcher with staff from different levels in the organisations that had an immediate impact on the research and subsequently became an integral part of day-to-day work Pasmore (2001).

Action research was used to divide the work into distinct stages within a series of cycles, starting with reconnaissance and moving on to the collection of data, analysis and the development of hypotheses to inform action. This then led into the second cycle in which the hypothesis was tested in practice and the changes evaluated. The cyclical process of the action research did not come to a natural conclusion and at an agreed point in the study it was necessary to bring it to a close and publish the outcomes in some form; this will be further discussed in Chapter 7.

An important strand to this research was the development of participatory action research approach (PAR) (Borda 2001). Some see action research as being carried out by practitioners, whether in a professional group within an organisation itself to understand and improve their own practice or as was the position in this case, a significant degree of reliance is placed on the outside researcher with expertise in supporting the research. The relationship between the researcher and staff in the LA was crucially important as it raised ethical issues related to the differential power between the parties. In some studies the whole research process (identification of the problem, data collection and analysis, writing up and presentation at conferences and in publications) is carried out by insiders but in this case, the action research was led by the researcher who came into this situation from outside and negotiated the boundaries and parameters of the study with the CMT (Borda 2001). An integral part of the joint agreement was to involve members of staff as co-researchers without expecting them to undertake substantial amounts of additional work. The researcher worked on a funded project and again this highlighted the imbalances of power and control so that the working relationship had been carefully negotiated during the discussions between the CMT and the researcher. It was also important to develop the agreed code of practice to ensure that ethical issues were discussed and addressed in advance; see Ethical issues

In taking time out to reflect on the above the researcher made a number of assumptions. For example the LA was regarded as an open system. This meant action the researcher undertook could be regarded as a change intervention within a dynamic, changing system and outcomes could be essentially unpredictable. In a change process, the researcher's intervention would also be likely to face resistance and require others to work through their cognitive, emotional and behavioural processes. This in turn called for a staged approach involving in-depth consultation and collaboration with other participants in the project. For this to be possible access, understanding and resources that could only be actioned with the approval of senior managers were agreed. The researcher was then in a position, not only of an employee and researcher but also a consultant, seeking entry into the client system.

The action research approach accentuated the research, was interactive and flexible important for the researcher to use his intuition and be responsive within a dynamic situation, often seeking academic grounding in retrospect or as issues emerge. Such a dual approach emphasises the role of the DBA in other words that of practice and academia. The research, particularly on change management and the healthy workplace, helped to demonstrate how different literature was utilised as the research developed - particularly on the role of practitioner practice and the use of academic literature. As a result the research illustrated how different literature was utilised particularly the qualitative research. This stresses how the researcher's philosophical position informed the research at many levels.

This approach developed into a shared strategy whereby management and staff could provide better control over conflict resolution and work together in developing a healthy workplace (Ramon and Hart 2003). This process of enquiry involved taking stock of the past and exploring everyday practices in the present to generate insights into the opportunities and challenges of participation. By encouraging and developing a shared strategy, the researcher was able to demonstrate how action research contributed to the practical concerns of people in this

problematic situation and to the goals of social science by joint collaboration within a mutually acceptable framework i.e. action research could transform key aspects of the enquiry process to end with a culture of inquiry in the workplace (Winter & Munn-Giddings 2001). The decision was re-affirmed to use action research and members of the group under study actively joined the researcher from the initial design to the final presentation of the results and discussion of their proposed actions (Hart & Bond 1995); human beings are likely to cooperate and seek help if they feel respected by those aspiring to help them (Argyris 1999).

#### **6.3.5 In conclusion**

Action research was particularly suitable for this type of project which dealt with the practice based problems and where the experience of the actors was important and the context of the action crucial. Action research was also well suited to capturing the knowledge of practitioners, Cepeda and Marshall (2006) and in documenting the experience of practice (Robson 2002). Action research was a suitable strategy for undertaking the research, which in this case, involved the investigation of a particularly phenomenon within its real life context. This in turn was helpful to the process under review as the underlying objective for conducting the action research was to gain a better understanding of the complex phenomena of the change processes in action (Stake 1995). By bringing others into the process and encouraging suggestions and ideas the researcher was better able to reflect on progression towards achieving the aims of the study and taking corrective action as required.

### **6.4 Key stages of the action research process**

The overall action research process was made up of five key stages shown on the table below, which will be explained in the following section, starting with the initial contact the researcher had with the organisation in Stage 1.

#### **6.4.1 Stage 1: Setting up the action research objectives and process**

As discussed previously the researcher was contacted by a member of a Health Authority to seek advice on how a 'model of good practice in the workplace' might be selected and implemented. This idea had been discussed within the local Health Authority (HA) and in bi-partisan talks between the HA and the LA during a series of meetings held over the previous 12 months. The person who had contacted the researcher knew of his previous work in this area and asked if the researcher he might be available and interested in consultancy work for the LA. The choice of the LA for the research project was due to its location and to the willingness and enthusiasm of the senior offices and staff of the LA to engage in this research.

Stage	Action Research Process	Main activity	# participants	Timeframe
1.	Setting up the Action Research Objectives and Research Process	Contact and negotiation of the consultancy brief	7 members of senior management team	2 months
		Formation of Implementation Team	4 junior managers	
2.	Defining the Conceptual Framework	Conceptualising a healthy workplace		
3.	1 <sup>st</sup> Action Research Cycle	Informal awareness raising meetings	5 groups of 45 minutes each = 500 staff in total	4 months
		Gathering data: questionnaire	562 responses out of 800 in organisation	6 weeks
		Disseminating findings and planning next steps	7 members of senior management team	2 weeks
4.	2 <sup>nd</sup> Action Research Cycle	Gathering data: focus groups	9 groups with average 8 per group	1 month
		Dissemination of findings to Implementation Team, staff and CMT	6 groups with average 8 per group	1 month
		Final Report to CMT	7 members of senior management team	
5.	3 <sup>rd</sup> Action Research Cycle	Meeting with new CEO	Researcher + new CEO	2 months from final report
		Termination of the research engagement		
		Totals	1201 participant interactions	One year

**Table 6.1: The Overall Action Research Process**

Following a series of meetings with managers and staff the researcher met with the CEO and members of the CMT. It was agreed to undertake a research project to assess the utility and practicality of identifying a selected model of good practice in workplace health that had been tested in the commercial world and to assess to what extent it is possible for the selected model to be applied and successfully replicated in a local authority.

Preliminary communications to and from management and staff and the researcher took place via meetings with large groups of staff, focus groups and discussions with senior managers. Individuals were also given the opportunity to meet and discuss matter with the researcher on an anonymous basis if they so wished and staff trade union officials were also invited to meetings and one to one meetings with the researcher.



### **Initial terms of reference**

The initial terms of reference were to explore the feasibility of transferring a commercial model of good practice in healthy workplaces to a local authority in England. A model of good practice in workplace health was selected. The next step was then to apply the selected model to the LA and evaluate the success or otherwise. The initial brief for the consultancy proposed the following objectives:

1. to assist the CMT to undertake a review of stress/satisfaction levels within the LA workforce;
2. to produce a report summarising the findings of the review, including recommendations for developing and implementing the Healthy Workplace Strategy (HWS);
3. to prepare an operational plan detailing how HWS would be developed;
4. to review the management process in action and consider the impact of the existing policies, procedures and culture on the process.
5. to support CMT in developing organisational capacity to manage on-going change.

### **Implementation Team**

A multilevel Implementation Group was appointed from a cross section of the LA workforce to promote a participatory approach and to engage staff and trade unions in the project development by generating shared solutions to a shared problem. The researcher worked, in conjunction with the Implementation Group to commission focus groups in order to establish further discourse between staff and management and to promote open discussions to increase the extent and calibre of the data obtained.

The formal process for developing the HWS initially came into being with the support of the Corporate Management Team (CMT). The small Implementation Group with CMT nominees was brought together to explore how best such a strategy could be developed. As part of the programme a review of change management processes was undertaken in order to cultivate and incorporate a management culture with the capacity to meet the challenges faced by ongoing and increasing external pressures.

The decision was taken to seek external support to assist management and staff to meet these needs and develop the HWS as a core component of the LA's business strategy. The approach undertaken by the researcher is based upon a number of initiatives contained in the Investing in CWHP as discussed in Chapter 4.

## **6.4.2 Stage 2: Defining the conceptual framework**

### **Addressing the research question**

As outlined previously there were two major and inter-related issues to address; first the need to identify and evaluate a model of good practice and secondly to review how best such a model could be implemented in the LA. These will be addressed as follows.

In Chapter 4 a comprehensive review of the CWHP was provided. The different strategies and policies used to develop and implement the selected model of good practice were discussed and the outcome formed a strong

basis in designing the methodology. Before the researcher could initiate the research process it was essential to face the confusion and the range of theoretical perspectives, methodologies, methods and the philosophical basis that encompasses the strategies and policies. This seemingly meticulous structure for the research process was in fact aimed toward providing the researcher with 'scaffolding' or a direction which the researcher could develop to coincide with the particular research purposes (Crotty 1998). The research question asked, *'To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England* and consequently this highlights the issues to be address in the methodology.'

#### **6.4.3 Stage 3: 1<sup>st</sup> Action research cycle**

The first action research cycle started with informal meetings with people within the organisation, followed by more formal data collection based on a research questionnaire derived from the conceptual framework with a final phase when the results of the research were disseminated to the senior management team. Each of these phases will now be described.

##### **Informal group meetings**

The main approach was to undertake a stress/satisfaction survey throughout the LA workforce and consult with management and staff on how best the results from the survey could be utilised to develop the HWS. Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed. Subsequent meetings were held with the Corporate Management Team CMT, the Implementation Group and members of staff including staff-side representatives. The discussions were structured around the HWS but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end result was an agreement about the way the project should continue.

Staff were invited to attend a series of formal focus groups when issues of major importance, as identified by the results of the questionnaire, were discussed and analysed. A critical item for consideration by the focus groups was to highlight recommendations to CMT on to how the project could best be taken forward. All members of staff were invited to meet with the researcher who outlined the proposed process and invited comments. Everyone wishing to see the researcher on an individual basis was accommodated and there was the opportunity for members of staff to contact the researcher by email, letter or telephone and anonymously.

##### **Data Gathering: Questionnaires**

The main approach was to undertake a stress/satisfaction questionnaire/survey throughout the LA workforce and consult with management and staff on how best the results from the questionnaire could be utilised to develop the Healthy Workplace Strategy. (The provisional questionnaire was modified after a focus group review and the agreed questionnaire (see Appendix, page 135) was distributed to members of staff. The final questionnaire design was agreed following a review of literature in the field and after discussions with representatives of staff.

In order to broaden out the range of those actively involved in the exercise, the agreed questionnaire) was distributed to members of staff. 562 completed questionnaires from a workforce of some 800 were returned.

The questionnaire consisted of 21 items that were designed to use a quantitative approach and in addition also provided the opportunity for qualitative analysis by encouraging individuals to highlight specific issues they felt important to the performance of their work.

Questions were set out in both positive and negative formats to reduce the likelihood of individuals merely ticking the same boxes without paying due attention to each question. 'Scoring' was designed to ensure 'positive' responses to all questions received a positive score. When a member of staff disagreed with a negative comment a positive score would be recorded e.g.: 'Question 19: There is harassment here.' 'Agree strongly' received a score of -2 and 'disagree strongly' a score of +2.

The process of collecting data was completed throughout the LA. In a number of offices and workshops throughout the LA boxes were used to hold returned questionnaires. A number of managers were quite adamant they wished to distribute the questionnaires although the researcher had offered to do this and also to meet with staff who worked over weekends etc. This proposal was not accepted and it was interesting to note that in a number of these pockets of employment the return rates were significantly lower. Nevertheless the return rate was still around 70 per cent.

### **Dissemination of findings**

The completed questionnaires were analysed and results fed back to staff in a further series of meetings. Small group meetings were also arranged to encourage staff to offer comments on the findings in an informal environment. Constant feedback was provided to members of the Implementation Group about the emerging findings to ensure that senior management would be closely involved in setting direction for the project. A report of the recommendations arising from the project was then delivered to CMT for planning future steps.

## **6.4.4 Stage 4: 2<sup>nd</sup> Action research cycle**

### **Data Gathering: Focus groups**

The researcher worked, in conjunction with the Implementation Group to commission focus groups to establish further discourse between staff and management and to promote open discussions to increase the extent and calibre of the data obtained.

Focus groups, nine in total, were held staff and management and discussions with individuals were arranged to try to increase the extent of qualitative data obtained. This helped to promote a deeper understanding of the situation under review and helped the researcher to explore the nuances of experiences not available through quantitative information alone. The remit of the focus groups was first to discuss the proposals put forward by the researcher in the initial meetings to establish the (HWS) and to assess how this would be implemented. The focus groups were used to capitalise on the communication between the researcher and staff.

Instead of the researcher asking each person to respond to a question in turn, participants were encouraged to talk to one another by asking questions, exchanging anecdotes and commenting on each other's experiences and points of view and this helped to widen the discussion and reduce barriers between members of the group. Although it must be accepted that the researcher had noted that group the discussions generated critical comments about certain managers (Davis 1988) and steps were taken to adhere to the agreed ethical procedure. The researcher also used focus groups for exploring participants' knowledge and experiences about the project and to examine not only what group members were thinking but how they were thinking and why they thought that way. It was found advantageous to bring together diverse groups (for example, from a range of professional and manual staff) to maximise exploration of different perspectives within the group settings and this enabled more interaction between staff from different groups.

The downside of such group dynamics was that the articulation of group norms did silence individual voices of dissent and this was identified in the study. For example it was very noticeable that when senior managers were present they tended to take a leading role. Furthermore membership of the focus groups was, in a number of cases, decided by their managers and although each focus group was made up from staff from different departments it was evident in a number of group meetings that some members of the manual staff felt quite intimidated in the presence of senior manager e.g. rather than risk confrontation a number of people were reluctant to join in the discussions and on occasions where senior management were not present staff had a greater propensity to participate. In such cases there was a tendency to strongly support the research.

Working with focus groups was useful to the researcher for both exploring and examining what people thought, how they thought, and why they thought the way they did about the issues of importance to them. The diverse forms of communication were also helpful to the researcher since it was not possible in all cases and difficult in others to capture the knowledge and attitudes of individuals by using the same method of enquiry. Different members of the same group were prone to react differently to different approaches and the researcher was aware of the need to modify his questions when the group members struggled with the situation. Crucially, focus groups helped to identify how issues were articulated, censured, opposed, and changed through social interaction and how this related to peer communications and group norms (Kitzinger *ibid*). By working in conjunction with members of staff the researcher was able to gain valuable knowledge on the project progress and by using action research, the researcher maximised opportunities to find new and grounded insights in the research.

Focus groups were a useful research tool when the researcher did not have a depth of knowledge about all the participants and their feelings and knowledge. To counteract this deficiency of the researcher focus groups provided rich and detailed information about feelings, thoughts, understandings, perceptions and impressions of people in their own words. For example 'more training is need at the top.' Focus groups offered a flexible research tool and this method was applied to elicit information from any topic, from diverse groups of people and in diverse settings (Stewart et al. 2009) and this strategy enabled the researcher to examine how understandings can differ by social groups, such as social class, age, gender, ethnicity, professional training for instance (Conradson 2005).

### **Presentation of the Report to the CMT**

The presentation of the report to CMT took the project into the 2nd Action Research Cycle. Arrangements were made for the researcher to meet with the CEO and 6 members of CMT. At this stage the researcher became aware that the Report had been photocopied and distributed to the members of CMT. It became a difficult situation for the researcher but because of the action research approach he had undertaken the researcher felt comfortable in presenting the results of the research, even in what was likely to be a difficult situation. Following an action research approach meant that the researcher had been interactive and flexible with staff members throughout the research process and importantly had used his intuition within dynamic situations, often seeking academic grounding in retrospect or as issues emerged. Furthermore such a role approach emphasised the dual role of the researcher i.e. in practice and academia to overcome problems.

The role taken by the researcher also involved participatory inquiry and this was helpful when the researcher worked on creating a shared strategy. This enabled the researcher to address opportunities and provide advice which contributed to the resolution of a number of practical concerns of staff in problematic situations. These included disquiet as to whether or not the research project would go ahead and concern that senior management may not take suggestions from the focus groups seriously. CMT did not seem to recognise how helpful it would be to have everyone working towards a mutually acceptable framework because people are more likely to seek help and co-operate if they are respected and are encouraged to participate.

### **Meeting with CMT**

The CEO chaired the meeting. It was noticeable that the senior manager who had been appointed to provide the link between the researcher and the CEO was not present. No comment was made about the absent manager. [This person was appointed the new CEO when the existing CEO moved to another LA]

At the start of the meeting the results from the staff survey and associated discussions, e.g. focus groups, were reported (see Appendix 1, page 135). These findings were accepted in principle by members of CMT but without any meaningful review and without commitment to moving ahead. Once again the rational approach to management was displayed. This was to be expected as the CEO and his team had been kept fully apprised on findings, throughout the research process, and had seen a copy of the Report before it was presented. This allowed CMT to ensure the researcher had no real opportunity to present the results. He was merely asked to answer questions and this led to the discussions being carried out in a top down approach.

The meeting was originally intended to discuss the draft report and then, after clarification and discussion move on to planning on how best to best to:

- i. prepare an operational plan detailing how the process could be taken forward and monitored
- ii. assist CMT and other relevant participants in developing processes for implementing and developing the Healthy Work Strategy

- iii. review the management processes in action and consider the impact of the existing policies, procedures and culture on the process
- iv. support CMT in developing organisational capacity to manage on-going change via. Learning organisations
- v. outline how such an approach would enable the HWS to be implemented
- vi. establish the basic foundations for a learning organisation external advice and counsel and ongoing management consultancy support

### **Recommendations**

When the above issues were raised the researcher was able to present the recommendations that had been made by from a number of sources, in particular the data from the questionnaire, and through formal and informal meetings, with management and members of staff. The findings of the research called for called for the establishment of a healthy workplace strategy guided by a Healthy Workplace Committee. It was recommended that the Committee would be made up of representatives from different departments, from trade unions and from different management levels in the LA. It was also proposed that the Committee should be the responsibility of a senior officer who would report directly to the Chief Executive. In what turned out to be a very contentious.

It was also recommended that external management support be engaged to assist CMT to develop the structure and systems required to cultivate an organisational culture more centred upon participation, team working and partnerships.

Immediate issues to be addressed included:

- 1. establishing the healthy workplace infrastructure;
- 2. addressing the need for leadership and management training;
- 3. developing effective communications;
- 4. a review of existing workplaces and equipment with a view to suggesting improvements;
- 5. developing the infrastructure to support CMT in developing organisational capacity to manage on-going change;
- 6. the appointment of external management consultancy support

### **Reaction from CMT**

It was at this stage in the meeting that CMT confirmed that there could be no consensus on possible ways forward and they were not prepared to accept any moves towards the achieving the recommendations as they stood. The major issue that led to the final break down in the discussions came about when the researcher suggested the CMT would not be able to achieve the agreed outcomes from the research unless senior managers agreed to discuss an agenda to work towards an emergent strategy as outlined in Chapter 4. CMT refused to discuss the options recommended options and the debate became quite sterile with the CEO displaying a very frustrated and aggressive stance in defending the existing management competences. It was clear to the researcher that CMT would not move away from their position or even listen to the rationale behind the recommendations. CMT refused to discuss and debate the need for change.

It was disappointing to the researcher that even after the lengthy research and dissemination of the findings CMT had not grasped the proposition that in order to achieve the healthy workplace there had to be a radical shift in management thinking and action. It was of no surprise to the researcher when CMT agreed to move towards addressing specific issues on an individual task basis e.g. improving environmental concerns, reviewing specific health and safety measures. However this would only be addressed by CMT if no outside advice was sought and change practices would be only be introduced via the existing management systems and structures. CMT did not accept that a holistic approach including the following steps or principles were necessary for success.

- i. a broad-based commitment of workers and managers in all stages
- ii. partnership which permits all participants to address a full range of issues
- iii. targeting health issues which are a priority of the workers
- iv. a researcher to act as a technical resource and facilitator (e.g. what works: what doesn't?)
- v. long-term commitment and on-going evaluation of both process and outcomes to promote on-going review and modification consensus (Aaron 1995).

The researcher stressed the above framework could not be developed by the integration of individual strategies i.e. approaching the project by addressing tasks one by one, as discussed above. The researcher stressed how efforts to promote a total health approach within the workplace required a holistic approach, participation from all levels of staff, action research and health promotion strategies (Polanyi et al 2000).

However, CMT repudiated the need to move to a process of implementing change by fostering effective participation from multidisciplinary and inter-professional groups. Instead CMT felt that the HWS could be achieved without any significant modifications to the existing structures and processes. If that was the position, the original decision to carry out the research seems difficult to justify.

The role of the researcher became difficult as the dichotomy between the rational and the political perspectives became a major issue. As an advisor the researcher was able to recognise the positioning of CMT was very much shaped by their power and standing in the LA. From their perspective there was no pressing need for members of CMT to change their views and certainly not in the shorter term. The existing employment situation provided them with a stable and secure environment. Their professional skills were respected and valued and as their professional expertise often took precedent over the role as managers; there were a number of clear incentives to avoid major change.

On reflection the researcher could have presented the findings in a different light i.e. by stressing how the LA could make small changes to the organisational structures and carry out minor changes to improve the health and safety conditions *one by one*. However such an approach would be unethical. It was essential for the researcher to address the initial aims of the study:

- i. identifying and evaluating a process/tool (model of good practice) and
- ii. assisting the LA to effectively manage change on an ongoing basis.

## **Conclusions**

The strategy of CMT whether planned or not demonstrated features of a bureaucratic, hierarchical structure where power is based at the top management levels (Clegg et al 2006). The actions of CMT became defensive with senior managers relying upon their professional status for credibility. This clarified by Argyris and Schon (1978) who explain when staff feel threatened and/or vulnerable they often engage in 'defensive mechanisms' to protect themselves and colleagues. These defensive procedures are taught through socialisation to deal effectively with threat or embarrassment and are usually supported by the culture of the organisation. In such an environment staff become skilled in a range of ways to make situations for which they are responsible look better than they actually are, or they find ways of obscuring issues that will put them in a bad light. These deep-seated problems are often ignored and managers can be presented with over optimistic scenarios, to which they respond favourably. These matters are systematic and universal, Argyris and Schon (1978) and found in many different types of organisations and settings. Defensive patterns can become face-saving processes to protect individuals from embarrassment or threat. These defensive routines were embedded in the LA's organisational culture, generating shared norms and patterns of 'groupthink' that prevented CMT from addressing key aspects of the reality with which they were dealing (Morgan 1997). Given such a range of potential pathologies, it is not difficult to understand how CMT found difficulty addressing new strategies. It became apparent that the recommendations were unacceptable to CMT. Since the CEO moved to another authority the researcher, who had developed a good working relationship with the new CEO arranged a one to one confidential meeting with the CEO and will be more fully addressed in Chapter 7.

### **6.4.5 Stage 5: 3<sup>rd</sup> Action research cycle**

#### **Meeting with the new CEO**

The chance to have a confidential meeting with the newly appointed CEO provided the opportunity to examine both rational and political agendas and to obtain a grasp of issues important particularly relevant to the CEO but also the LA. The meeting lasted around 90 minutes and it was agreed prior to the discussions the meeting would remain confidential. Since the CEO had previously acted as the link person between the former CEO and the researcher both parties felt at ease as they had been working together. The meeting and reporting of the findings used an action research process. In general, action research supported the deployment of a variety of methods (Gummesson 1993). The underlying objective for conducting the study was to gain a better understanding of complex phenomena behind the refusal of the CMT to follow up on the recommendations of the research i.e. to undertake a fundamental review of the organisation's capacity to manage on-going change. The discussions focused on a number of key issues including the:

- i. roles and relationships of bureaucracy and service provision in the policy making and implementing process
- ii. reasons for and implications of differing agendas between the government bureaucracy and the LA including the legal/power relationship
- iii. consequences of a clash in policy agendas when top down does not meet bottom up



- iv. implications of trying to manage organisational change in a complex system where outcomes are unpredictable and control over the change processes subject to government diktat

To support the review a further review of management change literature (see Chapter 4) was undertaken. In management of change literature numerous theories and concepts have been advanced as to why management change projects fail. These include poor communications, complexity, organisational structures and technology (Lorenz and Riley 2003). In times of change, planning and organisational culture can be ineffective because they create rigidities (Morgan 2006). In the highly politicised context this rigidity was used for political opposition by DEO and CMT.

Since the resistance from the CMT had been in response to the proposals to review organisational capability and managerial systems it was agreed by the researcher and the newly appointed CEO that the meeting would focus on:

- i. preparing an operational plan detailing how the process could be taken forward and monitored;
- ii. assisting the CMT and other relevant participants in developing processes for implementing and developing the HWS;
- iii. reviewing the management processes in action and considering the impact of the existing policies, procedures and culture on the process;
- iv. supporting CMT in developing organisational capacity to manage on-going change.

#### **First phase of discussion**

During the initial discussions the CEO was keen to confirm agreement with the issues raised by staff. For example, the CEO stressed that the environmental issues would be addressed as a priority, management training would be introduced and staff would be encouraged to participate in future decision making. However, the CEO then followed a similar path to CMT in confirming management structure and policies would remain in place for the foreseeable future .e.g. the rational approach would continue. This strategy was reminiscent of 'Future block' (Morgan 2006) and reaffirmed the work of Argyris (1978) and Schon (1993) who stated organisations engage in change after change but are not really doing anything very differently.

The CEO was took a very similar if less aggressive stance than CMT colleagues but in essence the CEO was 'getting stuck' in the existing mode and becoming trapped by the existing culture and politics. In some respects this was to be expected. The CEO was very new in the post and responsible directly to the LA. And the logic and the preferred strategy the CEO was undertaking was a contingency approach to achieve a good' fit between the organisation and the environment (Morgan 2006) This policy was an example of structural inertia theory (Hanna and Freeman 1984) and would do little to help prepare the LA to meet the demands in managing on-going change; the reason for the research in the first place!

#### **Second phase of discussion**

When the discussion moved to the question of organisational development and the move towards a more open

environment, the CEO stated that it was better to fail with existing systems and processes rather than to fail by trying something new and The CEO felt the LA was operating reasonably satisfactorily. As the CEO had just come into post she didn't want to 'rock the boat too hard.' Such strategies are anti-learning and overprotective and a defensive mode is one of the most powerful ways people deal with potential embarrassment. In creating such defensive routines the CEO was stifling creativity and protecting the status quo.

Such action by the CEO was not surprising because as Schein (1985) suggests, when people are subject to outside intervention their interpretive facility comes in to play. They interpret meaning to what they experience. When faced with such challenges CMT found ways of deflecting issues and problems that may put them in a bad light and become skilled in making things look better than in reality (Morgan 2006).

The CEO felt embarrassed and threatened by the prospect of a review of the performance of senior management within the LA. This was a very surprising admission but the CEO expressed serious reservations about the capabilities of the CMT to perform to a satisfactory standard. The CEO referred to the LA having the culture of a mature organisation that contained dysfunctional managers and needed to be reorganised.

### **Third phase of discussion**

The discussions had progressed very well and so there was surprise CEO related to the way the research had been undertaken. For example they CEO expressed concern about the way communications had been carried out by the researcher even though the CEO and her predecessor had consistently shielded the researcher from senior managers. In reply to a request for clarification the researcher was informed by the CEO that the concern referred to the meeting with the CMT rather than on-going communication throughout the study. Secondly, the CEO felt that the message given to the CMT was too critical of the team and therefore caused unnecessary resistance and thirdly more care should have been taken to understand the needs and wishes of individual members of the CMT. This was surprising as the CEO was not present at the CMT meeting.

The researcher accepted that any reaction may constitute a defensive stance and the objective was to seek clarity rather than 'score points.' The researcher also felt a defensive stance would be futile and felt concerned that taking such action might act against the spirit of the meeting. The primary purpose of the It was accepted by both parties that throughout the project a communications audit as proposed by Hurst (1995) could have acted as a catalyst for progress. Secondly, a more balanced and marketing approach (Kotler 1988) would have helped to reduce anxiety and as suggested by Doyle (1995) a review of stakeholder interests to produce a balanced set of objectives and rewards to contribute to the development of a good indication as to the issues important to CMT. The researcher accepted these points had credibility but noted the CEO did not mention how her predecessor had circulated the researcher's draft report several days prior to the meeting and not informed the researcher.

### **Final phase of discussion**

The final phase of the meeting was to discuss the way forward. The CEO reiterated the intention to address specific issues of concern to the staff such as improved environmental conditions, provide improved management training but below CMT level. It was clearly stated that the recommendations from the study were

not a priority to the CEO who nevertheless acknowledged the report was helpful in highlighting certain issues to be addressed. It was evident to the researcher that the research programme would not continue as previously envisaged.

### **Termination of the Action Research Process**

As the project came to end the researcher had the task of assessing the work that had been undertaken and presenting a report on the outcomes. In short the research clearly demonstrated that the LA did not have the capability to undertake successfully such a project and if the management structures and skills had been audited at the start of the study this could have been identified.

## **6.5 Data collection methods**

### **6.5.1 Questionnaires**

The main approach was to undertake a stress/satisfaction survey throughout the LA (the findings are more fully described in Chapter 7) and consult with management and staff on how best the results from the research could be utilised to develop the project. Important empirical research material included an agreed questionnaire which was distributed to staff to broaden out the input of those actively involved in the exercise. 562 completed questionnaires, 70 per cent, from a workforce of some 800 were returned and the completed questionnaires were analysed and results fed back to management and staff in a further series of meetings. Questionnaire design was agreed following a review of literature in the field and after discussions with representatives from CMT, the Implementation team, staff and focus groups, after which the provisional questionnaire was further modified.

The sample was made up of 304 males and 245 females. 13 people did not indicate their sex. Mean age for males was 41 years and 39 for females with std. deviations of 12 and 11 respectively. The majority of staff who completed the questionnaires had worked for the council for over three years while some 35% had over 10 years employment. It is considered that the sample returned is representative but the existing Personnel records of the LA were not able to provide appropriate details to fully confirm this fact. Reliability of questionnaires was tested using Cronbach's alpha co-efficient, giving a value of .81 and this reliability was within criteria for research of this type.

### **6.5.2 Qualitative data from questionnaires**

The qualitative data in the questionnaire was very different to the quantitative approach. First of all the answers to

- What three things don't you like about your job/work environment?
- What three things would make your job better?
- Feedback from the comments section
- Feedback from the focus groups

### **6.5.3 Focus groups**

In addition to the data collated from the questionnaire focus groups played a major role in promoting and bringing important issues into the open. Focus groups, meetings with staff and management and discussions with individuals were arranged to try to increase the extent of qualitative data obtained. This helped to promote a deeper understanding of the situation under review and encouraged the researcher to explore the nuances of experiences not available through quantitative information alone. The focus groups held discussions and interviews were used to capitalise on communication between research participants in order to generate data.

The diverse forms of communication were also helpful to the researcher since it was not possible in all cases and difficult in others to capture the knowledge and attitudes of all individuals by using the same method of enquiry. Different members of the same group were prone to reacted differently to different approaches and the researcher was aware of the need to modify questions when the group members struggled with the situation. Focus groups permitted the researcher to enter their world which other research methods may not be able to do or at least not as well. The use of focus groups was also used to reveal diverse understandings which often are difficult to access by more orthodox methods of data collection and this process of communication between the researcher and members of the focus groups also allowed the researcher to explore individuals' diverse perspectives.

By working in co-ordination with the LA staff the researcher was able to gain valuable knowledge about the project progress and by using action research, the researcher maximised opportunities to find new and grounded insights about knowledge management and forge links of respect and trust.

## **6.6 Conclusions and evaluation of research**

### **6.6.1 Evaluation of the research: study limitations**

As discussed above, the impact of management studies often depends upon the appropriateness of the research methods chosen. This further highlights the importance the researcher needed to place on the selection of the approach to achieve a valuable and meaningful end-result, from a management perspective (Scandura and Williams 2002). Every study, no matter how well it is conducted, has some limitations. This is why it does not seem reasonable to use the words 'prove' and 'disprove' with respect to research findings. It is always possible that future research may cast doubt on the validity of any hypothesis or the conclusions from a study. In this project the researcher was particularly aware of the following areas of potential difficulties:

- bias if questions were poorly constructed
- response bias
- inaccuracies due to poor recall
- if the interviewer gave what interviewer wanted to hear
- interviewer bias

Although acknowledging the possible bias the researcher accepted the difficulty of completely eradicating this danger because the amount of description, analysis, or summary material provided is up to the investigator. The researcher also had to decide how much to make the report a story, how much to compare with other cases, how much to formalise generalisations or leave such generalising to readers, how much description of the researcher to include in the report; and whether or not and how much to protect anonymity (Stake 2005). The researcher, like others, most probably passed along some personal meanings of events and relationships and failed to pass along others. The researcher appreciated that the reader, too would add and subtract, invent and shape reconstructing the knowledge in ways that left it more likely to be personally useful. Such studies are limited, too, by the sensitivity and integrity of the investigator. The researcher was the primary instrument of data collection and analysis and had to rely on personal instincts and abilities throughout most of the research.

The researcher was very aware of certain personal feelings and bias throughout the research process but more so when faced with the disappointment of CMT making the decision not to accept or even consider the recommendations. It was difficult for the researcher to accept that the research project was to be terminated but at the same time there was the no realistic opportunity of 'persuading' the LA to move ahead with the recommendations to achieve a more 'substantive' outcome.

Another major limitation was the lack of effective communication between the researcher and senior managers and councillors. The distinct lack of meaningful discussions throughout the study led to a situation whereby the researcher was not able to discuss ideas, suggestions and concerns between the parties. This ultimately led to feelings of alienation, doubt and even perhaps mistrust between the researcher and the CEO; this was not fully recognised until close to the end of the research programme.

Perhaps the most serious concern of the researcher was that the LA signed up to a major project when the CEO and CMT did not fully understand what the programme would entail and more disconcertingly did not really have a clear picture of the final outcome(s) they were seeking. In hindsight the researcher could identify how these issues arose. It might well seem that the researcher should have ended the project earlier but if such a course of action had been taken earlier it would not have been possible to explore the reasons for the actions of the CEO and CMT in more detail and the researcher would not have fulfilled the consultancy brief.

### **6.6.2 Ethical research**

The researcher considered the ethical implications prior to finalizing the research plan and made sure the research was ethically focused primarily on two areas. The first concerned the rights of staff taking part in the project to be treated as openly and fairly as possible and to only take part when they had freely consented. The second concern focused on making sure appropriate scientific principles were applied so those who relied on research findings to make decisions received accurate data for a sound research design.

The researcher was aware that he did not necessarily know best. To make sure he was approaching ethical issues appropriately he discussed the situation with a member of the research supervisory team who stated the research did not require ethical approval. Nonetheless the researcher carried out the research in an ethical manner.

Ethical requirements required advanced planning in the form of a protocol as protocols were essential to both help crystallize the researcher's ideas and to work with others to ensure their ethical concerns had been considered. To comply with the above a number of 'safeguards' were implemented by the researcher to try and ensure the ethical process. These are as set out below.

1. At the beginning of the research process all members of staff were invited to meet with the researcher who outlined the proposed process and invited comments. (Meetings were held with groups of staff in a variety of work locations). Everyone who wished to see the researcher on an individual and /or confidential basis was accommodated and there was the opportunity for members of staff to contact the researcher by email, letter or telephone and/or anonymously. The researcher felt confident in addressing the major ethical issues but recognised that although most health promotion projects are generated out of a genuine wish to improve health and safety it could not be assumed that all employees shared this view. Therefore it was agreed that there should be no compulsory participation, either demanded or expected in the research process. This should be self-evident because some employees may feel conflicts of interest concerning anonymity and confidentiality.
2. The research required participants to expend no more energy/effort than they would ordinarily do in their duties. Staff participating in the research were encouraged to work as normal whenever possible. No pressure was put upon individual or groups to carry out additional duties. As the research was based upon a collaborative approach staff were encouraged to bring forward new ideas and when this happened time was available during their normal working hours for discussions.
3. The research required staff members to only do what they would ordinarily do in their duties and the researcher took care to hold meetings within working hours and at the location most convenient for employees.
4. The research was required to ensure that as few people as possible were inconvenienced. Care was taken to ensure all meetings were held during working hours and when staff worked at night or over weekends the researcher made himself available for discussion during these out of work hours.

By discussing the ethical issues, taking account of participants' views and adhering to the safeguards above the research was undertaken in an ethical manner that had the support of management and staff.

## Chapter 7: Findings

### 7.1 The context of the research

The objective of any research project is to gather data, analyse the findings and present the conclusions; in this case to CMT of the LA under study. As discussed earlier in this thesis the research question, was as follows:

*To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?*

The aim was

*To explore the implementation of a commercial model of good practice in healthy workplaces in an English LA*

The model of good practice used in this research study was selected from a review of healthy workplace literature and the programme Comprehensive Workplace Health Promotion (CWHP) was selected. The research was based on an action research methodology which meant that the study was interactive and flexible. This had a number of consequences for the researcher and different styles were incorporated in the research process e.g. the researcher drew upon the emergent approach rather than a bureaucratic strategy when reviewing change management. The action research methodology accentuated the research, was interactive and flexible and it was therefore important for the researcher to use his intuition and be responsive within a dynamic situation by frequently seeking academic grounding in retrospect or as issues emerged. Such an approach emphasised the dual role of practice and academic theory. The research on change management and the healthy workplace demonstrated how different literature was successfully used and particularly with the qualitative research.

The research process was not carried out on a linear basis but by necessity enquiry involved taking stock of the past and exploring everyday practices to generate insights into the opportunities and challenges of participation. By encouraging and developing a shared strategy between the CMT, the researcher and members of the focus groups the researcher was able to demonstrate how the action research approach contributed to both the practical concerns of people in this problematic situation and to the joint collaboration within a mutually acceptable framework i.e. action research transformed key aspects of the enquiry process to end with a culture of inquiry in the workplace.

### 7.2 Three cycles of the action research process

As stated in the Methodology chapter there were three cycles within the action research, each providing its own set of findings. The findings will therefore be laid out in this way and will demonstrate how they developed and evolved over the three cycles. I will now start with the development phase that occurred before the start of the action research itself.

### 7.2.1 Development phase

This phase consisted of:

<b>Setting up the Action Research Objectives and Research Process</b>	Contact and negotiation of the consultancy brief	<b>7 members of senior management team</b>
	Formation of Implementation Team	<b>4 junior managers</b>

Contact and negotiation of the consultancy brief

From the commencement of the research programme there was a strong emphasis on securing participation from the CMT and also from the focus groups within the LA. It was jointly agreed by the researcher and CMT that the use of focus groups was an ‘ideal’ approach for encouraging participation in the research process as this entailed examining the stories, experiences, points of view, beliefs, needs and concerns of individuals and CMT. This methodology was found to be especially valuable for helping participants to develop their own questions and frameworks as well as seeking out their own needs and concerns in their own words and on their own terms (Kitzinger 2005).

It was also agreed the researchers’ role was to provide advice and information upon which the LA could base decisions and take action to seek the views of staff.

The researcher worked, in conjunction with the Implementation Group to commission focus groups’ to establish further discourse between staff and management and to promote open discussions to increase the extent and calibre of the data obtained.

The LA affirmed that the creation of a safe, healthy and supportive work environment was a vital component for an effective organisation thereby reinforcing that the health of the LA employees was essential not only for their wellbeing but for the efficiency of the work if the LA. It was helpful to the planning process that the formal process for developing the Healthy Workplace Strategy (HWS) initially came into being with approval of the Corporate Management Team (CMT). With the support of CMT it was agreed the key elements in developing the HWS was in:

1. raising awareness of the project;
2. identifying how perceptions of ownership of the strategy could be improved across different stakeholders;
3. assessing the levels of stress/satisfaction within the LA’s workforce
4. providing recommendations for the development and implementation of the HWS;
5. assisting senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues.



The Implementation Group and CMT then came together to explore how best such the strategy could be further developed. The decision was taken to seek external support from the researcher to assist management CMT to develop the HWS as a core component of the LA's business strategy. At this stage in the process it appeared that CMT was very committed to the project because CMT had commissioned the research and also expressed a keen interest in the programme by allocating further financial resources.

#### **Discussions with the CMT and with members of staff**

By holding meetings with the CMT to clarify the reasons for the research and by offering all members of staff the opportunity to discuss the research programme, the researcher was better able to study the views of respondents in detail (Irvine and Gaffikin 2006). The qualitative nature of the discussions also allowed the researcher to assess the study issues in more depth (Patton 1991).

After the series of discussions with CMT the researcher undertook meetings in the different departments of the LA to enable as many members of staff as possible to have the opportunity to contribute their ideas to the research programme. As was described in this thesis departments situated in the LA Offices were well represented in each of the discussions. In an attempt to reach out to all members of staff the researcher arranged meetings of 45 minutes duration with 5 groups of 100 staff each; the total number of employees was 800. The meetings were primarily geared to informing members of staff about the proposals to relating to developing a healthier workplace. Although the researcher offered to meet staff who worked weekend and/or hours outside the norm a number of managers acted negatively to such meetings and stated they would convey any messages to their staff.

These large meetings had the tendency to be led by the researcher as it was difficult to have discussions on a one to one basis with the numbers involved. Nevertheless there was an inclination for a number of staff raised questions with the researcher after the meeting was over and generally there was interest and support for the project. The main issue discussed related to the HWS. Discussions with individuals were arranged to try to increase the extent of qualitative data obtained. This helped to promote a deeper understanding of the situation under review and encouraged the researcher to explore the nuances of experiences not available through quantitative information alone.

#### **7.2.2 1<sup>st</sup> Action research cycle**

This phase consisted of:

Informal awareness raising meetings	<b>5 groups of 45 minutes each = 500 staff in total</b>	<b>4 months</b>
Gathering data: questionnaires	<b>562 responses out of 800 in organisation</b>	<b>6 weeks</b>
Disseminating findings and planning next steps	<b>7 members of senior management team</b>	<b>2 weeks</b>

After a request from the researcher to CMT a multilevel Implementation Group was appointed from a cross section of the LA work force. This initiative was to promote the participatory approach and to engage trade unions in the project development by generating shared solutions to a shared problem. When using action research, it became clearer to the researcher that there was the opportunity to work with members of Corporate Management Team, focus groups, trade unions and following the above decision, with the Implementation Group established by the LA. The research then focussed on the implementation of the Healthy Workplace Strategy.

### Questionnaire design

The questionnaire design was agreed following a review of literature in the field and after discussions with representatives of the Implementation Group and members of staff. The provisional questionnaire was further modified after a focus group review. Terms of reference were agreed and after discussions with staff a questionnaire was distributed for completion, on an anonymous and individual basis.

562 out of around 800 questionnaires were returned. The sample was made up of 304 males and 245 females. 13 people did not indicate their sex. Mean age for males was 41 years and 39 for females with standard deviations of 12 and 11 respectively. The majority of staff who completed the questionnaires have worked for the LA for over three years while some 35% have over 10 years employment. It is considered that the sample returned is representative but the LA also confirmed that existing personnel records of the LA are not able to provide appropriate details to fully confirm this fact.

Each question has a score of -2 to plus 2, making an overall score of +/- for the 21 questions. The overall average score was 4.6802, which indicates an overall satisfaction/stress level that was slightly above neutral. To put this into context a score of -42 represents a situation whereby stress levels are excessively high whereas a score of +42 illustrates optimum levels of satisfaction. This scale is based upon extensive research including Bosma et al 1998; LaMontagne et al 2007; Leadbetter 2008; European Agency for Safety and Health at Work 2002 and Punnet et al 2009 which has been subsequently applied within a wide range of organisations by the National Quality Institute of Canada. The more negative a score the more likely staff will be susceptible to a range of physical and psychological conditions. The reliability of the questionnaires was tested using Cronbach's alpha co-efficient (Tavakol 2001), giving a value of .81 which was within acceptable limits for research of this type. The more negative a score the more likely staff will be susceptible to a range of physical and psychological conditions.

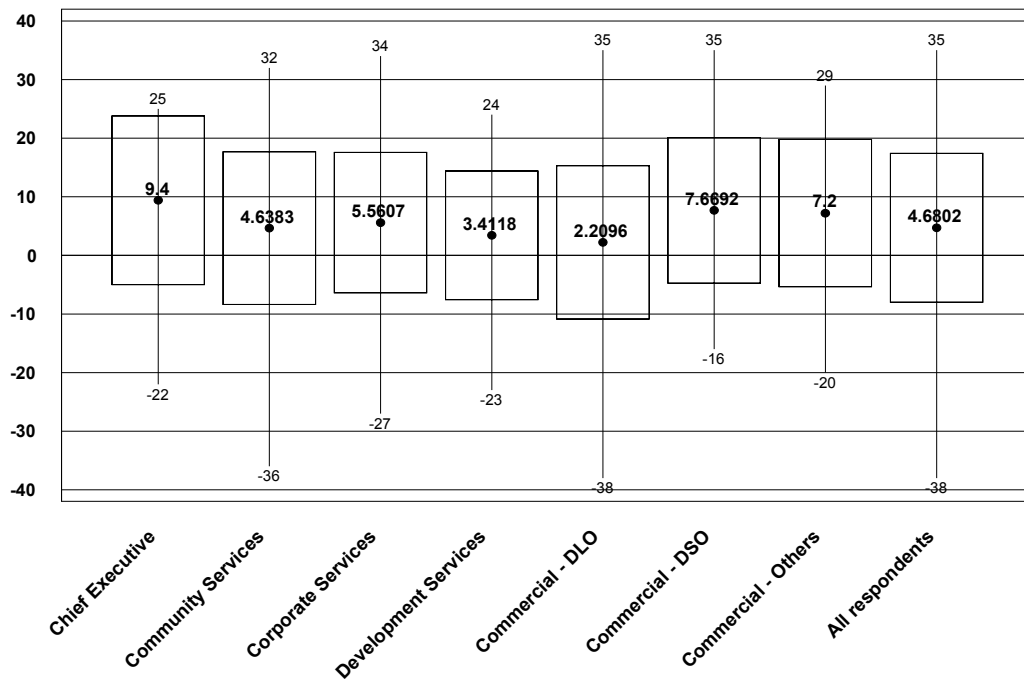
The Appendix (page 204) includes a series of graphs that provide a *Summary of Responses to individual questions on Part B of the questionnaire*. Due to low staff numbers in departments across the LA, the findings are not statistically significant. However, they provide the CMT and readers with the opportunity to examine a wide range of individual issues/questions and as such gain an overview of staff feelings about their employment]

Table 7.1 below gives the overall scores for each directorate, together with the average scores, the maximum and minimum scores of an individual, and an indication of the spread of the scores (standard deviation). These

statistics are also shown graphically, with the boxes around the vertical lines indicating one standard deviation above and below the mean.

**Table 7.1: How healthy is the workplace?**

**Overall Scores for Each Directorate**



Directorate	Mean	N	Std. Deviation	Minimum	Maximum
0	-7.0000	6	16.48029	-37.00	5.00
Chief exec	9.4000	10	14.40833	-22.00	25.00
Community Services	4.6383	94	13.03828	-36.00	32.00
Corporate Services	5.5607	107	11.98913	-27.00	34.00
Development Services	3.4118	51	11.00759	-23.00	24.00
Commercial - DLO	2.2096	115	13.10416	-38.00	35.00
Commercial - DSO	7.6692	52	12.42527	-16.00	35.00
Commercial - Others	7.2000	50	12.56168	-20.00	29.00
Total	4.6802	485	12.71128	-38.00	35.00

It is clear there is a large variation between the feelings of individual members of staff, even in the same directorate. For example, in the Commercial DLO Directorate there are wide differences between the views of individual members of staff. Although one member of staff was very satisfied with the workplace as they scored +35 another member of staff felt almost the opposite with a personal score of -38. Even in a small Directorate e.g. Chief Executive, the variation between the feelings of individual members of staff varies from + 25 to -22.

An important issue to note is, even if staff generally felt slightly positive that the LA provides a healthy workplace,

there are substantial numbers of staff who do not agree. Furthermore members of staff that have a very negative view of the situation are much more likely to be at significant risk from a range of physiological and psychological health problems. It is also important to recognise that there are quite a number of staff members who record a score that highlights their heightened risk of physical and psychological illnesses and at the moment they are not identified nor do appropriate facilities exist to assist in promoting their health.

The issues that staff felt most concerned about were:

- There is too much pressure to get everything done on time.
- There is not enough staff to do the job properly.

The majority of staff did not feel the following were applicable to them:

- They had too much responsibility for the work of others.
- They felt trapped in a job that they could not get out of.

### **Findings derived from the questionnaire results**

Following the results of the questionnaire and discussions among the focus groups the following suggestions were put forward.

- i. the findings of the questionnaire should be noted by the CMT and further action should be taken to promote the healthy workplace
- ii. as an initial step a senior manager reporting directly to the Chief Executive should be given responsibility for the developing the healthy workplace strategy (HWS).
- iii. the designated manager should be responsible to the Chief Executive, for ensuring the HWS is included in the Council strategic (business) plan; targets and resource allocation will be defined;
- iv. to assist in this work the designated manager should establish a LA wide HWS Committee with members drawn from management and staff including staff side and trade union representatives.
- v. the Committee should be given the task of advising on issues relating to the HWS and in particular on the setting of priorities. Reports from the HWS Committee should be available to all staff;
- vi. at departmental/directorate level, 'local HWS' Committees should be established to address relevant HWS items and to bring, when appropriate, issues to the attention of the LA wide Committee.

As with previous recommendations from the research findings CMT accepted the results of the questionnaire.

### **Assessing managerial capability**

The next step in the research process was to address the capability of the CMT to manage the change process. In Chapter 4 it was highlighted that organisations that needed to achieve fast moving changes had to strive to create a learning system where single and double-loop approaches were used as and when appropriate and organisational learning was developed. It was not easy to create organisational learning (Argyris 1999) and such

actions could not take place within a vacuum. As noted previously, the LA was conditioned by the context in which the organisation operated e.g. the characteristics of the organisation and its environment. Evaluating the effectiveness of the CMT highlighted that CMT operated under a rational/classical approach (Max Weber in du Gray 2000) which prescribed decision-making and control based upon clear, well defined organisational structures, analytical techniques and the well-regulated motivation of people (Elwell 1996). The underlying assumption of the classical approach to organisational change was that it involved a series of predictable, reducible steps that enabled senior management to establish a new work order and routines (Graetz et al 2010).

Therefore in order to assess the capability of the LA to the change process, the researcher undertook a review of the LA using the Multi-facet Model (Lipshitz et al 2002). The model was reviewed in Chapter 4. The findings highlighted the LA was operating as a hierarchical and bureaucratic entity and immense difficulty would be created in moving towards a structure that encouraged openness, full participation and innovation i.e. a learning organisation. Although the LA was well equipped to address stable and regulated matters the prevailing management structure would have difficulty managing a process that required a learning organisation approach.

Following this review the researcher became even more concerned about the extent of the LA's management capacity to change as described above. This doubt was compounded by a lack of willingness of the LA to discuss possible ways forward. In initial discussions it had been agreed that the researcher would have access to the CEO and also with the Chairman of the LA to discuss progress, identify problems and seek out solutions. The researcher continued to press for a meeting with the CEO to discuss these concerns and to discuss if the research should continue. On each occasion the request was refused and this was also the position when a planned meeting with the Chair of the LA was cancelled without any discussion with the researcher or reason provided. This dichotomy of delivering change processes within a bureaucratic organisation was raised with senior management throughout the research process but with little effect.

### **The way forward**

Although answers suggested some concern from members of staff on the findings from the questionnaires, there was a positive desire to improve consultation and a willingness from individuals to be involved in the research process. It was recognised that the success or otherwise of such a programme would ultimately depend upon the efforts and expertise of management and staff of the LA. However such a process would require external advice and counsel and it was strongly recommended that the LA looked for ongoing management consultancy support. If the right mechanisms could be implemented, the climate for development of the HWS was very good.

Furthermore, through the period of research, the researcher undertook formal and informal discussions as to how best to:

- i. prepare an operational plan detailing how the Strategy will be taken forward and monitored;
- ii. assist the CMT and other relevant participants in developing processes for implementing the strategy
- iii. review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
- iv. support CMT in developing organisational capacity to manage on-going change

In order to take the Strategy forward in a way which involved a more representative approach it was proposed that action was taken at formal level as recommended by the Focus Groups and outlined above.

Such an approach would enable the Strategy to be implemented but developing organisational capacity to manage on-going change requires:

- i. shared vision among staff, of the role of the LA;
- ii. encouragement and respect of individual ideas and thinking geared towards achieving the vision;
- iii. greater understanding of the different processes and interactions between management and staff;
- iv. individuals and departments to work more effectively across traditional professional and administrative boundaries and directorates;
- v. increased collaboration and co-operation by all groups of staff;
- vi. the development of a learning organisation;

This transition from a hierarchical, professional led structure to an organisational culture established on more participation, team working and partnerships required commitment from the highest level of decision making and an awareness and knowledge development programme for senior managers and staff.

### 7.2.3 2<sup>nd</sup> Action Research Cycle

This phase includes:

Gathering data: focus groups	<b>9 groups with average 8 per group</b>
Dissemination of findings to Implementation Team, staff and CMT	<b>6 groups with average 8 per group</b>
Final Report to CMT	<b>7 members of senior management team</b>

The results of the consultation exercise: focus group meetings

Although the meetings with staff members helped to inform staff of the proposals it was felt appropriate that focus groups should be held to ensure staff had more opportunity to participate.

To recap, there were nine focus groups in total with an average of 8 in each. Members of the groups were made up from volunteers and nominations from colleagues, the Implementation Group and middle line managers. The aim was to explore the views, ideas, concerns and the amenability of the focus group members to the research aims and objectives of the study and collaboration between all levels of management and staff was encouraged. After the initial brief for the research programme was agreed, efforts to engage with staff were again to encourage promoting participation.

The general impression from the discussions was that many people were appreciative of the fact that someone in authority, the researcher, had come in person to speak to them rather than consulting by questionnaire alone. Furthermore the focus group members welcomed the opportunity to find out more about the research and to clarify issues by asking question and entering into a range of discussion. Making suggestions was also felt to be helpful. The researcher made strenuous efforts to try and ensure all the focus groups operated in a meaningful and non threatening manner and the majority of discussions and meetings took place in very constructive atmospheres. It was therefore not surprising there were positive comments about the process of the project and a palpable feeling of confidence from the members of the focus groups about the purpose of the research itself

A further important role that developed from the meetings of the focus groups was that of suggesting new ideas and bringing important issues into the open. This increased the extent of qualitative data obtained. The growing interest in the project from focus group members also helped to promote a deeper understanding of the situation under review and encouraged the researcher to explore the nuances of experiences not available through the channel of quantitative information alone.

The diverse forms of communication and data gathering were also helpful to the researcher since it was not possible in all cases and difficult in some further cases to capture the knowledge and attitudes of all individuals by using the same method of enquiry for all participants. Different members of the same group were prone to react differently to varying approaches and the researcher was aware of the need to modify questions when the group members struggled with fully understanding the some of the questions. Focus groups permitted the researcher to enter their world in a way which other research methods may not have been supported or at least may not be as well accepted. The use of focus groups was also used to reveal diverse understandings which are often difficult to access by more established methods of data collection. This process of communication between the researcher and members of the focus groups also allowed the researcher to explore individuals' diverse perspectives. Very noticeably, a high proportion of manual and lower paid staff felt pleased to be involved in a process not usually available to them, even though they were often the 'experts, when certain issues relating to their work were raised.

### **The focus groups consensus to CMT**

Following the feedback from focus groups there was consensus from the focus groups that:

- staff felt that the initiative was to be commended;
- a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming;
- a number of managers appeared to be defensive about the results;
- there was a general willingness to be involved in the process;
- certain senior managers appeared to have quite different perceptions, from the general workforce, about the organisation's ability to manage effectively;
- focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process.

By holding meetings with the CMT to clarify the reasons for the research and by offering all members of staff the opportunity to discuss the research programme the researcher was better able to study the views of respondents in detail (Irvine and Gaffikin 2006). The qualitative nature of the discussions also allowed the researcher to assess the study issues in more depth (Patton 1991).

Following the above the researcher undertook meetings in the different departments of the LA to ensure all members of staff had the opportunity to contribute their ideas to the research programme. As was described above staff from all departments situated in the LA Offices were well represented and the researcher visited these departments to ensure the message was consistent throughout the LA.

### **Focus group findings**

Findings from the focus groups to CMT included:

- i. as an initial step a senior manager reporting directly to the Chief Executive should be given responsibility for the developing the healthy workplace strategy (HWS).
- ii. the designated manager should be responsible, to the Chief Executive, for ensuring the HWS is included in the Council strategic (business) plan; targets and resource allocation will be defined;
- iii. to assist in this work the designated manager should establish a LA wide HWS Committee with members drawn from management and staff including staff side and trade union representatives.
- iv. the Committee should be given the task of advising on issues relating to the HWS and in particular on the setting of priorities. Reports from the HWS Committee should be available to all staff;
- v. at departmental/directorate level, 'local HWS' Committees should be established to address relevant HWS items and to bring, when appropriate, issues to the attention of the LA wide Committee

The recommendations were accepted in by CMT and in this way the focus groups not only helped to greatly increase the participation from members of staff but also brought new ideas into focus to help ensure the research process contributed to the development of the HWS.

### **CMT to undertake a review of stress/satisfaction levels within the LA workforce**

At this stage in the proceedings there was a call from the focus groups to CMT for the implementation of the stress/satisfaction survey. The main approach was to undertake the stress/satisfaction survey throughout the LA and subsequently to consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy. Initial meetings were held with the CMT to agree terms of reference and protocols to be followed.

The initial brief for the consultancy proposed the following objectives:

- to assist the CMT to undertake a review of stress/satisfaction levels within the LA's workforce;



- to produce a report summarising the findings of the review, including recommendations for how consultation will continue to be part of the process of developing and implementing the Healthy Workplace Strategy;
- to prepare an operational plan detailing how the Strategy will be taken forward and monitored;
- to assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy;
- to review the management process in action and consider the impact of the existing policies, procedures and culture on the process.
- to support CMT in developing organisational capacity to manage on-going change.

Discussions were held with the Implementation Group to clarify the extent to which the intention was for the consultancy project to act in an executive capacity. It was agreed that the main aim was to provide advice and information upon which the LA could base decisions and action. It was also agreed that a prime aim of the project was to seek the views of staff in relation to their perceptions of management processes and how such processes might be refined to incorporate staff health issues.

### **Stress, satisfaction and health at work**

The relationship between employee stress, health, safety, work performance and organisational efficiency has been established beyond a reasonable doubt in scientific terms (Shain 2001). There has, however, been the a reluctance to accept and act upon this evidence and main reason for this is the failure on the part of scientists to explain what they mean by stress (Investing in Comprehensive Workplace Health Promotion 2001) The kind of stress that has been implicated in the serious harm to employee health is a specific set of conditions that are produced by the way work is organised and designed. The scientific evidence on stress, health and performance has in recent years, concentrated on two paradigms. These are the Demand/Control Model (Karasek and Theorell 1990) and the Effort/Reward Imbalance Model (Siegrist 1996). Numerous studies have indicated that when management chooses to find ways of employing employee control and reward, benefits can be expected in regard to decreased rates of almost all adverse health outcomes (Shain 2001); (Kaplin and Rankin 1993); (Smith et al 1997);

In a series of workplace surveys of health (Shain et al) redefined the way in which demand relates to control and effort relates to reward by constructing a Stress/Satisfaction Offset Score (SSOS) in which markers of control and reward were seen as satisfiers and markers of demand and effort were seen as stressors. By use of the questionnaire, which will be discussed below, it was possible to assign every employee who took part in the survey a score based upon the relationship between specific stressors and the specific satisfiers in their particular work life. Once each member of staff has an SSOS it takes little effort to group them according to the range of scores in which they fall.

### **Summary of this cycle**

Reflection on the findings from the four strategies highlighted above indicated:

1. **The CMT** displayed strong support for the project and a willingness to address issues rose.
2. **Focus groups** were also supportive of both the process of the research programme and keen to participate in the debate and decision making process.
3. **Undertake a stress/satisfaction survey** throughout the LA's workforce and subsequently to consult with management and staff on how best the results from the survey could be utilised: The survey that was based on the CWHP and highlights how stress and satisfaction of the staff could be evaluated and as such could be used to develop the HWS. The exercise was successful on all issues addressed.
4. **A review of management capability in relation to OLM's** identified that CMT was not did, at the time of the research display the managerial capabilities to manage the programme successfully and is the review of OLM's had been assessed at the beginning rather than end of the project the decision not to proceed could have been made earlier and saved resources.

#### **7.2.4 3rd Action research cycle**

At this stage it was clear to the researcher that the CEO and CMT felt threatened and displayed defensive strategies as did for themselves and other members of CMT e.g. not taking a participatory role in meetings, criticising staff from lower positions in the management chain and refusing to be interviewed by the researcher. The culture of the organisation i.e. role culture, made this defensive strategy quite understandable if not productive. By controlling lines of communication to both Council Members and staff, CMT were able to deal with the threat of embarrassment from the consultancy results that highlighted deficiencies and put their management style in a 'bad light'. At the same CMT were able to camouflage deep-seated problems within the management structure e.g. poor communications as set out in Chapter 4. This situation further served to emphasise the bureaucratic approach within the LA. The behaviour by senior manager management was systematic of a single loop learning environment managers displayed defensive strategies against issues beyond their control. This reaction from CMT was not unusual. Skilled professionals are frequently good at single loop learning as they have often spent much of their life acquiring academic qualifications, mastering a number of intellectual tasks and applying the knowledge to real life problems. It may be this situation that helped clarify why professionals can be so unsuccessful when it comes to mastering double loop learning (Argyris 2003). They learn to shut down at a time they most need to learn and they become defensive and avoid learning.

As discussed in Chapter 4 such a management style of this nature usually found in large organisations that have repetitive roles, a secure market and the propensity to react slowly to change (Jaffee 2001). The underlying assumption of such an approach to organisational change is that involves a series of predictable, reducible steps that enable senior management to establish a new work and order and routines (Graetz et al. 2010). However, developments over the last two decades have led to newer ways of management thinking. In the entrepreneurial emergent philosophy control is much looser and the approach is based upon less-clear organisational structures and job definitions, experimentation and inspirational motivation (Foss and Klien 2012). More recently there has been a greater emphasis on the need for change management programmes to include bottom-up consultation with employees from start to finish (Burns 2000) and under conditions of unpredictable change successful organisations are those whose leaders and members do not predict the future and try to control it. Instead they

are able to rapidly change course, to redefine themselves and even to learn to live with uncertainty and chaos (Argyris 1999) and are confident enough to recognise that applying a 'winning formula' can be futile (Gabriel et al 2000). In essence, such organisations recognise the gains that can be achieved from moving more towards a natural/emergent model. Such a change management approach provides a good rationale for moving towards a 'learning organisation', thereby promoting an organisational structure and a culture that are in a more effective position to deal with future change - be it imposed and/or self-generated.

By this stage in the consultancy brief, the researcher had identified how the CEO and members of the CMT had taken a supportive if uninvolved participation in the process. CMT demonstrated a rational/classical system to management (Weber in Du Gray 2000 and Grey 2005) and in this type of approach senior managers demonstrated a single-loop learning strategy (Argyris 1999) to maintain the status quo. Senior managers and particularly members of CMT also had a strong influence on the project and could extend or curtail the consultancy. In discussions and focus groups members of staff perceived that senior managers acted in a manner that suggested there was no challenge to their authority and there were many staff members who felt some managers used 'them and us' culture which again highlights a bureaucratic management style.

Despite numerous requests from the researcher to apprise the CEO of progress and to outline difficulties that might be encountered in implementing the findings i.e. the need to develop a learning organisation, the researcher was informed by the senior management that the CEO was satisfied with progress and as such a meeting was not required. The researcher then strongly requested a one to one meeting with the CEO to set out the results emerging from the research and do this before meeting the CEO. Since the researcher alone had the survey results it was important that any possibility of embarrassment to the CEO be removed ((Hunt 1992). The concern from the researcher was that the initial support from the CEO was changing and it would be difficult to bring in any changes without his support. This request was refused and a long agreed meeting with the Council Chair never materialised and against the advice of the senior researcher the CEO distributed copies of the Report to members of CMT.

## **Chapter 8: Reactions to the findings**

### **8.1 Introduction**

Chapter 7 provided a detailed summary and review of the results from the consultation exercise i.e. discussions, with the CMT, focus group meetings, the completed questionnaires, the evaluation of the LA's managerial capability in relation to Organisational Learning Mechanisms and the capability of the CMT to establish a learning organisation within the LA. The main points to emerge highlighted that:

- i. CMT supported the aims and objectives of the research programme
- ii. There was overall backing from the focus groups for the programme and for the opportunity for staff to participate.
- iii. The results of the questionnaire were, in the main very acceptable to CMT and members of staff
- iv. CMT and the LA as a whole did not have the capability to be a learning organisation without outside support Furthermore the underlying philosophy of CWHP is the emergent approach and as the LA is committed to a bureaucracy approach the emergent approach is inappropriate for the LA.
- v. CMT refused to contemplate the outside assistance and the research programme was curtailed.

Chapter 8 will now investigate and explore the reaction of the CMT to the above and, in so doing, will analyse and debate the actions that were subsequently taken/not taken by CMT. The rationale behind the actions of CMT is discussed in order to better understand how to address issues raised in the meeting with CMT.

### **8.2 Background to the meeting with the CMT**

#### **8.2.1 Concerns of the researcher**

When preparing for the proposed meeting with the Chief Executive and members of the CMT, the researcher became increasingly concerned about the management's unwillingness to discuss the need to change from the current bureaucratic structure of the LA and/or to accept that a learning organisation was needed if CWHP was to be implemented. The concern of the researcher was compounded by a lack of willingness by CMT to discuss possible ways forward. In initial discussions between the researcher and CMT, it had been agreed that the researcher would have access to the CEO and also to the Chairman of the LA to discuss progress, identify problems and seek out solutions. The researcher continued to press for these meetings to discuss these concerns and to make a decision on whether or not the research should continue. On each occasion the request was refused. This was particularly frustrating when a planned meeting with the Chair of the LA was cancelled without any discussions or reason provided. The dichotomy between delivering the required change within a bureaucratic or emergent organisation was raised throughout the research process, but with little effect or consideration by CMT. Despite these concerns of the researcher, CMT intimated a willingness to press ahead without considering the implications of its actions.

The LA consisted of a wide range of departments with multifarious issues and duties to address and therefore CMT had a wide range of varying challenges to address. These in turn demanded a diversity of solutions to be identified within a tight budgetary and intensely political environment. The pre-eminent challenge for CMT, if CHWP was still to be implemented, was to create an environment whereby strategy evolved from activities taking place throughout the organisation (emergent approach) rather than having the tendency to take a top-down view (bureaucracy). With such evidence to the contrary, it was difficult for the researcher to conclude that the LA, with such rigidity in structure and procedures, could reasonably be expected to utilise organisation-wide problem solving approaches to foster innovation and change; a major objective of the project.

The researcher again requested a one to one meeting with the CEO to outline the results of the research prior to any formal presentation to the CMT. The aim was to try and ensure a clear message was given to the CMT by the CEO. The concern for the researcher was that support for change from senior management appeared to be shrinking. It was therefore important to have the support of the CEO and/or reasons for not supporting the recommendations; disagreeing with the CE) in front of colleagues could seriously damage any further constructive dialogue either within or outside the meeting. This request for a meeting was again refused on the basis that the CEO had been updated by CMT. Against the advice of the researcher and without his knowledge, a copy of the draft Report of the research (Appendix 1, page 126) was distributed to members of the CMT by the CEO. Members of the CMT subsequently discussed the Report together prior to the meeting with the researcher when it became clear that very strong alliances had been formed within the CMT by members. It was the first time the researcher believed the members of the CMT had displayed such an interest in the research.

### **8.3 Defensive strategies**

After working so closely within the LA, the defensive stance of CMT was of little surprise to the researcher. When people feel threatened and/or vulnerable they may well engage in 'defensive mechanisms' to protect themselves and colleagues (Argyris and Schon (1978). The researcher identified such organisational defensive routines within the CMT. These behaviour patterns are taught through socialisation to deal effectively with threat or embarrassment and are supported by the culture of bureaucratic organisations. It was in this type of environment that CMT could become skilled in a range of ways to make situations for which they are responsible look better than they actually are or find ways of obscuring issues that will put them in a bad light. Deep-seated problems could be ignored or diluted and senior managers presented with over optimistic scenarios.

Such issues are systematic and universal (Argyris and Schon 1978) and are found in many different types of organisations and cultural settings. These defensive patterns, which can become face-saving processes to save individuals from embarrassment or threat, were identified by the researcher during this research. In the context of the organisational setting of LA, formal structures, job descriptions, rules and conventions were convenient aids in the process of self-protection and could be both consciously and unconsciously used for this purpose. Such defensive routines can also become embedded in the organisational culture and generate shared norms. Given such a range of potential pathologies, it was perhaps unsurprising that CMT found it difficult to consider making a strategic change that could drastically affect the status quo and effectively challenge their previous

behaviour and decisions. As discussed in Chapter 4, moving towards becoming a learning organisation calls for a move from single to double-loop learning. However, skilled professionals are frequently good at single-loop learning because they have spent much of their life acquiring academic credentials, mastering a number of intellectual disciplines and applying this knowledge to real world-problems. It may be therefore that this very fact that helps explain why professionals are so unsuccessful when it comes to mastering double-loop learning (Argyris 2003). Because CMT members had a history of success in what they have achieved in becoming a member of CMT, and because they have probably rarely failed, they may never learned how to learn from failure. Whenever the learning strategies go wrong, successful managers can become defensive, screen out criticism and allocate blame to others and/or circumstances. In essence, they learn to shut down at the time they most need to learn; they avoid learning by becoming defensive. This may be symptomatic of the behaviour of members of a bureaucratic organisation and CMT could have wanted to work more effectively and continuously improve systems, but the environment of the LA may have encouraged them to fail to recognize that to learn; one needs to look inward at one's own behaviour.

For example, according to Argyris (1996) senior managers have a body of knowledge that constrains their learning. They do not know how to learn from failure. When challenged, they can become very defensive and tend to focus attention away from their behaviour to that of others i.e. defensive reasoning. The key factor for this behaviour can be found in the way in which they reason about their own behaviour and the behaviour of others (Argyris 1991), but of course to a modernist strategist, the answer is often in the organisation's culture; blame is hard-wired into it. Consequently fear of failure can become very strong, so any failure is inevitably passed on to others, almost always 'down' the hierarchy and this pattern of behaviour can strengthen the status quo.

## **8.4 Meeting with the CMT**

The researcher finally met with the CEO and 6 members of CMT. The researcher was very surprised to learn that members of CMT had received copies of the Report prior to the meeting which was chaired by the CEO. The person who had acted as the link between the researcher and the CEO was not present, but they too had received a copy of the Report. At this meeting the results from the research were noted without any meaningful discussions but unanimously accepted by CMT, except for the recommendation to seek outside support. This procedure served to demonstrate that the researcher had no opportunity to present the results but was merely asked to answer a few questions.

In the view of the researcher, the aim of the meeting had been to discuss the Report and then, after clarification and discussion, move on to planning on how best to best to:

- i. prepare an operational plan detailing how the process could be taken forward and monitored
- ii. assist the CMT and other relevant participants in developing processes for implementing and developing the HWS
- iii. support CMT in developing organisational capacity to manage on-going change

- iv. draft an approach would not only enable the HWS to be implemented but also highlight that developing organisational capacity to manage on-going change would still further require:
- v. a shared vision among management and staff on the role of the organisation
- vi. encouragement and respect of individual ideas and thinking geared towards achieving the vision
- vii. a greater understanding of the different processes and interactions between management and staff and between different departments
- viii. a move towards establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships

## **8.5 Reaction from the CMT**

At the outset of the meeting, the above recommendations from focus groups, questionnaire etc. were accepted without further discussion except for the recommendation (viii) which called for an emergent approach if CWHP was to be implemented. Up to this stage in the consultancy brief, the CEO and members of the CMT had taken a supportive if uninvolved position in the process. In meetings with staff groups, the CEO had normally opened the meeting and encouraged participation in the research process, but delegated decision making to a the senior manager who had been previously been appointed as the link person between the researcher and the CEO. Other members of the CMT had taken a 'polite' relationship position with the researcher, but no members of the CMT had agreed to a personal meeting.

CMT were not prepared to countenance the review of existing management practices and procedures and also refused to accept the recommendation to seek external advice and training. CMT did agreed to move towards addressing specific issues raised by the research e.g. improving environmental concerns, reviewing specific health and safety measures, but only via the existing management systems and structures; these being the existing channels that had failed to identify the present deficiencies. This reaction was not surprising given the management structure in place. Essentially CMT repudiated the need to move to developing change strategies for successfully managing the transition from a professionally driven, hierarchical/bureaucratic managed organisation to one that fostered an emergent approach; the fundamental aim of the research proposal. The researcher again emphasised that the philosophy behind the CWHP model is based upon the emergent model which ill fits the high levels of bureaucracy in the LA. Even at this very late stage in the process, CMT aggressively confirmed CWHP could be implemented without changing management strategies. If that was the case, then it is difficult to understand why the research was commissioned at all.

## **8.6 Reflection on the Project**

The position for the researcher also became quite difficult as the dichotomy between the rational and the political perspectives became a major issue. As an advisor, the researcher was able to recognise the positioning of the CMT was very much shaped by their power positions and their standing in the LA, and there was no obvious pressing need for CMT members to change their views and certainly not in the shorter term. The

existing employment situation provided a stable and secure environment, as least as far as CMT was concerned and their professional skills were respected and valued. As such, their professional expertise often took precedence over the need to act as managers, as they were rarely challenged on work issues. In these times of unstable economics, the existing working conditions for LA staff were very favourable when compared with their private sector colleagues and consequently there were a number of incentives for CMT members to avoid major changes in their work situations.

Alternatively the researcher could perhaps have presented the Report in a different light, that is by illustrating how the LA could take an incremental approach and continue to make minor changes to the organisational structures and policies, carry out minor changes to health and safety conditions while discounting the initial aims of the study which included: to identify and evaluate a process/tool (model of good practice) to assist the organisation to effectively manage change on an ongoing basis. On reflection, the researcher considers that this course of action would probably have found favour with the CMT, but would have been unethical given the research brief wherein the researcher had been advising the CMT to consider the changes that would have had to be made if the LA was to effectively manage change on an ongoing basis.

At this point in the process the researcher felt it important to once again reflect on the reasons behind the project. The primary objective of the project was to explore topics concerning the promotion of a management culture responsive to the implementation of ongoing change issues. The aim was to develop change strategies and models for managing the transition from a professionally-driven, hierarchical/bureaucratically managed organisation model to one in which the organisation fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and promotes innovation and change. The role of the researcher was to record the group interactions and behaviours as objectively as possible using both quantitative and qualitative tools, report the findings and offer advice and counsel on how the project might or might not proceed. Since the researcher had an opinion on the topics being studied, it was important to examine his own subjectivity and consider how participating in the discussions might lead to sympathetic or antagonistic interpretations of the group behaviours. Consequently the researcher tried to assume the role of observer and, at times, advisor. Rather than try to unduly influence the course of action to be taken, the researcher felt it more appropriate to further investigate the reasons behind the decisions made by the CMT.

## **8.7 Review of the meeting with the CMT by the researcher and the CEO**

Following the difficulties in the discussions with CMT the researcher sought a meeting with the newly appointed CEO. This meeting provided the researcher with the opportunity to examine both the rational and political agendas in play and to grasp an understanding of the issues important to the new CEO and the LA. The meeting lasted 90 minutes. The researcher was permitted to make notes, but it was agreed that these would be kept confidential. The meeting took place in the office of the new CEO and the researcher was very keen to stay within the time limits set by the new CEO. Since the new CEO had acted as the link person between her predecessor and the former CEO and the researcher, both parties felt at ease with each other as they had been working together throughout the study period?



## **8.8 Discussions**

### **8.8.1 First phase**

During the initial discussions, the newly appointed CEO was keen to confirm agreement and acceptance of the factual parts of the Report. The CEO stressed that the environmental issues e.g. safety equipment, outstanding in-house repairs and bonus issues would be addressed as a priority. Increased management training would be introduced and staff would be encouraged to participate in future decision making. However, the CEO was very firm and negative on the issue of implementing an emergent culture; the management structure and policies would remain in place for the foreseeable future. The researcher noted these were examples of single loop or first order change and were very reminiscent of 'Futureblock' (Morgan 2006) and reaffirming of the views of (Argyris 2003 and Schon (1978, 1993) that suggested bureaucracies which engage in change after change. but are not really doing anything very differently; one can generate hundreds of new insights without substantial impact (Morgan 1997).

The CEO had immediately taken up a very similar if less aggressive stance than CMT colleagues and in essence the CEO was 'getting stuck' in the existing mode of practice and becoming trapped by the prevailing culture and politics of the LA. In some respects this is only to be expected as the CEO was very new in the post and responsible directly to the LA. Consequently, it could be argued that the logic and the preferred strategy that the CEO was promoting was in fact a contingency approach to achieve a 'good' fit between the organisation and the environment (Morgan 2006). This policy was a good example of structural inertia theory (Hanna and Freeman 1984) and would do little to help prepare the organisation to meet the demands in managing on-going change; the reason for the research in the first place! It should be noted that the CEO did not wish to go into great detail on these issues.

### **8.8.2 Second phase**

When the discussion moved to the question of organisational development and the move towards a more open/learning environment, the CEO stated that it was better to fail with existing systems and processes rather than through using new approaches. This observation was offered by the CEO even though the researcher had explained that the philosophy behind the CWHP model is based upon the emergent model which ill fits the high bureaucracy of the LA. Even at this very late stage in the process, the CEO aggressively argued that CWHP could be implemented without changing management strategies. The CEO explained that although CMT was not functioning as the CEO expected, she had just come into post and didn't want to 'rock the boat too hard.' This was an example of 'defensive' mode (Argyris (2003). Such strategies are anti-learning and overprotective and taking a 'defensive' mode is one of the most powerful ways people deal with potential embarrassment. In the researcher's view, by taking defensive routines the CEO was stifling creativity and protecting the status quo

The reaction of the CEO was not surprising because as Schein (1985) suggests, when people are subject to outside intervention, their interpretive facility comes in to play and they will interpret meaning to what they experience according to their expectations. This in turn can challenge their 'taken for granted' beliefs and

assumptions about jobs, work, careers etc. and can create justifiable or unwarranted fear. When faced with such challenges, people find ways of deflecting or obscuring issues and problems that may put them in a bad light and become skilled in making things look better than they are in reality (Morgan 2006). Defensive strategies discourage reflection. We practise those most of our life and become highly skilled at carrying them out. They become second nature and, as such, something we rarely reflect upon but take them for granted (Argyris 1993).

In this case the CEO appeared to be embarrassed and feel threatened by the prospect of a review of the performance of senior management performance within the organisation especially as the former CEO had recently and surprisingly left the employment of the LA. Very surprisingly the CEO confided that the intention was to remove members of the CMT and replace them with new staff. Whereas executives are usually very comfortable when implementing single loop tasks as in this case, there is usually a major shift in their position when discussions of a double loop nature are introduced (Argyris 1993). This is in no small way due to a manager's ability to interpret events, conditions and history to his or her advantage, which is almost universal. Individuals often see what they have seen in the past or what they want to see rather than what is or can be (Schermerhorn et al 1997). The action of the CEO who set the priority of establishing a new management team exemplified the above.

This admission of the CEO to express serious reservations about the capabilities of the CMT to perform to a satisfactory standard was at first surprising. The CEO had referred to the CMT as having the culture of a mature organisation with dysfunctional managers that was in need of reorganisation. In such a situation the CEO, whether consciously or otherwise, was using single loop strategies which could provide a very strong defence if the changes in CMT were handled in a carefully constructed programme that addressed members of CMT on an individual basis.

### **8.8.3 Third phase**

Although the discussions had been progressing very well, the researcher was very surprised when the CEO commented on to the way the research was undertaken. For example the CEO expressed concern about the way communications were carried out by the researcher even though the CEO and her predecessor had consistently shielded the researcher from CMT and the LA councillors. Upon a request for clarification, the researcher was informed by the CEO that this referred to the meeting with the CMT rather than to on-going communication throughout the study. Secondly, the CEO felt that the message given to the CMT was too critical of the team and therefore caused unnecessary resistance, and thirdly more care should have been taken to understand the needs and wishes of individual members of the CMT. Rather than defend his position in a situation which he felt could develop to an impasse (which the researcher felt would be a futile outcome), and since there was little time to examine these statements within the overall the overall spirit of the meeting, the above issues were acknowledged rather than thoroughly addressed.

In response to the communication issues it was accepted by both parties that throughout the project a communications audit as proposed by Hurst (1995), would have been a catalyst for progress. Secondly, a more balanced and marketing approach (Kotler 1988) would have helped to reduce anxiety and, as suggested by

Doyle (1995), a review of stakeholder interests to produce a balance set of objectives and rewards could have provided a good indication as to the issues important to the members of the CMT. [Of course the researcher accepted these points may have credence but the new CEO did not mention that her predecessor had circulated the researcher's draft report several days prior to the meeting and had not informed the researcher who had endeavoured to discuss the draft report with the CEO].

The researcher accepted that his responses to the CEO may well constitute a defensive stance but the purpose was to seek clarity rather than 'score points.' The primary purpose of the meeting was to work closely with the CEO to try to find responses and reasons for the comments made by the CMT. Although the full list of initial aims of the change process had not been fulfilled, the senior researcher had received permission to meet with the CEO specifically to discuss the reasons behind the reactions of the CMT to the proposals to seek methods to encourage organisational development.

By this stage of the meeting the researcher had expected to have discussed the major issue of concern to the CMT in some detail. However this was not the case. However, the researcher had informed CMT that the emergent philosophy approach behind CWHP would ill fit the bureaucracy of the LA and as such the LA could not expect to recoup all the anticipated benefits.

#### **8.8.4 Final phase**

It was very helpful that the researcher had been able to confirm to the CEO what could be expected from the research findings. Namely that the underlying philosophy of CWHP is that of an emerging approach and as such would not fit well within a local authority in England where a bureaucratic format was the norm. This accords with the Research Question which was:

*To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?*

The final stage the meeting was to discuss the way forward. The CEO reiterated the intention to address specific issues of concerns to the staff; to improve environmental conditions and provide management training, but below CMT level. It was clearly stated that the recommendations from the study were not a priority to the CEO who nevertheless acknowledged the report was helpful in highlighting certain issues to be addressed as set out above. It was evident to the researcher that the research programme would not continue as previously envisaged.

However the topics raised throughout the study had highlighted a number of very interesting issues. For example the power of the CMT to make decisions that affected the interests of other staff, without reference to the latter should not be surprising for power that is, getting others to do things, even against their will, is inscribed as the normalcy of scientific management (Clegg 2006) and bureaucracy rules for everything (Keiser 2002).

## **8.9 Interview Limitations**

As discussed above, the impact of management studies often depends ‘upon the appropriateness of the research methods chosen’. This highlights the importance the researcher needed to place on the selection of the approach to achieve a valuable and meaningful end-result, from a management perspective (Scandura and Williams 2002). The participatory action research paradigm was applied as the action research was chosen is an ideal methodology when a holistic, in-depth investigation was needed (Feagin et al 1991).

Every study, no matter how well it is conducted, has some limitations. This is why it does not seem reasonable to use the words ‘prove’ and ‘disprove’ with respect to research findings. It is always possible that future research may cast doubt on the validity of any hypothesis or the conclusions from a study. In this project the researcher was particularly aware of the following areas of potential difficulties:

- bias if questions are poorly constructed
- response bias
- inaccuracies due to poor recall
- interviewer gives what interviewer wants to hear
- interviewer bias

Although constantly aware of the possible bias the researcher accepted the difficulty of completely eradicating this danger because the amount of description, analysis, or summary material is up to the investigator. The researcher also had to decide how much to make the report a story, how much to compare with other cases, how much to formalise generalisations or leave such generalising to readers, how much description of the researcher to include in the report; and whether or not and how much to protect anonymity (Stake 2005). The researcher, like others, would have passed along some personal meanings of events and relationships and failed to pass along others. The researcher appreciated that the reader, too, will add and subtract, invent and shape--reconstructing the knowledge in ways that leave it more likely to be personally useful. Studies are limited, too, by the sensitivity and integrity of the investigator. The researcher was the primary instrument of data collection and analysis and had to rely on personal instincts and abilities throughout most of the research effort. The study was inherently personal, unique and in-depth in nature.

The researcher was also aware of certain personal feelings and bias throughout the research process, but particularly so when faced with disappointment when CMT made the decision not to accept or even consider the recommendations. It was difficult for the researcher to accept that the research project was in a position of potential cessation and at the same time there was the inclination to try to ‘persuade’ the LA to move ahead with the recommendations to achieve a more ‘substantive’ outcome. Nonetheless this feeling of disappointment was softened by the realisation that the ‘failure’ to complete the project as originally envisaged opened up a new and rich vein for further exploration; to explore the reasons for the change of the direction of the CMT.

Another major limitation was the lack of effective communication between the researcher and CMT and LA members. The distinct lack of meaningful discussions throughout the study led to a situation whereby the researcher was not able to discuss ideas, suggestions and concerns between the parties. This ultimately led to feelings of alienation, doubt and even perhaps mistrust between the researcher and the CEO and this was not fully recognised until close to the end of the research programme.

Perhaps the most serious concern of the researcher was that the LA had agreed to a major project when the CEO and CMT did not appear to fully appreciate what was entailed and more disconcerting may not have had a clear picture of the final outcome(s) they were seeking. With hindsight, the researcher can identify how these matters issues arose. It may well be that the researcher should have ended the project early, but if such a course of action had been taken, it would not have been possible to explore the reasons for the actions of the CEO and CMT in more detail and the researcher would not have fulfilled the consultancy brief.

As the project came to an end the researcher had the task of assessing the work that had been undertaken and presenting a report on the outcomes of achievements/failures. Chapter 9 provides a summary of the programme and offers evidence to support what was achieved by the parties involved and what lessons could be learnt.

## **Chapter 9: Conclusions**

### **9.1 Introduction**

This chapter provides a brief outline of the way in which CMT viewed the research programme by summarising the methodology used and the research outcomes. The research question, aim and objectives are reviewed in light of the difficulties encountered in the process of actually carrying out the research within a fluid, politicised environment.

It was always likely that what could be achieved would have to be aspirational as the researcher was dealing with a complex organisation with its attendant complications and changing internal and external environments. For example although the researcher set out to work in conjunction with CMT and in this quest spent considerable time and effort developing a plan of action to configure an agreed way forward CMT appeared to lose the initial interest in the research. Members of CMT gave the impression they were happy to try and pacify the researcher by discussing issues in general terms but avoiding individual and group meetings with the researcher. However CMT took a very defiant stand against a proposal from the focus groups and the researcher) to engage external expertise. CMT refused to discuss this issue or collaborate with the researcher over these recommendations.

Although the researcher had recognised the concerns of CMT for some time He was surprised by the stark reactions to his proposals and by the way in which decision to curtail the research were made and applied by CMT. In fact the research had progressed very well up to this stage. Such a position was to be expected as, up to this stage, CMT had followed a top down bureaucratic approach by using their influence and power. From the early stages of the research it was clear to the researcher that CMT held a bureaucratic philosophy while CWHP worked very much in the emergent tradition. Such a 'partnership' called for discussion and collaboration but CMT displayed no recognition that they understood the difficulties they faced in bringing together the two diametrically opposed convictions. The researcher was also surprised CMT did not address the issues raised but still agreed to address the agreed terms of reference.

### **9.2 The research question, aim and objectives**

The research question, aim and objectives were as follows:

#### **Research question**

To what extent is it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?

#### **Aim**

To explore the implementation of a commercial model of good practice in healthy workplaces in an English LA

## **Objectives**

1. Summarise the ‘characteristics of identified good practice models’ in addressing workplace stress
2. Apply the ‘test’ model within a local government organisation and use the findings to develop, identify and replicate a template to replicate good practice in change management in a range of situations
3. Recommend enhancements to the development of a healthy workplace model that can apply in different situations/organisations.
4. To engage suitably experienced managers to advise on strategies to identify and implement model of good practice.

### **9.2.1 The progress of the research**

Following a series of meetings with managers and staff the researcher met with the CEO and members of the CMT. It was agreed to undertake a research project to assess the utility and practicality of identifying a selected model of good practice in workplace health that had been tested in the commercial world and to assess to what extent it is possible for the selected model to be applied and successfully replicated in a local authority in England.

Preliminary communications between management and staff and the researcher took place in meetings with large groups of staff, focus groups and discussions with senior managers. Individuals were also given the opportunity to meet and discuss matter with the researcher on an anonymous basis if they so wished and staff trade union officials were also invited to meetings and one to one meetings with the researcher.

Senior managers, focus groups and staff meetings all supported the research project and it was also agreed that regular updates on progress would be circulated throughout the LA. With this commitment the research was initiated and from the commencement of the research programme there was a strong emphasis on securing participation from the CMT and members of LA staff. This methodology was found to be especially valuable for helping participants to develop their own questions and frameworks as well as seeking out their own needs and concerns in their own words and on their own terms. The willingness of the parties to work together was deemed to very helpful by the researcher as this also helped to build bridges to overcome staff concerns.

### **9.2.2 Design of the research protocol**

At a very early stage in the proceedings there was a call from the focus groups to CMT for the implementation of the stress/satisfaction survey. This was accepted by CMT who again demonstrated a commitment for staff participation.

The main approach was to undertake the survey throughout the LA and subsequently to consult with management and staff on how best the results from the survey could be utilised. Initial meetings were held with the CMT to agree terms of reference and protocols to be followed.

The initial brief for the consultancy proposed the following objectives:

- i. to assist the CMT to undertake a review of stress/satisfaction levels within the LA's workforce;
- ii. to produce a report summarising the findings of the review, including recommendations for how consultation will continue to be part of the process of developing and implementing the Healthy Workplace Strategy;
- iii. to prepare an operational plan detailing how the Strategy will be taken forward and monitored;
- iv. to assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy.

### **9.2.3 Outcomes from the survey**

The results from the survey provided important empirical research material including an agreed questionnaire which was distributed to staff to broaden out the input of those actively involved in the exercise. 562 completed questionnaires from a workforce of some 800 were returned and the completed questionnaires were analysed and results fed back to management and staff in a further series of meetings. In addition to the questionnaire a series of focus groups were held together with briefings sessions to which all staff were invited to attend. The results from the survey were welcomed and agreed by CMT and focus groups in all respects except CMT refused to accept the recommendation that expertise from outside should be engaged. [This will be discussed in more detail below when discussing managerial capability].

### **9.2.4 Identification and selection of a model of good practice in healthy workplace promotion**

An essential part of the overall programme was to select a model of good practice in the area of healthy workplace promotion. Following an extensive review of the literature a model of good practice was selected from a wide international range of such programmes. *The Investing in Comprehensive Healthy Workplace Promotion* CWHP had been implemented across North America, used by governmental and private agencies, and gave clear and thorough advice on management involvement in the process and perhaps just as importantly was warmly welcomed by the LA. In addition the researcher had been trained in the programme.

Furthermore, CWHP had been replicated throughout Canada and in a number of states in USA. The programme had been used as a prime leader in improving workplace health, also in achieving financial and other manpower benefits and the management concepts can be applied in a range of settings and not just in the workplace.

The research demonstrated how the CWHP met the criteria of model programmes as set out in Chapter 3. Furthermore as CWHP had been successfully applied in a wide variety of workplace settings and following a wide range of discussions within the LA it was welcomed by staff and managers alike.

### **9.2.5 The assessment of managerial capability**

The researcher was also aware from investigations in the organisation that the CMT members had not previously been engaged in a project of this type. Furthermore Chapter 4 highlighted how successful organisations that need to achieve fast moving changes must be able to create a learning system where single



and double-loop approaches are used as and when appropriate organisational learning was developed. As noted previously, the LA was conditioned by the context in which the organisation operated e.g. the characteristics of the organisation and its environment. In assessing the role of CMT the researcher noted how CMT operated under a rational/classical approach which prescribed decision-making and control based upon clear, well defined organisational structures, analytical techniques and the regulated motivation of people. The underlying assumption of the classical approach to organisational change was that it involved a series of predictable, reducible steps that enabled senior management to establish a new work order and routines.

Such findings concerned the researcher and this concern was compounded by a refusal of the LA to discuss possible ways forward to address the previously agreed programme. This was the first time there were difficulties in the research programme.

### **9.3 Difficulties that arose in the research**

In initial discussions it had been agreed that the researcher would have access to the CEO and also with the Chairman of the LA to discuss progress, identify problems and seek out solutions. The researcher continued to press for a meeting with the CEO to discuss these concerns and to discuss if the research should continue. On each occasion the request was refused and this was also the position when a planned meeting with the Chair of the LA was cancelled without any discussion with the researcher or reason provided. This dichotomy of delivering change processes within a bureaucratic organisation was raised with senior management throughout the research process but with little effect.

In spite of the above the research programme has proved to be successful in a number of areas in the project; yet overall this was not the case. There are a number of reasons for this situation.

First of all, the researcher, as reported above, had a number of concerns regarding the capacity of senior managers to manage the proposed change and the problem created when CMT refused to discuss the situation. Promises made to hold meetings on a regular basis did not take materialise and as a consequence the Draft Report from the stress/satisfaction survey to the CMT created friction and an unwillingness of the CMT to co-operate with the researcher. In fact the contents of the Report were presented to CMT [without the knowledge of the researcher] and the recommendation that CMT should look to outside help to seek advice was rejected. As a result CWHP was curtailed.

### **9.4 Issues arising from the research**

Numerous writers including (Argent (2009), Clegg et al (2005); Davidson and De Marco (1999); Grey (2005); and Lanning (2001) and others have criticised the number of failures in change management programmes and many different reasons have been suggested as to the cause. There is no single idea that can explain this phenomenon and each programme has something to add to the debate. In the project under review there are both successes and failures. These include the following:

In summary support for the project was:

- a. **The CMT** displayed strong support for the project and a willingness to address issues rose.
- b. **Focus groups** were also supportive of both the process of the research programme and keen to participate in the debate and decision making process.
- c. **Undertake a stress/satisfaction survey** throughout the LA's workforce and subsequently to consult with management and staff on how best the results from the survey could be utilised: The survey that was based on the CWHP and highlights how stress and satisfaction of the staff could be evaluated and as such could be used to develop the HWS. The exercise was successful on all issues addressed.

**However**

- d. **The reaction of the CMT to the recommendation to secure external support** highlighted the defensive actions of senior managers and also the power of CMT to block initiatives.
- e. **A review of management capability in relation to Organisational Learning Mechanisms (OLM's)** identified that CMT was not, at the time of the research display the managerial capabilities to manage the programme successfully and is the review of OLM's had been assessed at the beginning rather than end of the project the decision not to proceed could have been made earlier and saved resources.

#### **9.4.1 Lesson(s) from the above**

A review of the project confirms the CMT was very supportive of the aims and objectives of the research for the major part of the project when a rational management approach was used. However, the proposal to introduce the emergent management approach encouraged a defensive stance from CMT. CMT possessed the authority to refuse to discuss or even consider any alternatives and this is exactly what happened. This resulted in the suspension of the research project which in turn led to disappointment among LA staff.

In relation to organisational change, two main philosophies have dominated managerial thinking, the rational and the emergent approaches, see above for detail. Whereas the classical (rational) approach was particularly appropriate for the current bureaucracy model of the LA, the learning organisation approach, as proposed for the development and adoption of the healthy workplace programme, is suited to the emergent approach.

### **9.5 Summary**

The research highlights that the emergent underlying philosophy of the 'commercial' model of CWHP ill-fits the highly bureaucratic structure of the LA. Consequently, with the advantage of hindsight, a successful outcome to the research can now be seen as probably having been unlikely, though clearly this was not the case when the research began.. This controversy arose from the early stages of the project when by refusing to discuss such matters with the researcher, CMT failed to identify existing problems and to address the issues raised.

This failure of the CMT provides a response to the research question which considered ‘to what extent (is) it possible for a model of good practice from a commercial environment to be applied and successfully replicated in a local authority in England?’ The research highlights how the conflict of management philosophies and the power base of CMT made it extremely unlikely that a model of good practice from a commercial environment could be applied and successfully replicated in a local authority in England. This research clearly shows that the mismatch of existing structures, rules and individual power bases with the requirements of a change management methodology involving an emergent approach make it extremely unlikely that a model of good practice from a commercial environment can be applied and successfully replicated in a local authority in England. Clearly, this is not necessarily replicable across other LAs as this was a case study with only one LA involved, but it may well be that the lessons learnt from this research will provide useful support and knowledge for similar or other interventions in other LAs.

The aim of the research ‘to explore the implementation of a commercial model of good practice in healthy workplaces in an English LA’ has been addressed in part only; as earlier chapters have indicated, the LA did not seek to pursue actual implementation because of the managerial changes that it would entail

It is difficult to understand how what seems to be an obvious error in management operations could take place in this way. As outlined in Chapter 4 such incidents are not scarce. The lesson to be learnt is that prior to undertaking any major project it is essential to plan the programme, assess the resources required and employ the management philosophy that fits the task at hand.

Finally, evidence strongly recommends that managers, just as anyone making a major change, need training when embarking on new challenges. Put simply organisations cannot decide to ‘cope’ with rapid change without added resources. This especially important if the organisation in question operates in a highly bureaucratic style of management and rapid change is sought. There is a plethora of ‘planning for change programmes’ but no one programme can meet the needs for all eventualities. However, we can learn from this research by having a clear picture of the intended results, close collaboration throughout the organisation, a model of good practice in the area under study and the use of management philosophies that have synergy for the change process under review.

## Bibliography

1. Aaron, T. (1995) *Stress management approaches for small businesses: A comprehensive review from a health promotion perspective*. Toronto: University of Toronto.
2. *A critical review of psychosocial hazard measures*. Contract Research Report 356/2001. Health and Safety Executive. Norwich: HMSO.
3. Alder, P. S., and Cole, R.E. (1993) Designing for learning: A tale of two auto plants. *Sloan Management Review*, 34, 85-94
4. Alison, G.T. (1971) *Essence of Decision Making: Explaining the Cuban Missile Crisis*. Boston: Little Brown.
5. Allaire, Y., and Firsirotu, M. E. (1984) Theories of Organisational Culture. *Organisational Studies*, 5(3): 193-226
6. Abrahamson, E. (2000). Change without Pain. *Harvard Business Review*, July-August 2000: 75-79.
7. Applegate, L. (1995) Managing in an Information Age: Organisational Challenges and Opportunities. *Harvard Business School Paper No. 9-196-002*.
8. Argyris, C. (1982) *Reasoning, Learning and Action*. San Francisco, Jossey-Bass
9. Argyris, C. (1993) *Knowledge for Action: A Guide to Overcoming Barriers in Organisational Change*. San Francisco, Jossey-Boss
10. Argyris, C. (1999) *On Organisational Learning* (Second edition). Oxford: Blackwell Publishing Ltd.
11. Argyris, C., and Schon, D. (1974) *Theory in Practice*. Reading, MA: Addison-Wesley
12. Argyris, C. and Schon, D. (1978) *Organisational Learning: A theory of action perspective*. Reading: Addison-Wesley
13. Aust, B, Ducki, A. Comprehensive health promotion interventions at the workplace: experiences with health circles in Germany. *Organisational Learning: A theory of action perspective 2004*; 9(3):258-270
14. Baird, L., Henderson, J.C., and Watts, S. (1997) Learning from action: An analysis of the Center for Army Lessons Learned (CALL), *Human Resource Management*, 36, 385-395.
15. Baker, F., and Green, G. M. (1991) Work health and productivity: An overview. In: G.M. Green & F. Baker, eds. *Work, Health and Productivity*, New York: Oxford University Press.
16. Bansal, A, Monnier, J, Hobfoll, S. E. & Stone, B. (2000). Comparing men and women's loss of perceived social and work resources following spsychol distress. *Journal of Social and Personal Relationships* 17 265–81 17.
17. Barnes, P. (1997) *Life as a 'coiled spring.'* *Unpublished Doctoral Dissertation*. Australia: Griffiths University
18. Barker, B. (1998). The Identification of Factors Affecting Change towards Best Practice in Manufacturing Organisations. *Management Decision* 36/8: 549-556
19. Baum F. Health development and empowerment: communities and individuals. In: *The New Public Health*. 2nd ed. New York: Oxford University Press, 2002:342-79
20. Becker, F. (2000) *Offices That Work: Balancing Cost, Flexibility, and Communication*. New York: Cornell University International Workplace Studies Program (IWSP)

21. Beer, S. (1995) *The Brain of the Firm* (2nd edit) New York, John Wiley
22. Bertera, R.L. (1990) Planning and implementing health promotion in the workplace: A case study of the Du Pont Company experience. *Health Education Quarterly* 17, 307-327.
23. Biener, L., De Pue, J.D., Emmons, K.M., Linnan, L. & Abrams, D.B.(1994). Recruitment of work sites to a health promotion research trial: Implications for generalizability. *Journal of Occupational Medicine*, 36, 631-636.
24. Binney, G. & Williams C (1995) *Leaning into the future; Changing the way people change organisations*. London: Nicholas Brierley Publishing.
25. Bohm, D. (1990) *On Dialogue*, Ojai, CA: David Rohm Seminars
26. Bond, FW. Getting the balance right: the need for a comprehensive approach to occupational health: *Work & Stress*. 2004; 18:146-8
27. Bonde, J. P. (2008). Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occup Environ Med*, 65(7), 438-445.
28. Bosma, H., Peter, R., Siegrist, J. and Marmot, M. (1988) Two Alternative Job Stress Models and the Risk of Coronary Heart Disease. *American Journal of Public Health* 88(1) 68-74
29. Bowman, E. (1994) *Next Steps for Corporate Strategy, Advances in strategic management*. In Shrivastava, P., Stubbart, C., Huff, A., and Dutton, J, eds: *Advances in Strategic Management*, Vol. 12A, Greenwich CT.: JAI Press Greenwich, Conn:
30. Bray, J.W., Zarkin, G.A., Dennis, M.L., and French, M.T. (2000) Symptoms of dependence, multiple substance use and labor market outcomes. *American Journal of Drug and Alcohol Abuse*, 26 (1) 77-95.
31. Burnes, B. (2000) *Managing Change: A Strategic Approach to Organisational Dynamics* 3rd edn. London: Pitman.
32. Burke, W.W. (2002). *Organisational Change*. Thousand Oaks: CA: Sage
33. Byrne, T., *Local Government in Britain* (2000). London. Penguin
34. Cahill, J, Psychosocial aspects of interventions in occupational safety and health: *American Journal on Industrial Medicine* 1996; 29 (4); 308-313
35. Cartwright, S. and Cooper, C. (1997) *Managing Workplace Stress*. Thousand Oaks: Sage.
36. Cawsey, T. and Deszca, G, (2007) *Toolkit for Organisational Change*. Thousand Oaks: CA: Sage.
37. Champey, J. (1997) *Preparing for Organisational Change: The organisation of the future*. San Francisco: Jossey Bass.
38. Clegg, S., Kornberger, M. and Pitsis, T (2005) *Managing and organisations: An introduction to theory and practice*. London: Sage
39. Clegg, S., Courpasson, D. and Phillips, N. (2006) *Power and Organisations*. London. Sage
40. Conrad, P. (1988) Worksite health promotion: the social context. *Social Science and Medicine* 26 (5), 485-489.
41. Cooper, C.L. (1998) The Psychological Implications of the Changing Nature of Work. *Royal Society of Arts Journal*, 1, 71-84

42. Cooper, C.L. Dewey, P, J, O'Driscoll, M, P. Organizational interventions: In Organizational stress, a review and critique of theory, research and applications. Thousand Oaks: Sage Publications 2001. 187-251
43. Coughlan M, Cronin P, Ryan F (2007) Step-by-step guide to critiquing research. Part 1: Quantitative research. *Br J Nurs* 16(11): 658–63 42.
44. Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. St Leonards, New York
45. Czarniawska, B, and Joerges, B. (1996). Travels of ideas. In Czarniawska, B, Sevón, G, eds. (1996). *Translating Organisational Change*. New York:
46. Dawson, P. (2003) *Reshaping Change: a processual perspective*. London: Routledge
47. Dooner, B. (1990) Achieving a healthier workplace: Organisational and individual health. *Health Promotion*, (29) 3, 2-6.
48. Dougherty, D. and Corse, S. (1995) "When it comes to product innovation what is so bad about bureaucracy? *Journal of High Technology Management Research*, 6: 55-76
49. Dunnagan, T., Peterson, M. & Haynes, G. (2001). Mental health issues in the workplace: a case for a new managerial approach. *The Journal of Occupational and Environmental Medicine* 43 (12) 1, 73–80
50. Dunphy, D., Griffiths, A. and Benn, S. (2003) *Organisational Change for Corporate Sustainability*. London: Routledge
51. Dymowski, E.V. and Saake, P.H. (1992) Strategic planning, *The Internal Auditor*, Vol. 49, No. 6: pp 18-23
52. Eakin, J. & Weir, N. (1995) Canadian approaches to the promotion of health in small workplaces. *Canadian Journal of Public Health*, 86, 109-113.
53. Eakin, J. (2000) Commentary. In: Polanyi, M., Frank, J., Shannon, H., Sullivan, T. and Lavis, J. Promoting the determinants of good health in the workplace: In: Poland, B., Green, L. and Rootman, I. eds. *Settings for health promotion: linking theory and practice*. Thousand Oaks: California: Sage, pp 166-174.
54. Eichelberger, K. A. (1994). Leading Change through Projects. *Quality Progress*, Vol. 27, No. 1: 87-90
55. Eklof M. Ingelgard A, Hagberg M. Is participative ergonomics associated with better working environment and health? A study among Swedish white-collar VDU users; *Int. Journal of Ind. Ergonomics*. 2004; 34:355-66
56. Ellis, S. and Shpielberg, N. (2003) Organisational learning mechanisms and managers' perceived uncertainty. *Human Relations*, 56 (10), 1233-1254.
57. Ellram, L. M. (1996). The Use of the Case Study Method in Logistics Research: *Journal of Business*
58. Englehardt, C.S., and Simmons, P.R. (2002) Organisational flexibility for a changing world. *Leadership and Organisational Development Journal*, 23(3/4), 113-121
59. European Agency for Safety and Health at Work (2001) *How to reduce workplace accidents* Luxembourg: Office for Official Publications of the European Communities.
60. European Agency for Safety and Health at Work (2002a) *Recognition schemes in occupational safety and health*. Luxembourg: Office for Official Publications of the European Communities.
61. European Agency for Health and Safety at Work (2002 b). *How to Tackle Psychosocial Issues and Reduce Work Related Stress*. Luxembourg: OPOCE

62. European Agency for Safety and Health at Work (2003) *Improving occupational safety and health in SMEs: examples of effective assistance* Luxembourg: Office for Official Publication of the European Communities
63. European Agency for Safety and Health at Work, (2004)
64. Espejo, R., Schumann, W., Schwaninger, M. and Bilello, U (1996) *Organisational Transformation and Learning: A Cybernetic Approach to Management and Organisation* New York. John Wiley & Sons
65. Fish, D and Twinn, S. (1997) *Quality Clinical Supervision in the Health Care Professions: Principled Approaches to Practice*. Butterworth Heinemann, Oxford
66. Fries, J.F., Koop, C.E., Beadle, C.E., Cooper, P.P., England, M.J, Greaves, R.F., Sokolov, J.J. Wright, D.D. & Health Project Consortium. (1993) Reducing health care costs by reducing the need and demand for medical services. *New England Journal of Medicine*, 329, 321-325.
67. Fries, J., Harrington, H., Edwards, R., Kent, L. & Richardson, N. (1994). Randomised controlled trial of cost reductions from a health education program: the California Public Employees' Retirement System (PERS) study. *American Journal of Health Promotion* 8 216-23
68. Fries, J. F., Koop, C. E., Sokolov, J., Beadle, C. E. & Wright, D. (1998). Beyond health promotion: reducing need and demand for medical care. *Health Affairs* 17 (2)70-84.
69. Gabriel Y. (2000) *Storytelling in Organisations*, Oxford: Oxford University Press
70. Gabriel, Y., Fineman, S. and Sims, D. (2000) *Organizing and Organisations (2nd edition)* London: Sage
71. Galbraith, J. K. (1969): *The New Industrial State*, Hammondsworth: Penguin
72. Gergen, K. (2001) Psychological science in a postmodern context. *American Psychologist*, 56(10), 803-13
73. Geroski, P. and Gregg, P. (1994) Corporate restructuring in the UK during the recession', *Business Strategy Review*, 5 (2) summer: 1-19
74. Giga, S, I, Noblet, A, J. Faragher, B, Cooper, C, L. The UK perspective: A review of research on organisational stress management interventions. *Australian Psychologist* 2003; 38:158-164
75. Goetzel, R. ,Pei, X., Tabrizi, M., Henke, R., Kowlessar, N., Nelson, C., and Metz, R.,(2012). Ten Modifiable Health Risk Factors Are Linked To More Than One-Fifth of Employer-Employee Health Care Spending. *Health Affairs* (2012)
76. Goodstein, L. D. and Burke, W.W. (1997). *Creating Successful Organisation Change*. In Carnall, C. A. Strategic Change: 159-173. Oxford: Butterworth-Heinemann.
77. Grawitch, Matthew J.; Ledford Jr., Gerald E.; Ballard, David W.; Barber, Larissa K.(2009). Leading the healthy workforce: The integral role of employee involvement, *Consulting Psychology Journal: Practice and Research*, Vol 61(2), Jun 2009, 122-135
78. Greenberg, P. E., Stiglen, L. E., Finklestein, S. N. & Bernt, E. R. (1993). Depression: a neglected major illness: *Journal of Clinical Psychiatry* 54 419-24. Health and Safety Executive (2001) *Working Days Lost*. London: Health and Safety Executive.
79. Greenberg, E.S., and Grunberg, L. (1995) Work alienation and problem alcohol behaviour. *Journal of Health and Social Behavior* 36 (March): 83-102.
80. Grey, C. (2005) *A Very Short, Fairly Interesting and Reasonably Cheap Book about Studying Organisations*. London. Sage

81. Gummesson, E. (1993). *Case Study Research in Management: Methods for Generating Qualitative Data, Second revised version of unpublished preliminary script*. Stockholm University, Department of Business Administration
82. Grunberg, Leon, Moore, Sarah Y; Greenberg, Edward (2001): Differences in psychological and physical health among layoff survivors: The effect of layoff contact. *Journal of Occupational Health Psychology*, Vol 6(1), Jan 2001, 15-25
83. Hagberg, M., Silverstein, B., Wells, R., Smith, M. J., Hendrick, H.W., Carayon, P, and Perusse, M. (1995): *Work related musculoskeletal disorder (WMSDs): A reference book for prevention*. London: Taylor and Francis
84. Haperin, W, E, The role of surveillance in the hierarchy of prevention. *American Journal of Industrial Medicine* 1996; 29: 321-323
85. Hani (2009). Replication Study: Retrieved 02 Mar. 2012 from Experiment Resources: <http://www.experiment-resources.com/replication-study.html>
86. Hart, E. & Bond, M. (1995) *Action Research for Health and Social Care: A Guide to Practice*. Buckingham, Philadelphia: Open University Press.
87. Hatch, M, J., (1997) *Organisational Theory*, Oxford. Oxford University Press
88. Health and Safety Commission (1999). *A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*: London: Health and Safety Executive.
89. Health and Safety Executive (2001) *Working Days Lost*. London: Health and Safety Executive
90. *Healthy Work: managing stress in the workplace*. (2003) Occupational Safety and Health Service, Department of Labour, Wellington: New Zealand.
91. Healthy Workplace Initiative (1999) [www.ohn.gov.uk/ohn/ohn.htm](http://www.ohn.gov.uk/ohn/ohn.htm): acc.5.5.2011
92. Henry, J. and Mayle, D. (eds) 2002 *Managing innovation and change* (2nd Edition) London, Open University
93. Hopkinson, P. J., Carson, J., Brown, D., Fagin, L., Bartlett, H. & Leary, J. (1998). Occupational stress and community mental health nursing: What CPNs really said: *Journal of Advanced Nursing* **27** 707–12
94. Hosman, C. and Engels, C. (1999) The Value of Model Programmes in Mental Health Promotion and Mental Disorder Prevention: *International Journal of Mental Health Promotion* **1**. 3 4-17
95. Huber, G.P., Sutcliffe, K.M., Miller, C.C. and Glick, W.H. (1993) Understanding and predicting organisational change: In Huber, G.P., Glick, W.H., (eds.) 1993 *Organisational Change and Redesign* New York: Oxford University Press.
96. Harrell, J, J., Murphy, L, R. Occupational stress intervention. *American Journal of Industrial Medicine* 1996; 29: 338-241
97. Issacs, W., (1993) Dialogue, Collective Thinking and Organisational learning. *Organisational Dynamics*. 1993.22.2 p24-39
98. Jafee, D. (2001) *Organisational Theory: Tension and change*. New York: McGraw-Hill
99. Järvenpää, E. and Eloranta, E. (2000). *Organisational Culture and Organisational Development*. In W. Karwowski (Ed.) *International Encyclopedia of Ergonomics and Human Factors*. Taylor and Francis Inc



100. Jarrar, Y and Zaire, M. (2000): Best practice transfer for future competitiveness: a study of best practices. *Total Quality Management*, Vol. 11.
101. Jarrar, Y. and Zaire M. (2010) Best Practice Transfer for Future Competitiveness. European centre for Best Practice Management
102. Johnson, J.V., Stewart, W., Hall, E. M., Fredlund, P and Theorell, T. (1996) Long-term psychosocial work environment and cardiovascular mortality among Swedish men. *American Journal Public Health* 86 (3):324-31116.
103. Jones, A.M. and Hendry, (1992). *The Learning Organisation: A Review of Literature and Practice*, Coventry. Warwick Business School, University of Warwick: *American Journal Public Health* 86 (3):324
104. Kam Weng, B. (1998). Coping and family relationships in stress resistance: a study of job satisfaction of nurses in Singapore. *International Journal of Nursing Studies* 35 353–61.
105. Kanter, R.M. (1988) “When a thousand flowers bloom.” in *Research in Organisational Behavior* Greenwich. CT JAI Press. pp 169-211
106. Kanter, R.M., Stein, B. A., and Jick, T. D. (1992): *The Challenge of Organisational Change: How companies experience it and leaders guide it*. New York: Free Press
107. Kaplin, M. and Rankin, T. (1993) *Quantitative measures from organisations undergoing major changes in the way work is performed: a survey of 18 Canadian workplaces*. Government of Ontario: Toronto.
108. Kaplan, R. S. and Norton, D. P. (2001). *The Strategy Focused Organisation – How Balanced Scorecard Companies Thrive in the New Business Environment*. Boston, Harvard Business School Press
109. Karasek, R. (1979) Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24 285-308.
110. Karasek, R. and Theorell, T. (1990) *Healthy Work Stress, productivity and the reconstruction of working life*. New York: Basic Books Inc.
111. Keiser, A. (2002). From asceticism to administration and wealth: mediaeval monasteries and the pitfalls of rationalisation. In S.R. Clegg (Ed.) *Central currents in organisational studies 1: frameworks and applications* (Vol.1) 120-140. London. Sage
112. Kobayashi, Y, Takeuchi, K, Stress management in European countries and US. *Sangyo Eiseigaku Zasshi* (2002); 44 (1)1-5
113. Kolb, D. A. (with J. Osland and I. Rubin) (1995) *Organisational Behavior: An Experiential Approach to Human Behavior in Organisations*: Englewood Cliffs, NJ: Prentice Hall.
114. Kompier, M, A, Aust, B, van den Berg, Seigrist, J. Stress prevention in bus drivers: evaluation of 13 natural experiments. *Journal of Occupational Health Psychology* (2000); 5(1):11-31
115. Korth, S., J. Single and double-loop learning: Exploring potential influence of cognitive style. *Organisation Development Journal*, Fall 2000
116. Kotter, J. P. (1996). *Leading Change*, Cambridge, MA: Harvard Business School Press.
117. Kristensen, T, S. Workplace intervention studies. In Schnall P, I, Belk, K, Lansbergis, P, Baker, D. (Editors). *State of the art reviews in occupational medicine: The workplace and cardiovascular disease*. Philadelphia: Hanley and Belfus (2000).

118. LaMontagne AD, Keegel T, Vallance D. (2007) Protecting and promoting mental health in the workplace: developing a systems approach to job stress. *Health Promotion Journal Australia*. (2007) Dec; 18(3):221-8.
119. LaMontagne, A. D., Keegel, T., Louie, A. M., Ostry, A., & Landsbergis, P. A. (2007). A systematic review of the job stress intervention evaluation literature: 1990—2005. *Intl J Occup & Environ Health*, 13(3), 268-280.
120. LaMontagne, A.D., Keegel, T., Shann, C and D'Souza R (2013): An integrated approach to workplace mental health: an Australian feasibility study. *International Journal of Mental Health Promotion*
121. Lanning, H., Kutilainen, P. and Salminen, A. (1998). Change Project Manager's Handbook: an Effective Tool for Change Project Management. *The Proceedings of PMI'98 Congress*.
122. Lanning, H., Roiha, M. and Salminen, A. (1999). *Guide Book to Change – How to Develop an Organisations in an effective and controlled Manner*. Helsinki: Kauppakaari Oyj
123. Lanning, H. (2001) *Planning and Implementing Change in Organisations- A construct for managing change projects*. PhD Thesis. Helsinki University of Technology (HUT) Finland.
124. Lant, T.K., Stephen J., Mezias. Managing Discontinuous Change: A Simulation Study of Organisational Learning and Entrepreneurship. *Strategic Management Journal*, 1990
125. Leavitt, B. and March, J. (1988) Organisational Learning, *Annual Review of Sociology*, 14:319-40
126. Lindstrom, K, Schrey ,K, Ahonen, G, Kaleva, S. Is participative ergonomics associated with better working environment and health? A study among Swedish white collar VDU users. *International Journal of Industrial Ergonomics* 2004; 34(5): 355-366
127. Lindstrom, K, Schrey ,K, Ahonen, G, Kaleva, S. Is participative ergonomics associated with better working environment and health? A study among Swedish white collar VDU users. *International Journal of Industrial Ergonomics* 2004; 34(5): 355-366
128. Lipshitz, R., and Strauss, O. (1997) Coping with uncertainty: A naturalistic decision- making analysis. *Organisational Behavior and Human Decision Processes*, 69,149-163
129. Lipshitz, R., and Popper, M. (2000) Organisational learning in a hospital. *Journal of Applied Behavioral Science*, 36, 345-361.
130. Lipshitz, R., Friedman, V. J. and Popper, M. (2007) *Demystifying Organisational Learning*. Thousand Oaks: CA.: Sage
131. Lorenzi, N, M. and Riley, R.T. (2003) Organisational issues = change. *International Journal of Medical Informatics* 69 (2003) 197-203
132. Macy, B. A., and Izumi, H. (1993) Organisational change, design and work organisation: a metaanalysis. In: Woodman, R.W. and Pasmore, W. eds. *Research in Organisational Change and Development Vol. 7*. Connecticut: J.A.I. Press Inc
133. Marmot, M., Smith Davey, G., Stansfield, S., Patel, C., North, F., Head, J., White, I., Brunner, E. and Feeney, A. (1991) Health inequalities among British civil servants: The Whitehall 11 Study. *The Lancet*, 337 1387-1393.
134. Matthews, K.A., Cottington, E.M., Talbot, E., Kuller, L.H. and Siegel, J.M. (1987) Stressful work conditions and diastolic blood pressure among blue collar factory workers. *American Journal of Epidemiology* 126 (2): 280-291.
135. McEwan, B.S. (1998) Seminars in Medicine of the Beth Israel Deaconess Medical Center: protective and damaging effects of stress mediators. *New England Journal of Medicine*

136. McElroy, M.W, (1999) *Double-Double-Loop Knowledge Management: A White Paper*. IBM Knowledge Management Consulting Practice, August, 1999 (v.3) *cine* 338.3, 171-179
137. Mental Health in the Workplace: *Tackling the effects of stress*. (2003) London: Mental Health Foundation
138. Michie, S, Williams, Reducing work related psychological ill health and sickness absence: a systematic review. *Occupational Environmental Medicine* 2003; 60; 10-15
139. Miles, R. E., Coleman, H. J., and Creed, W. E. 1995. Keys to Success in Corporate Redesign *California Management Review*, vol. 37, No. 3:128-145 . 148. Miller, B (1999) *Australian Journal of Management & Organisational Behaviour*, 2(10), pp 9 -18.
140. Millett, B (2000) Understanding Organisations: The basis for managing change *Australian Journal of Management and Organisational Behaviour*, 2 (1), 9-18
141. Morgan, G. (1993) *Imaginization: the Art of Creative Management*. London: Sage
142. Morgan, G. (1997) *Images of Organisation* Beverley Hills: Sage.
143. Mullins, L.J. (1999) *Management and Organisational Behaviour* 5th Edition. London: Pitman
144. Murphy, L,R. *Stress management in work settings: A critical review of the health effects*. *American Journal of Health promotion* 1996; 11: 112-135
145. Noblet, A. *Workplace health*. In: Keleher H, Murphy B (Eds), *Understanding Health: A Determinants Approach*. South Melbourne, Vic, Australia: *Oxford University Press*, 2004:305-
146. Noblet, A. Building health promoting work settings: identifying the relationship between work characteristics and occupational stress in Australia. *Health Promotion Int.* 2003; 18:351-9
147. *OSS Prevention Programme Evaluation Report* (1997) Wellington. New Zealand
148. *Organisational Stress Audit (1999)* Lancaster, R.J. Pilkington, A. and Graveling, R: Health Education Board for Scotland and the Health and Safety Executive
149. Paterniti, S., Niedhammer, I., Lang, T. & Consoli, S. M. (2002). Psychosocial factors at work: Personality traits and depressive symptoms: longitudinal results from the GAZEL study. *British Journal of Psychiatry* **181** 111–7.
150. Paredes-Japa, D. (1999). Mental health: managing stress in the workplace. *Philippine Daily Inquirer* 31 May
151. Parkes, K, R., and Sparkes, T. Organizational interventions to reduce work stress: are they effective? A review of the literature. *Contract Research Report 193/198*. Norwich, UK: *Health and Safety Executive Books*; 1998
152. Parrot, S., Godfrey, C., and Raw, M. (2000) Costs of employee smoking in the Workplace in Scotland. *Tobacco Control*, (2), 187-192
153. Paton, R, A., and McCalman, J. (2000) *Change Management. A guide to effective implementation*. London: Sage 2nd edit.
154. Pelletier, K. R. & Lutz, R. (1989). Mindbody goes to work: A critical review of stress management in the workplace. *Advances* **1** 28–34.
155. Pelletier, K. (1991). A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programmes at the worksite. *Americ. Journal of Health Promotion* **5** 311–5.

156. Pérez Ríos, J. (2008). Supporting Organisational Cybernetics by Communication and Information Technologies (VSMoD®): Organisational Cybernetics in focus. Perez Rios, J. and Schwaninger, M. (Guest editors). *International Journal of Applied Systemic Studies (IJASS)* Vol. 2, Nos. 1/2, pp.:48-65. ISSN: 1751-0589.
157. Pfeffer, J. (2002) Competitive advantage through people. In: Henry, J. and Mayle, D. (eds) (2002) *Managing innovation and change* (2nd Edition) London, Open University
158. Polanyi, M. F.D., Cole, D.C., Beaton, C.E., Chung, J., Wells, R., Abdoell, M., Beech-Hawley, L., Ferrier, S.E., Mondlock, M.V., Shields, S. A., Smith, J.M., and Shannon, H.S. (1997) Upper Limb Work-Related Musculoskeletal Disorders among Newspaper Employees: cross sectional survey results. *American Journal of Industrial Medicine* 32: 620-628
159. Polanyi, M. F.D., Frank, J., Shannon, H., Sullivan, T. and Lavis, J. (2000) Promoting the determinants of good health in the workplace. (In Poland, B., Green, L. Rootman, (eds). *Settings for health promotion: linking theory and practice*. Thousand Oaks: California: Sage, 138-15
160. Porras, J.I., Robertson, P.J., (1992) Organisational development: theory, practice, research. Handbook of Organisational Psychology (Ed). M.D., Dunnette, L.M., Hough, 3:719.822 Palo Alto, Ca: Consult. Psychol. Press (2nd Edit)
161. Prokesch, S.E. (1997) Unleashing the power of learning; An interview with British Petroleum's John Browne: *Harvard Business Review*, 75(5) 147-168
162. Pugh, D and Hickson, D. (eds.) 1976) *Organisational Structure in its Context: The Aston Programme* Farnborough, Hants: Saxon House
163. Quinn, J., B. (1978) Strategic Change: Logical Incrementalism. *Sloan. Management Review*, no 20 (Fall): pp 7-21
164. Quinn, J. B. IBM 360. (1988). In: J.B. Quinn, H. Mintzberg and R.M. James (eds.) *The strategy process* (pp189-203), Englewood Cliffs, NJ, Prentice Hall.
165. Quinn, J., Mintzberg, H and James, R. M. B. (1991) *The Strategy Process: Concepts, contexts and cases*. Englewood Cliffs N.J: Prentice Hall.
166. Quinn, J, B, Anderson, P., and Finkelstein, S. (2002a) Managing Professional Intellect. In: Henry, J. and Mayle, D. (eds.) *Managing Innovation and Change*. Sage, London 86-98.
167. Quinn, J. B., Baruch, J.J., and Zein, K. A. (2002b) Intellect, Innovation and Growth. In: Henry, J. and Mayle, D.( Eds). *Managing Innovation and Change*. Sage, London, 5-22.
168. Rabin, S., Feldman, D. & Kaplan, Z. (1999). Stress and intervention strategies in mental health professionals. *British Journal of Medical Psychology* 72 159–69.
169. Ramon, S. and Hart, C. (2003) Promoting Mental Wellbeing In the Workplace: A British Case Study. *International Journal of Mental Health Promotion* 5 (2) pp 37-44
170. Rantanen, J. (1995) Division of health promotion, education and communication. In *Workers' Health Working Document*. Geneva: WHO Unit of Occupational Health.
171. Rapoport, R.N. "Three Dilemmas in Action Research," *Human Relations*, (23:4), 1970, pp. 499-513
172. Robbins, S. (2003) *Organisational Learning is No Accident*. Working knowledge for business leaders. 19.5.2003 Cambridge, MA: Harvard Business School
173. Robinson and Smallman, C. (2000), The Healthy Workplace? *The Judge Institute of Management Studies*, 3 March 2000.

174. Rush, B. (1995) *Program Evaluation and the Workplace Health System. What do comprehensive evaluations of health promoting programs in the workplace tell us about program effectiveness and cost efficiency?* Report prepared for Workplace Health Systems, Work and Health Promotion Unit, Health Promotion Directorate, Health Canada.
175. Scandura, T.A., and Williams, E.A. (2002)). Leadership in the Context of Psychological Contract Breach: The Role of Mentoring. L.L. Neider and C.A. Schriesheim (Eds.), *Research in Management*, Vol. 2. (pp. 167-195). Greenwich, CT: Information Age Publishing.
176. Schaffer, R. H. and Thomson, H. A. 1992. Successful Change Programs Begin with Results. *Harvard Business Review*, Vol. 70, No 1: 80 - 89. . 186. Schein, E. (1999) *Process consultation revisited*. New York: Addison-Wesley
177. Schon, D. (1983), *The Reflective Practitioner: How Professionals Think in Action*. New York. Basic Books
178. Schultz, Majken and Mary Jo Hatch. (1996) Living with Multiple Paradigms: The Case of Paradigm Interplay in Organisational Cultural Studies: *Academy of Management Review* 21:529-57
179. Senge, P. (1993) *The Fifth Discipline: The Art and Practice of the Learning Organisation*. New York, Doubleday
180. Shain, M. (1999) Stress and satisfaction: *Occupational Health and Safety*, Canada 15.3 April/May 38-47
181. Shain, M. (2000) The Fairness Connection. *Occupational Health and Safety*. Canada 16.4 June 22.3.
182. Shain, M. and Kramer, D. M. (2004). Health promotion in the workplace: Framing the concept; reviewing the evidence. *Occup Environ Med* 2004; 61; 643-648
183. Shannon, H.S., Walters, V., Lewchuk, W., Richardson, J., Moran, L.A., Haines, T., and Verma, D. (1996) Workplace organisational correlates of lost time accident rates in manufacturing, *American Journal of Industrial Medicine* 29: 258-268.
184. Shannon, H.S., Mayr, J. and Haines, T. (1997) Overview of the relationship between Organisational and Workplace Factors and Injury rates. *Safety Science* 26 (3) 201-217.
185. Siegrist, J. (1996) Adverse health effects of high-effort/low-reward conditions: *Journal of Occupational Health Psychology* 1996; 1:27-41
186. Siegrist, J, *International Centre for Health and Society Seminar Series* - 13 June 2001 - 5pm 'Social rewards and health
187. Siegrist, J., & Marmot, M. (2004). *Health inequalities and the psychosocial environment-two scientific challenges*. *Soc Sci Med*, 58(8), 1463-1473.
188. Seigrist, J, Stark, D, Chadolaq, T, Godin, I, Marmot, M, Niedhammer, I, et al. *The measurement of effort-reward imbalance at work. European comparisons*. *Soc Sci med*. 2004; 58: 1483-99
189. Sorensen, G, Stoddart, A, LaMontage, A, D, Hunt M, K, Emmons, K, Youngstrom, R, et al,. A comprehensive worksite cancer prevention intervention: behavior change results from a randomized controlled trial in manufacturing worksites *Cancer causes and control* 2002; 13(6): 493-502
190. Sorge, A. and van Witteloostuijn, A. (2004) *Organisational Studies* 25(7):1205-1231, Thousand Oaks, CA: Sage
191. Srikantia, P. and Pasmore, W. (1996) Conviction and doubt in organisational learning. *Journal of Organisational Change Management*, 9(1), 42-53.
192. Stacey, R. (1991) *The Chaos Frontier*. Oxford: Butterworth Heinemann.

193. Stake, R. (1995) *The Art of Case Study Research*. San Francisco: Sage
194. Stansfeld, S. A., & Candy, B. (2006). *Psychosocial work environment and mental health--a meta-analytic review*. *Scand J Work Environ Health*, 32(6), 443-462.
195. Stopford, J. M. (2001) Should strategy makers become dream weaver? *Harvard Business Review*, 79 (10), 165-169.
196. Tan, T.K., and Heracleous, L. (2001) Teaching old dogs new tricks: Implementing organisational learning in an Asian national police force, *Journal of Applied Behavioral Science*, 17(3), 361-380
197. Tarlov, A.R., (1996) Social determinants of health: the socio-biological translation. In: Blane, D., Brunner, E. and Wilkinson, R. eds. *Health and social organisations, Towards a health policy for the twenty first century*. New York: Routledge.
198. Tellis, W. (1997, July). Introduction to case study *The Qualitative Report* [On-line serial], 3(2).
199. Theorell, T., Tsutsumi, A., Hallquist, J., Reuterwall, C., Hogstedt, C., Fredlund, P., Emlund, N., Johnson, J.V. and the SHEEP Study Group (1997) Decision Latitude, Job Strain and Myocardial Infarction: a study of working men in Stockholm. *American Journal Public Health* 88 (3): 382-388.
200. Thompson, D., Edelsberg, J., Kinsey, K. L., and Oster, G. (1998) Estimated economic costs of obesity to US business. *American Journal of Health Promotion*, 13 (2), 120-127.
201. Tucker, A. and Edmondson, A. (2003) *Children's hospital and clinics (case 9-302-050)*. Boston: Harvard Business School Press
202. Turner, R. J. (1999) *The Handbook of Project Based Management*, 2nd edition. London: McGraw-Hill.
203. Tyler, T.R., Boeck, R.J., Smith, H.J. and Huo, H.Y. (1997) *Social justice in a diverse society*. Oxford: Westview Press.
204. Van de Van, A. (1986) Central problems in the management of innovation *Management Science*, 32 590-608
205. Warner, K.E., Wickizer, T.M., Wolfe, R.A., Schildroth, J.E. and Samuelson, M.H. (1988) Economic implications of workplace health promotion programs: Review of the literature: *Journal of Occupational Medicine*, 30, 106-112
206. Worksite health promotion programs in the United States: *Progress, lessons and challenges*. *Health Promotion International*, 5, 75-84.
207. *Work Stress and Health: the Whitehall II study* (2004) Council of Civil Service Unions/Cabinet Office, London
208. Yin, R. (2009). *Case study research: Design and methods* (4<sup>th</sup>ed.). Thousand Oaks, CA: Sage Publishing.

## **APPENDIX**

# Developing the Healthy Workplace Strategy

## Draft Summary Report

## **Summary**

1. Following discussions with representatives from senior management, the Consultant was contracted by the District Council, to provide advice and assistance on the development of a healthy workplace and the promotion of organisational capacity to manage on-going change.
2. Terms of reference were agreed and after discussions with staff a questionnaire was distributed for completion, on an anonymous and individual basis.
3. Some 560 questionnaires were completed and returned for analysis.
4. The overall results highlighted staff had a slightly positive perception of their employment and working conditions. However the results indicated there is opportunity for significant improvement. The results also illustrated the diverse range of responses to the questions. Although there are significant numbers of staff who have a very positive view of their employment there are similarly, numbers who have a very negative view.
5. The recommendations call for the establishment of a healthy workplace strategy, guided by a healthy workplace committee made up of representatives from different departments. The committee should be the responsibility of a senior officer who reports to the Chief Executive. It is also recommended that external management support be engaged to assist the Council to develop structures and systems to cultivate an organisational culture more centred upon participation, team working and partnerships.
6. Immediate issues to be addressed include:
  - establishing the healthy workplace infrastructure;
  - addressing the need for leadership and management training;
  - the development of effective communications;
  - a review of existing workplaces and equipment with a view to suggesting improvements;
  - determining the employee training and development needs to enable the healthy workplace overall goals to be achieved;
  - developing the infrastructure to support CMT in developing organisational capacity to manage on-going change;
  - the appointment of external management consultancy support



## **1. Introduction – The District Council: Developing the healthy workplace strategy.**

- 1.1 The District Council has affirmed that the creation of a safe, healthy and supportive work environment is a vital component for an effective organisation. The health of the Council's employees is essential not only for their wellbeing but for the efficiency of the work if the Council.
- 1.2 The formal process for developing the Healthy Workplace Strategy (HWS) began following ideas and priorities promoted by the Corporate Management Team. (CMT). A small "Implementation Group" with CMT nominees was brought together to explore how best such a strategy could be developed. As part of the programme a methodological review of change management processes would be undertaken in order to cultivate and incorporate a management culture with the capacity to meet the challenges faced by ongoing and increasing external pressures.
- 1.3 The decision was taken to seek external support to assist management and staff to meet these needs and develop the HWS as a core component of the Council's business strategy. The approach undertaken by the consultants is based upon a number of initiatives in this field including:
  - Health at Work in the NHS,
  - Standards for Workplace Health – Health Development Agency
  - Organisational Stress Health Audit – Health Education Board for Scotland
  - Developing the Quality of Workplace Health Promotion - the European Commission
  - Investing in Comprehensive Workplace Health Promotion – NQI Canada
  - Improving Working Lives – Department of Health
- 1.4 Although there are variations in the above there is a consensus that a healthy workplace programme is based upon the following steps or principles:
  - a broad based commitment of workers and management in all stages
  - a partnership which permits all participants to address a full range of issues
  - targeting of health issues which are a priority of workers
  - researchers to act as a technical resource and facilitator e.g. what works? what doesn't?
  - long term commitment and
  - evaluation

## **2. The consultancy brief**

- 2.1 The initial brief for the consultancy proposed the following objectives:
  - to assist the CMT to undertake a review of stress/satisfaction levels within the Council's workforce;
  - to produce a report summarising the findings of the review, including recommendations for how consultation will continue to be part of the process of developing and implementing the Healthy Workplace Strategy;
  - to prepare an operational plan detailing how the Strategy will be taken forward and monitored;
  - to assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy;
  - to review the management process in action and consider the impact of the existing policies, procedures and culture on the process.
  - to support CMT in developing organisational capacity to manage on-going change.
- 2.2 Discussions were held with the Implementation Group to clarify the extent to which the intention was for the consultancy project to act in an executive capacity. It was agreed that the main aim was to provide advice and information upon which the Council could base decisions and action. It was also agreed that a prime aim of the project was to seek the views of staff in relation to their perceptions of management processes and how such processes might be refined to incorporate staff health issues.

2.3 The key elements of this project were therefore to address:

- raising awareness of the project;
- how perceptions of ownership of the strategy could be improved across different stakeholders;
- assessing the levels of stress/satisfaction within the Council's workforce
- recommendations for the development and implementation of the HWS;
- assisting senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues.

### **3. How the project was undertaken**

- 3.1 The main approach was to undertake a stress/satisfaction survey throughout the Council's workforce and consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy.
- 3.2 Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed.
- 3.3 Subsequent meetings were held with CMT, the Implementation Group and members of staff, the latter including staff-side representatives. The discussions were structured around the HWS but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end result was an agreement about the way the project should continue.
- 3.4 All members of staff were invited to meet with the consultants who outlined the proposed process and invited comments. (Meetings were held with groups of staff in a variety of work locations.) Everyone who wished to see the consultants on an individual basis was accommodated and there was the opportunity for members of staff to contact the consultants by email, letter or telephone and anonymously.
- 3.5 In order to broaden out the range of those actively involved in the exercise, an agreed questionnaire (Appendix 1) was distributed to members of staff. 562 completed questionnaires from a workforce of some 800 wte were returned.
- 3.6 The completed questionnaires were analysed and results fed back to staff in a further series of meetings. Small focus groups were also arranged to encourage staff to offer comments on the findings, in an informal environment.
- 3.7 Staff were also invited to attend a series of more formal focus groups when issues of major importance, as identified by the results of the questionnaire, were discussed and analyses. A critical item for consideration by the focus groups was the need to highlight recommendations, to CMT, as to how the project could best be taken forward.
- 3.8 A report of the recommendations arising from the project was then delivered to CMT, the Implementation Group and a group of members of staff.
- 3.9 Constant feedback was provided to members of the Implementation Group, about the emerging findings in order to ensure that senior management would be closely involved in setting direction for the project.

### **4. The results of the consultation exercise: face to face discussions and group meetings**

- 7.1 The general impression from the discussions was that many people were appreciative of the fact that someone had come to speak to them, rather than consulting by questionnaire alone. The ability to clarify issues by asking questions and making suggestions was also felt to be helpful.

- 7.2 The majority of discussions and meetings were held in a very positive atmosphere and there were positive comments about the process of the project.
- 7.3 The main points to emerge were:
- there was a general willingness to be involved in the process;
  - staff felt that the initiative was to be commended;
  - a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming;
  - there was a general consensus that the results of the questionnaire addressed relevant staff issues;
  - a number of managers appeared to be defensive about the results;
  - certain senior managers appeared to have quite different perceptions, from the general workforce, about the organisation's ability to manage effectively;
  - focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process;
  - senior managers were very willing to promote the project aims and objectives.

## 5. The results of the consultation exercise: questionnaire survey

- 5.1 Questionnaire design was agreed following a review of literature in the field and after discussions with representatives of the Implementation Group. The provisional questionnaire was further modified after a focus group review (see DHWS Appendix 1).
- 5.2 The questionnaire consisted of 21 items that were designed to utilise a quantitative approach and in addition also provided the opportunity for qualitative analysis by encouraging individuals to highlight specific issues they felt important to the performance of their work.
- 5.3 Questions were set out in both positive and negative formats to reduce the likelihood of individuals merely ticking the same boxes without paying due attention to each question. "Scoring" was designed to ensure "positive" responses to all questions received a positive score.
- 5.4 Sample: 562 questionnaires were returned. The sample was made up of 304 males and 245 females. 13 people did not indicate their sex. Mean age for males was 41 years and 39 for females with std. deviations of 12 and 11 respectively. The majority of staff who completed the questionnaires have worked for the council for over three years while some 35% have over 10 years employment. It is considered that the sample returned is representative but the existing Personnel records of the Council are not able to provide appropriate details to fully confirm this fact. The questionnaire reliability was within criteria for research of this type.
- 5.5 *(Note: in the original report, an Appendix provided a detailed review of the questionnaire findings, with tables and charts. To avoid duplication and confusion these are now included within the main body of the Thesis.)*

Each question has a score of -2 to plus 2, making an overall score of +/- for the 21 questions. The overall average score was 4.6802, which indicates an overall satisfaction/stress level that was slightly above neutral.

[To put this into context a score of -42 represents a situation whereby stress levels are excessively high whereas a score of +42 illustrates optimum levels of satisfaction.

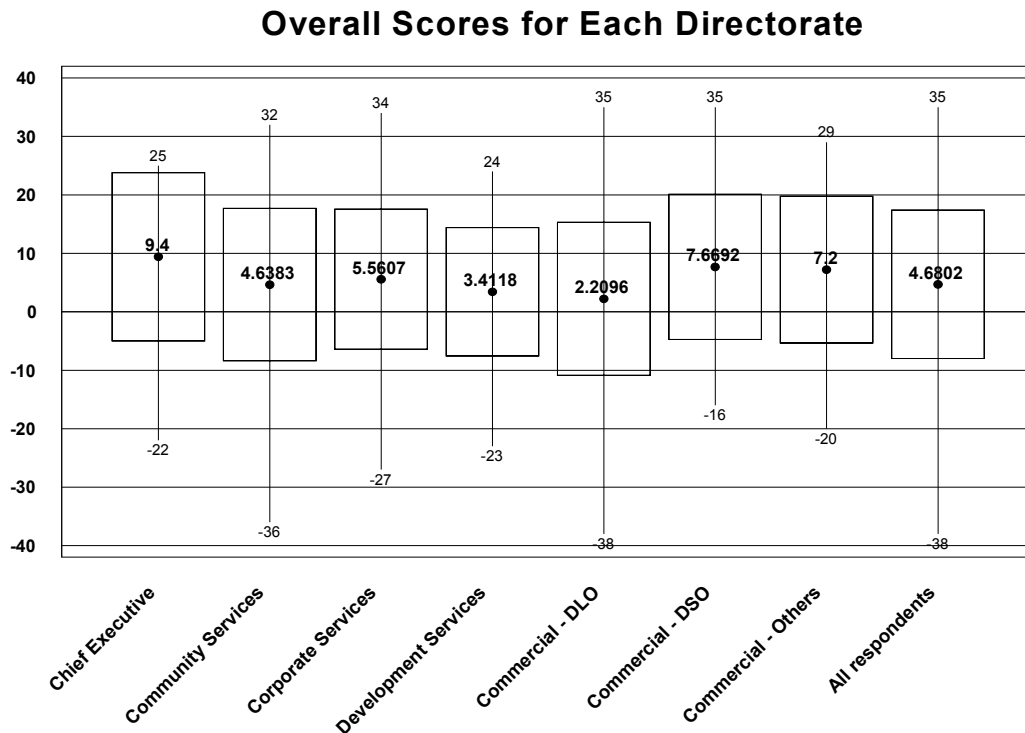
This scale is based upon extensive research which has been subsequently applied within a wide range of organisations by the National Quality Institute of Canada.

The more negative a score the more likely staff will be susceptible to a range of physical and psychological conditions.]

Figure 1, below gives the overall scores for each directorate, together with the average scores, the maximum and minimum scores of an individual, and an indication of the spread of the scores (standard deviation). These statistics are also shown graphically, with the boxes around the vertical lines indicating one standard deviation above and below the mean.

From the above we can see that all Directorates had a positive Satisfaction/Stress score but there is substantial room for improvement if a healthy workplace is to be fully developed.

**Figure 1: How healthy is the workplace?**



**Overall Scores for Each Directorate**

Directorate	Mean	N	Std. Deviation	Minimum	Maximum
0	-7.0000	6	16.48029	-37.00	5.00
Chief exec	9.4000	10	14.40833	-22.00	25.00
Community Services	4.6383	94	13.03828	-36.00	32.00
Corporate Services	5.5607	107	11.98913	-27.00	34.00
Development Services	3.4118	51	11.00759	-23.00	24.00
Commercial - DLO	2.2096	115	13.10416	-38.00	35.00
Commercial - DSO	7.6692	52	12.42527	-16.00	35.00
Commercial - Others	7.2000	50	12.56168	-20.00	29.00
Total	4.6802	485	12.71128	-38.00	35.00

- 5.6 It is also clear there is a large variation between the feelings of individual members of staff, even in the same directorate. For example, in the Commercial – DLO, Directorate there are wide differences between the views of individual members of staff. Although one member of staff was very satisfied with the workplace as they scored +35 another member of staff felt almost the opposite with a

personal score of -38. Even in a small Directorate e.g. Chief Executive, the variation between the feelings of individual members of staff varies from + 25 to -22.

5.7 An important issue to note is, even if staff generally feel slightly positive that The District Council provides a healthy workplace, there are substantial numbers of staff who do not agree. Furthermore members of staff that have a very negative view of the situation are much more likely to be at significant risk from a range of physiological and psychological health problems.

5.8 The issues that staff felt most concerned about were,

- *There is too much pressure to get everything done on time;*
- *There is not enough staff to do the job properly*

while the majority of staff did not feel that,

- *I have too much responsibility for the work of others;*
- *I feel trapped in a job that I can't get out of.*

were applicable to them.

5.9 In addition to the quantitative data derived from the questionnaire, members of staff were encouraged to highlight specific areas for improvement and/or to outline areas of concern by adding their comments in the space provided on the questionnaire. This qualitative data was collected through open questions and collated through a process of content analysis.

5.10 Each completed questionnaire was reviewed and issues raised were coded according to the nature of the comment. Issues that were raised on a number of occasions were specifically categorised. The results of this process are noted in 5.11 below. However it should be noted that:

- just as in the quantitative data a number of staff expressed high levels of satisfaction with their employment;
- significant numbers of staff did not avail themselves of the opportunity to provide comments;

5.11 Major themes to emerge were dissatisfaction with:

- the environment/working conditions;
- management performance;
- effectiveness of communications; both vertical and horizontal;
- provision of appropriate equipment;
- training opportunities;
- opportunity for flexible working and
- the operation of the bonus scheme in the DLO.

## **6. The results of the consultation exercise: focus groups**

7.1 Following feed back of the questionnaire results a series of focus groups were held.

7.2 The aim of the focus groups was to ensure the questionnaire had addressed the full range of issues pertinent to staff and management issues and to seek recommendations for CMT on the way the programme should continue.

7.3 The focus groups recommended that:

- the findings of the questionnaire should be noted by The District Council and further action should be taken to promote this initiative;

- as an initial step a senior manager reporting directly to the Chief Executive should be given responsibility for the Healthy Workplace Strategy (HWS);
- the designated manager should be responsible, to the Chief Executive, for ensuring the HWS is included in the Council strategic (business) plan; targets and resource allocation will be defined;
- to assist in this work the designated manager will establish a Council wide HWS Committee with members drawn from management and staff including staff side and trade union representatives.
- the Committee will advise the on issues relating to the HWS and in particular on the setting of priorities. Reports from the HWS Committee will be available to all staff;
- at departmental/directorate level, to be defined, “local” HWS Committees should be established to address relevant HWS items and to bring, when appropriate, issues to the attention of the Council wide Committee. Membership of the “local” Committees will also be drawn from management and members of staff side, including staff side representatives. “Local” Committees will be represented on the Council wide Committee and will also work across directorates as appropriate.

7.4 Although the HWS Committee will establish priorities the Focus groups also highlighted the need to address the following issues as a priority.

- a programme of management and staff awareness development be undertaken to assist in establishing a climate to better meet the changes outlined;
- an examination of the Council’s workplace environment and equipment is undertaken without delay with a view to identifying issues to be addressed and establishing a feasible programme of work;
- the communications policy is reviewed;
- the question of perceived/actual “excessive pressure of work” throughout the Council is assessed. This will address a number of relevant issues including workloads, appropriateness of targets and sickness and absence levels.
- staff training and development is re-evaluated to meet the needs of HWP.
- a timetable for the above is established.

7.5 The Focus Groups felt that it was essential the Corporate Management Team endorse the above approach and that Council allocate resources to the HWS.

7.6 Although there was widespread support for the HWS, the Focus Groups also highlighted there is a significant degree of scepticism amongst the workforce regarding The District Council’s commitment to developing the HWS.

## **7. The Way Forward**

8.1 Although answers given on the questionnaire suggest some concern about the effectiveness of involving and consulting with staff the impression from both interviews and from general comments on the findings from the questionnaires is that there is a positive desire all round to improve consultation and a willingness from individuals to be involved in the process. If the right mechanisms can be implemented, the climate for development of the HWS is a very good one.

8.2 Furthermore, through the period of research, the consultants undertook formal and informal discussions as to how best to:

- prepare an operational plan detailing how the Strategy will be taken forward and monitored;
- assist the CMT and other relevant participants in developing processes for implementing the strategy
- review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
- support CMT in developing organisational capacity to manage on-going change

- 8.3 In order to take the Strategy forward in a way which involves a more representative approach it is proposed that action is taken at formal level as recommended by the Focus Groups and outlined in Sections 6.3 and 6.4.
- 8.4 Such an approach will enable the Strategy to be implemented but developing organisational capacity to manage on-going change will further require:
- a shared vision among staff, of the role of The District Council;
  - encouragement and respect of individual ideas and thinking geared towards achieving the vision;
  - a greater understanding of the different processes and interactions between management and staff;
  - individuals and departments to work more effectively across traditional professional and administrative boundaries and directorates;
  - increased collaboration and co-operation by all groups of staff;
  - the development of a learning organisation;
- 8.5 This transition from a hierarchical, professional led structure to an organisational culture established on more participation, team working and partnerships requires commitment from the highest level of decision making and an awareness and knowledge development programme for senior managers and staff.
- 8.6 It is recognised that the success or otherwise of such a programme will ultimately depend upon the efforts and expertise of management and staff of the District Council. However such a process will require external advice and counsel and it is strongly recommended that the Council seek ongoing management consultancy support.

*NOTE: Recommendations made to the CMT are included as DHWS Appendix 2*

## DHWS Appendix 1: Draft Summary Report Questionnaire

### The Questionnaire (*shown at approx. two-thirds actual size*)

<p>THE CLIFFORD BEERS FOUNDATION</p> <p><b>Developing the Healthy Workplace</b></p> <p><b>Background Information and Instructions</b></p> <p>This questionnaire is designed to provide you with the opportunity to tell us how you feel about your job. Details that you provide will be confidential.</p> <p>When we have collected the information from all staff groups a report outlining findings will be discussed with staff and management.</p> <p>Please place a tick in the boxes that most represent your views.</p> <p><b>PART A: BASIC DETAILS ABOUT YOURSELF AND YOUR JOB</b></p> <p>Are you: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>In what year were you born? 19 _____</p> <p>How long have you worked for TLA?</p> <p>1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> Over 1 year, up to 3 years 3 <input type="checkbox"/> Over 3 years, less than 10 years 4 <input type="checkbox"/> 10 years or more</p> <p>Which Directorate do you work in?</p> <p>1 <input type="checkbox"/> Chief Executive's Department 2 <input type="checkbox"/> Community Services Directorate 3 <input type="checkbox"/> Corporate Services Directorate 4 <input type="checkbox"/> Development Services Directorate 5 <input type="checkbox"/> Commercial Directorate, DLO 6 <input type="checkbox"/> Commercial Directorate, DSO 7 <input type="checkbox"/> Commercial Directorate, Others</p> <p>How often does your job take you away from your work base?</p> <p>1 <input type="checkbox"/> Every day, at least once 2 <input type="checkbox"/> Not every day, but usually several times every week 3 <input type="checkbox"/> About once a week on average 4 <input type="checkbox"/> Less than once a week, but several times a month 5 <input type="checkbox"/> Never or hardly ever 6 <input type="checkbox"/> Other (<i>please specify</i>) _____</p>
--



### PART B: YOUR VIEWS ABOUT YOUR JOB

Please indicate how much you agree with each of the following statements by ticking the relevant box.

	Agree strongly	Agree	Not sure	Disagree	Disagree strongly	
1. I am well rewarded for the effort I put into my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
2. I am satisfied with my involvement in decisions about work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. There is too much pressure to get everything done on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
4. The physical part of my job is very tiring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
5. I have too much responsibility for the work of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.
6. My job creates too much mental pressure for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
7. I feel trapped in a job that I can't get out of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.
8. When I need personal advice it is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.
9. Management has a real interest in staff wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. I have to do things against my better judgement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.
11. There is no form of discrimination here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.
12. I would advise my friend to take a job here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.
13. There is not enough staff to do the job properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.
14. I don't have time to plan and organise my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.
15. My manager is always ready to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.
16. We have appropriate tools and equipment to do our work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.
17. My job is satisfying, rewarding and worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.
18. If I had a personal problem there is no one to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.
19. There is harassment here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.
20. Management is sensitive to staff concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.
21. We don't have enough training to do the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.

What three things don't you like about your job/work environment?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What three things would make your job better?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Any other comments?

Thank you for your help. Please return the completed form in the envelope provided.

## **DHWS Appendix 2: Draft Summary Report – Recommendations to the Corporate Management Team (CMT)**

It is recommended that the Council establish a Healthy Workplace Committee (HWC) and commission a task force to design and implement a “healthy workplace plan” (HWP)

- A senior member of the management team should be appointed to take responsibility for the progress of the HWP.
- There needs to be a commitment to incorporate the HWP, as it evolves, into the business/strategic plan of the organisation.
- Accountability for the HWP should be directly to the Chief Executive or CMT
- The task force needs to ensure that there are representatives from a wide range of professions, perspectives and departments.
- Staff side representative(s)/trade union officials should be represented at this senior task force level.
- In the immediate future the following issues should be considered as appropriate for discussion by appointed focus groups.
  - Establishing the healthy workplace infrastructure
  - Addressing the need for leadership and management training
  - The development of an effective communication system
  - Examining the existing working environment (including equipment) - and recommending feasible improvements
  - Determining the employee training and development needs to enable the healthy workplace overall goals to be achieved.

## **Portfolio of supporting papers**

## **A reflective account of the personal experiences of undertaking the Doctorate of Business Administration degree**

*An account of the personal experience of undertaking the DBA degree work will be submitted by the candidate.*

*The account will convey the insights gained as a reflective practitioner, in the course of the research-in-action.*

*The account will include reflection upon the feedback received from professional practice referees.*

### **Introduction**

The importance of reflecting on what you are doing, as part of the learning process, has been emphasised by many writers and the capacity to reflect on actions taken is one of the defining characteristics of learning. The cultivation of the capacity to reflect in action (while doing something) and on action (after you have done it) has become an important feature of training programmes in many disciplines. Reflective practice, it can be argued also needs another person as mentor or supervisor, who can ask appropriate questions to ensure that the reflection goes somewhere and does not get bogged down in self-justification and self self-indulgence; reflection is the systematic, critical and creative thinking about what happened with the intention of understanding the reasons and processes that shaped the action (Fish and Twinn 1997).

Reflective practice is also a method that can assist the individual to study their own experiences as a method of improving the way they work. Self reflection is also very useful for those who want to carry on learning throughout their careers as the practice of self reflection can help to increase self confidence. Moon (1999) defines reflective practice as a set of abilities and skills, to indicate the taking of a critical stance, an orientation to problem solving or state of mind.

Reflective practice is perhaps best understood as an approach which promotes autonomous learning that aims to develop ones' understanding and critical thinking skills. It forces us to question what is it that we know and how we come to know it or put another way, learning to learn, or the development of learning power, is getting better at knowing when, how and what to do when you don't know what to do (Claxton 1999); This lack of certainty forces the individual to examine the basis on which s/he believes something to be true.

Schon (1983) speaks of reflective practitioners who are not just skilful or competent but thoughtful, wise and contemplative; whose work involves intuition, insight and artistry. Drawing on our intuition we do what feels right. This is an emotional response that complements our knowledge and what we understand about a subject, and which enables us to act in a situation. As such the intuition is essential to the process of reflection when working in situations of uncertainty. Encouraging people to acknowledge their intuitive capacity helps them to appreciate their strengths and weaknesses and helps to close the gap between theory and practice.

After reviewing the literature on reflection, the researcher decided to use Gibb's reflective cycle (1988) which is a process involving the following six steps.

**Description** – What happened?

**Feelings** – What did you think and feel about it?

**Evaluation** – What were the positives and negatives?

**Analysis** – What sense can you make of it?

**Conclusion** – What else could you have done?

**Action Plan** – What will you do next time?

The reason for this choice was the clarity of the process, the very understandable interpretation and the steps that can be used in a wide range of different scenarios. The researcher addressed a number of actions undertaken throughout the study and worked to provide a summary of the lessons learned and benefits derived from the analysis. For this piece of reflection the researcher has decided to address a number of issues that had to be re-considered throughout the writing of the thesis. The selected subjects enabled the researcher to reflect on different aspects of the programme and in this way the researcher has been able to provide a personal discourse on his reflections.

## **Supervision**

The dissertation in question was a re-submission but the University regulations remained as with the first submission and the six different ‘Main and Reflective’ papers which had been previously submitted to two external referees remained outside the assessment process.

At the time when the researcher was preparing the re-submission there was a change in the supervision team and a new supervisor joined the team. At the same time one of the existing supervisors played no further part in the proceedings. Unfortunately there was, in practice, only one rather than two supervisors. It was very clear that the new supervisor was extremely busy with regular lecturing sessions, marking scripts and other academic duties but notwithstanding the above, this supervisor had an amazing ability to offer critical comments but always in a positive manner. Helpful advice was constantly forthcoming and when the researcher had difficulties, the supervisor provided detailed advice as to the way forward. This supervisor was very approachable and quick to offer positive validation of the work presented.

This form of affirmative supervision was very effective in that it encouraged the researcher to carefully consider the comments received, reassess how to approach both the style and content for the dissertation and to seek advice as needed rather than cling to a defensive strategy; this was particularly helpful when there was a difficulty in defining the key objectives of the research. Although the researcher had previously been somewhat confused by the various pieces of advice provided by the previous supervision team, the new supervisor, ensured the researcher digested and analysed the subject content and then justified his the decision(s) on the way forward.

The most positive outcomes for the researcher, to come from this process, were his increased interest in the project, the general rise in self confidence and self esteem, which in turn, further generated the will to try to

more clearly evaluate progress throughout the research. This approach also encouraged the researcher to seek out new ideas and to question much of the content of the first thesis submission even though this led to a virtual complete re-write in many parts of the dissertation. Although still recognising his limited proficiency in this project, the researcher was more ready to discuss and defend his work.

An interesting and helpful bi-product from the research occurred when the approach by the supervisor also helped the researcher reflect on the way he worked with students on Masters Courses; the researcher started to offer genuine commendation and seek feedback which resulted in more positive feedback from the students.

As the researcher grew in confidence he felt it would have been more helpful if the two internal supervisors, the two external referees and the researcher could have had a meeting at the beginning of the research programme to discuss how the processing of the 3 *Main* and 3 *Reflective* papers was to be undertaken. Clarity was required as this in itself would have helped communications and lessened the extent of confusion between members of the group which was having an adverse effect on the progress of the research. At best the external examiners worked to elucidate the issues raised by the researcher and at worst there were difficult times when the researcher felt his work was not appropriately acknowledged. Of course this may have been due to the misreading of the situation by the researcher.

However, the confusion between different players i.e. internal and external examiners on the difference between the DBA and PhD requirements made it more confusing for the researcher who in reality had to decide what parts of the conflicting advice should be accepted or rejected. It was of concern to the researcher that he felt mindful of the difficulty in meeting the requirements expected by the different parties and on reflection felt there were occasions when there may have been a tendency to offer what the researcher felt the majority view was expecting.

On a more positive note the researcher considered it is always possible to learn from the evaluation and study of a process, even if there were negative interventions by the examiners. In summary the overall view from the researcher was that writing the Main and Reflective papers was helpful preparation for the completion of the final thesis. However, after a great deal of thought and reflection, which will be discussed later, it was still difficult to appreciate the reasons behind writing the Main and Reflective papers when much of the content would subsequently be duplicated in the thesis. To the researcher the format for completing the DBA depended rather too much on process at the extent of content.

During the writing of the thesis there have been four internal supervisors; 1, 2 or 3 any one time. Having more than one supervisor inevitably means having more than one view over a whole range of issues. This was both fruitful as well as frustrating to the researcher. At times the original second supervisor had a very different approach to both the researcher and the original first supervisor. The researcher who, at least at the beginning of the project was within the positivist camp was educated and trained in the scientific management tradition and subscribed to the idea that there prevails an observable, objective organisation reality which exists independent of organisation theory. Consequently, in the opinion of the researcher, the task of organisation theory was to

uncover this reality and then perhaps even turn to predicting future events. As a positivist, the researcher initially leaned towards undertaking a quantitative research approach in order to uncover this reality and furthermore to discover the laws by which it operates.

However in the early stages of the research the second supervisor appeared, at least in the opinion of the researcher, to belong to another school of thought which does not accept this scientific view. The second supervisor very strongly affirmed that reality does not have an objective existence as it is constructed by those working in the organisation. As one might expect the supervisor, unlike the researcher, tended to favour qualitative work. In fact there was very little debate on these issues and as one might expect, the researcher was initially quite confused and disappointed with the lack of discussion with the supervisor in question. Rather than grasping at new ideas and learning to address different attitudes and positions the researcher became somewhat disillusioned.

At this stage in the process the researcher also felt quite isolated as the debate was very much taken over by the two supervisors. The researcher felt that when undertaking research of this nature, it is important to consider different research paradigms and matters of ontology and epistemology as these parameters describe perceptions, beliefs, assumptions and the nature of reality and truth and can influence the way in which the research is undertaken from design through to conclusions. It was therefore, initially important to understand and discuss these aspects so that approaches suitable to the nature and aims of the inquiry are adopted and secondly, to ensure that researcher biases are understood, exposed and minimised.

Once again the researcher felt very concerned about the lack of empathy with supervisors and researcher and contacted the head of research to see if the above could be resolved. Shortly after this intervention one of the supervisors left the university. As James and Vinnicombe (2002) caution, we all have inherent preferences that are likely to shape our research designs and the researcher accepted these preferences must be considered to highlight the alignment that connects these choices back to the original research question. If this had not been achieved, methods incompatible with the researcher's stance may have been adopted with the result that the thesis may have been undermined through lack of coherence.

In view of the above the researcher came to appreciate how research carried out within the positivist paradigm meant he had little opportunity of scrutinising his intention to assess the extent his personal views might affect the interpretation of the data. Not surprisingly this initially created a degree of self doubt within the researcher as the interpretation of the data could well be restricted and/or not impartial. Consequently the legitimacy and therefore validity of the approach the researcher planned to take was in question.

After discussions with his remaining supervisor the researcher was better able to appreciate how the dominance of his positivism approach might well be preventing him from appreciating the different strengths that could be found by considering the situation at hand from the constructionist perspective.

This realisation emphasised the power of the positivist perspective in many areas of management, particularly in western culture, business schools and also the manner in which it controlled what was viewed as scientific. In reflecting on these issues and following further discussions with his supervisor and colleagues the researcher was better able to appreciate how the dominance of positivism might well prevent or at least hinder the researcher from seeing the strengths of the constructionist perspective. In turn the researcher began to more fully appreciate how a shift in perspective does not negate the rigour involved in the scientific pursuit of knowledge; rather, what is required is a broader definition as to what constitutes science and scientific endeavour (Gergen 2001).

Following an on-going debate with his supervisor the researcher decided to include a substantial qualitative input into the questionnaires that formed a major part of the study. In addition a number of focus groups, meetings with staff and management and individual discussions were then arranged to try to seek a deeper understanding and explore the nuances of experiences not available through quantitative information alone. In this way the researcher used a combination of both deductive and inductive approaches and by utilising these methodologies sought to be able to expand on the '*what*' questions of human existence asked by positivism to include the '*why*' and '*how*' questions asked by constructivists.

### **The holistic approach**

The researcher subsequently included a substantial qualitative input into the questionnaire that formed a major part of the study. The ensuing data collection and analysis helped to further clarify a number of issues e.g. the qualitative methodology provided help to provide a much deeper understanding of the situation to the researcher by reflecting on and exploring the nuance of experiences not available through quantification alone. By utilising these methodologies the researcher was then more confident in expanding on the '*what*' questions of human existence asked by positivism to include the '*why*' and '*how*' questions asked by constructivists.

After further reflection and discussion the researcher built on these experiences by taking a more open approach in his own lecturing sessions. The researcher wanted to be more appreciative and understanding of the opinions from students who might wish to question or disagree with his views. After practice and continuous reflection on the lectures the researchers felt more confident and at ease while the students were more ready to accept that there may not be a right answer in every situation.

### **Methodology**

Before a researcher can initiate a research project, they face the confusion and the range of theoretical perspectives, methodologies, methods, and the philosophical basis that encompasses them all. The researcher welcomed this seemingly meticulous structure for the research process as it provided them with scaffolding, or a direction in which they can go on to develop themselves to coincide with their particular research purposes. Once the researcher had developed the research question he was seeking to answer, he was able to consider the methodologies and methods he would employ in the research.



In moving into new areas of question the researcher felt more excited and challenged and perhaps even more confident in moving forward. The researcher wanted to be as explicit as possible about the epistemological foundations of the work. Consequently he recognised how identifying one's orientation can help frame the research design because the ability to identify the relationship between the epistemological foundation of research and the methods employed in conducting it is critical in order for research to be truly meaningful. In following on from the above the researcher used the 'research process onion' (Saunders et. al. 2009) to explore these issues in an attempt to more fully illustrate why it is important to be explicit about the epistemological foundations of this research; identifying his orientation helped the researcher in framing the research design.

The researcher had been employed as a senior manager in the public sector for over 25 years. Given this occupational experience it is not surprising that initially the researcher had a strong inclination to develop a positivist approach towards research and certainly at the beginning of the methodology design process. Bearing this in mind the researcher came to appreciate how the part of the research carried out within the positivist paradigm (because of the assumption that the researcher is separate from the research process) meant the researcher had little if any way of scrutinising his perspective to assess the extent his personal views might be affecting the interpretation of the data

In view of the above a collaborative action research programme involving participatory inquiry was considered to be the most suitable framework for the the project - the intention was to develop a shared strategy whereby management and staff could provide better control over conflict resolution and work together in developing a healthy workplace.

This integration of enquiry and reflection involved taking stock of the past and exploring everyday practices in the present to generate insights into the opportunities and challenges of participation. By encouraging and developing a shared strategy, the researcher demonstrated how action research contributed to both the practical concerns of the staff members in a problematic situation and to the goals of social science by joint collaboration within a mutually acceptable framework i.e. the action research could transform key aspects of the enquiry process to end with a 'culture of inquiry' workplace. Action research encouraged members of staff under study to actively join the researcher from the initial design to the final presentation of the results and more importantly to the reflection and discussion of their proposed actions; human beings are likely to co-operate and seek help if they feel respected by those aspiring to help them.

In this way the researcher was able to promote an approach that encouraged participation, discussion, critical appraisal and the opportunities for reflection by those participating in the research. By bringing other stakeholders into the process and encouraging suggestions and ideas the researcher was better able to reflect on progression made in achieving the aims of the study and in taking corrective action as required.

## **Models of good practice**

A major aim of the thesis was to assess, *'to what extent is it possible for a model of good practice from a*

*commercial environment to be applied and successfully replicated in a local authority in England?’*

In this case the benefits of transferring good practice between different organisations became increasingly attractive. For the researcher, who has worked as a manager in the NHS there are undoubtedly significant benefits to be gained from reviewing models of good practice and transferring such programmes in one's own place of work. Local Authorities (LAs) and the associated service delivery points within local government can face similar challenges, from political, economic and managerial perspectives and co-operation and cross fertilisation of ideas is therefore encouraged and promoted by national government as well as senior managers in LAs.

The benefits of transferring good practice between different organisations becomes increasingly attractive if there is a consensus of opinion that public services are often very poorly resourced and ineffectively managed. The combination of scarce resources, the need for effective methods of working and the increasing request for more accountability explain the researcher's interest in the development, identification, dissemination and implementation of good practice; re-inventing the wheel leads to a very inefficient use of scarce resources.

## **Undertaking the research**

What started out as a presumed, relatively straightforward exercise developed into a labyrinthine journey involving multiple choices, political power, and complexity of organisational structures and perhaps most complicated of all people were intimately involved. First of all the researcher had to identify a model of good practice from healthy workplace literature and programmes and established models of good practice.

With a special interest in health and safety the researcher was able to undertake a literature review in the subject area and identify a number of possible examples of good practice for consideration as the model to be transferred. Following a shortlist of programmes the researcher followed this up by travelling to Canada to study the preferred option and undertake a training course in the programme. The selected programme Comprehensive Workplace Health Promotion *Workplace Health Promotion*, NQI, Canada (2001). CWHP which was based upon identifying stress levels and the reasons for the stress had been highly commended by many organisations who had implemented the programme in North America.

Undertaking this task was a learning process; one very much influenced by the practitioners who had developed the above programme and who quite clearly had an interest in promoting CWHP. Being somewhat isolated with those who had a real interest in promoting CWHP made it difficult for the researcher to remain objective and especially so when he felt the programme to be an impressive initiative. On returning to studies back in the UK the researcher recognised the need to be thorough in addressing the effectiveness of CWHP

Following extensive discussions with senior managers from a LA in England and following a request from the LA to the researcher it was agreed the selected model of good practice would be tested and evaluated by the researcher within the LA. The enthusiasm from senior managers from the LA and also staff groups was a major

factor in the decision to carry out the research. The plan of action was agreed and a major inclusion in the plan was the need to develop good communication channels between the researcher, senior managers and staff members.

Looking back on the progress it became more evident to the researcher just how important the success of the project was becoming to him and so the researcher wanted to ensure he was driving the process for the agreed research protocol.

The trial implementation process was considered by all parties to be very successful and it was agreed the CWHP programme should be expanded. An important part of the process was to undertake a survey to assess the feelings of staff and to explore ideas, concerns and queries of those participating. In this way the collaboration and co-operation was developed between the stakeholders. The feedback highlighted that the majority of the staff and managers accepted the results of the study and were in favour of the permanent implementation of the programme.

The researcher promoted an approach that encouraged participation, discussion, critical appraisal and the opportunities for reflection by those participating in the research. By bringing others into the process and encouraging suggestions and ideas the researcher was better able to reflect on progression towards achieving the aims of the study and taking corrective action as required. This approach provided the checks and balances, so important for an objective protocol. It was agreed that an action research approach was particularly suitable for this type of research which dealt with practice based problems and where the experience of the actors was important and the context of the action is crucial. The case study was also well suited to capturing the knowledge of practitioners (Cepeda and Marshall 2006) and in documenting the experience of practice (Robson 2002).

The specific strategy of this study, to work collaboratively with management and staff from the LA, was welcomed by all parties and the data collected was used to develop the agreed strategy for the development of the healthy workplace. The Chief Executive Officer (CEO) and the Corporate Management Team (CMT) also confirmed that health and safety at work was essential for the benefit of staff and the organisation as a whole. At this stage in the process the change process appeared to be progressing as planned.

A report to the CEO was prepared in which the key elements of this project were set out the major issues to be addressed. The key elements (see below) were accepted by all parties save the issue of *securing outside support to assist senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues*, which was rejected

- raising awareness of the project;
- how perceptions of ownership of the strategy could be improved across different stakeholders;
- assessing the levels of stress/satisfaction within the Council's workforce
- recommendations for the development and implementation of the programme;

- securing outside support to assist senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues

Without delving into all the different points of view and opinions as to why the project came to a halt, a number of facts remain undisputed. Despite the researcher specifically requesting previously agreed meetings with the CEO and the Leader of the LA prior to any distribution of the above recommendations, the report was distributed to members of the CMT a number of days in advance of the meeting and without the knowledge of the researcher. Secondly, the recommendations were discussed by members of the CMT without the researcher being present.

Whatever the benefits or otherwise of the selected model of good practice a number of points arose which merit reflection. For some time prior to the meeting the researcher had been concerned about the capacity of the CMT to manage the project due to the nature of the LA's structure and processes i.e. hierarchical and mechanistic in nature. As such the LA was, in the judgement of the researcher, unable to meet the new skills recommended by the survey results and outlined in the literature review. A further issue concerns the reaction of the CMT who acted much in the way that Argyris (1993) described as being very defensive. Thirdly, the CMT displayed their power in stopping a project that undoubtedly had the support of the LA staff except for the CMT.

When reflecting on these points the researcher was reminded of his literature review that noted how organisations experience pressures to maintain reliable performance for their actions, but to do this, organisational structures must be highly reproducible i.e. stable over time. In turn, this reproducibility of structure is achieved through the institutionalising of organisational purpose and routine. However, in times of change, plans and planning and the organisational culture can also prove ineffective because they create rigidities. In the highly politicised context of this stage in the programme The researcher identified how CMT had used existing procedures for political opposition by those resisting the recommended changes. Consequently efforts for change became trapped in the existing management culture and politics and although the LA might be 'formally' committed to change, the researcher was able to identify how people and systems had interacted to prevent change.

A second phase in the discussions took place when in the final interview between the CEO and the researcher, the CEO brought a number of criticisms to bear on the research process. Concern was expressed about the quality of the flow of communications throughout the process, the fact that the message delivered to the CMT was too harsh and unexpected and finally that the changes proposed were too radical due to the complexity of the organisational structure. The researcher reflected on this and accepted that the CEO had the right to make such a point, even though the CEO had, throughout the study refused to meet the researcher, as previously agreed, to discuss progress and other major steps required. In an effort to ensure a continuous flow in the interview, the researcher did not pursue this point but noted how managers can become embarrassed by the recognition that their traditional methods of managing and their systems of measurement and control typically give way to defensive reasoning (Argyris 1999) e.g. including refusing to meet with the researcher.

It is therefore not surprising that the researcher felt frustrated but, on reflection, could understand the forces at play. Looking back the researcher can see how nigh impossible it would appear to successfully implement the *Comprehensive Healthy Workplace Health Promotion* from NQI, Canada (2001), into the existing structures and systems of the LA. It is rather simplistic to suggest that the study should have initially concentrated on a review of management structures and styles so as to have come to the above conclusions earlier. The researcher had attempted to keep senior managers informed on a regular basis but the agreement for regular briefing had not been honoured by the LA. If it was possible to reconvene the research study, the researcher is clear that it would be essential to have regular updates for discussion. Unless such a recommendation was in situ throughout the research, it would not be possible to maintain an accurate audit on progress, an essential requirement.

A final reflective note of this subject is that we need to recognise that the implementation of a model of good practice will not by itself guarantee that proven efficacy will be achieved in the replication. As outlined above, possible variations include cultural diversity and programme adaptations and differences between participants in the two programmes are also likely to affect the ability of the recipient organisation to implement the programme with fidelity. Furthermore, the implementation of a model of good practice can also present major difficulties. Anyone who has planned organisational change will also recognise:

- how difficult it is to foresee accurately all the major problems involved
- the enormous amount of time needed to iron out the kinks and get people to accept change
- the apparent lack of internal commitment on the part of many to help make the plan work, manifested partly by people at all levels resisting taking the initiative to make modifications that they see are necessary so that the new plan can work (Argyris 1999).

It is also true that the formal organisation of a process and/or change in practice can result in a blind reliance on standardised operating procedures and institutionalised practices. Indeed, this was one of the major problems associated with the mass production model of Fordism when the perfection of the model rendered the system incapable of adaptation to changing conditions (Jaffee 2001).

In writing the final submission the researcher was required to integrate the three Main and Reflective papers into a coherent thesis. This process of integration was perhaps the most difficult part of the overall programme and for a number of different reasons.

The initial step of writing the Main and Reflective papers was, with the assistance of referees and supervisors, difficult but generally as anticipated. Attending tutorials and lectures helped the researcher significantly and the constructive criticism received helped improve the level of debate. However, bringing the Main and Reflective papers together proved to be a more uninteresting and more tedious task and, in the light of experience, the University has now modified the regulations for the DBA degree. One of the issues that the researcher found disheartening was the different clarifications and guidance he received, or at least he perceived himself to receive, from different members of staff. All were trying to be helpful but it was confusing to have different pieces of advice on the same subject.

Secondly having written the Main and Reflective papers and adhered to the word limits and other guidance, the researcher found it discouraging when writing the thesis to address similar subjects and issues contained in the Main and Reflective papers, but this time to express these ideas and findings over a much longer word limit. This may have been a personal failing of the researcher but when he discussed this matter with colleagues and staff members this appeared to be a common concern. On a number of occasions, the researcher felt he could more easily express his ideas and recommendations verbally than by combining the contents of the Main and Reflective papers into the thesis. At other times the study programme appeared to be more about process than content but the researcher does want to publically recognise the help received from staff and colleagues in overcoming these frustrations.

On a more positive note, the researcher found that from the difficulties encountered, he discovered he had learnt more about the management issues he was studying, the management of the DBA programme and quite surprisingly much more about himself. For example with regards to the latter point, the researcher feels that he has become more receptive to ideas different from his own, not just in management but across a wide range of issues.

On the other hand he has become very much more critical and perhaps much more cynical of management teaching and practice; this is not a particular criticism of the advice received on the DBA programme, but a reflection of observing both teaching practice and management action in a variety of settings. Relating this to his own quite recent university lecturing duties, the researcher feels the way management is often discussed with students is quite unhelpful i.e. suggesting that specified strategies can be applied successfully to a range of situations in different organisational settings e.g. putting together defined management leadership strategies leads to effective leaders.

## **Overall conclusion**

In conclusion, if the researcher was to start the programme over again he feels progress would be much more productive if the requirements and evaluation of the DBA programme were based upon a single and more comprehensive piece of work for the thesis.

# Main Paper 1

## A critical appraisal of the design, development and implementation of a comprehensive workplace policy

### 1. Aims

This is the first of three papers in a review of research issues designed to explore topics concerning the promotion of a management culture responsive to the implementation of ongoing change issues. The aim is to develop change strategies and models for managing the transition from a professionally-driven, hierarchical/bureaucratically managed organisation model, to one where an organisation fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and promotes innovation and change.

The process will be explored and analysed within the context of the design, development and implementation of a comprehensive healthy workplace policy and framework. A commercial consultancy programme, *Investing in Comprehensive Healthy Workplace Health Promotion* from NQI, Canada (2001), has been selected as the basic model of good practice in healthy workplace development and it also advocates managing change through a natural/emergent management model by providing:

- i. an extensive review of healthy workplace research and practice
- ii. the opportunity to analyse a management change process which utilises an approach incorporating the complex effects of the organisation context, from which the events arose, and
- iii. a change management programme that includes bottom-up consultation with employees from start to finish (Burnes, 2000).

Furthermore, the analysis will be assessed and evaluated for use as a possible template for implementing further change within the organisation.

The first paper addresses the programme necessary for the creation of a safe, healthy and supportive working environment. Following this debate the paper outlines reasons to support the proposition that “Investing in Comprehensive Healthy Workplace Health Promotion” from the National Quality Institute of Canada (NQI, 2001), provides a tool to develop a comprehensive healthy workplace through the nurturing and support of policies and procedures that empower staff to take action and an entrepreneurial approach in decision-making. The benefits of establishing a healthy workplace are well documented throughout the developed industrial and commercial world; for example the European Agency for Safety and Health at Work (2001, 2002, 2003), the New Zealand Department of Labour (2003), Robinson and Smallman (2000), Marmot *et al.* (1991), and the Health and Safety Commission (HSC, 1999).

A healthy workplace is defined as somewhere that has an organisational culture which actively promotes a healthy workforce and recognises the benefits of better health for the business prospects of the organisation; management practices value the contribution of the individual and take into account their needs and limitations; health and safety measures are in place to minimise exposure to risk and include access to occupational health advice and support (Healthy Workplace Initiative, 1999)

There is considerable agreement as to what constitutes a healthy workplace. Case studies have shown success for a programme when the following were present (OSS, 1997):

- iv. senior management commitment to the development, maintenance and improvement of the healthy workplace initiative.
- v. employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities.
- vi. a systematic, step-by-step approach as the healthy workplace programme must be carefully planned and should ideally be planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE, 2001)
- vii. systems that address both the causes as well as the effects of stressors.
- viii. realistic expectations about the results of the healthy workplace initiative.

Developed by the NQI in partnership with Health Canada and a team of key health professionals, Investing in Comprehensive Healthy Workplace Health Promotion (NQI, 2001) addresses a broad-based approach to health and wellness issues in the workplace and includes all the above attributes. The programme brings together environmental, physical, mental, safety and social issues into a strategic model that helps organisations set goals and manage their wellness programmes assessing how effectively the following are addressed, through providing defined criteria on which to base the evaluation:

- ix. people focus (vision/mission)
- x. policy on employee well-being
- xi. process to review/meet occupational health & safety legislation
- xii. a method by which management demonstrates commitment to the healthy workplace (HW)
- xiii. approaches & methods to ensure shared responsibility/accountability for HW
- xiv. process to ensure HW issues are considered in decision making
- xv. process of overall management evaluation/improvement re: commitment

The Investing in Comprehensive Healthy Workplace Health Promotion programme has been implemented and evaluated in a range of public and private companies in North America and is now widely accepted as a programme that offers detailed guidance to both the planning and implementation of a healthy workplace and in the management of change.



It is for these reasons that the Investing in Comprehensive Healthy Workplace Health Promotion programme has been selected as the model on which to base the design, development and implementation of a comprehensive workplace policy.

The second of the three papers will set out the methodology used in the empirical research and will provide the rationale for the approach undertaken. Following a review of literature in the field and after discussions with representatives of management and staff, a questionnaire based upon proposals set out in the Investing in Comprehensive Healthy Workplace Health Promotion programme was used to provide a Stress Satisfaction Offset Score (SSOS). SSOS defines the way in which demand relates to control and the way in which effort relates to reward. Indicators of control and reward were seen as satisfiers, and indicators of demand and effort were seen as stressors.

When the survey was completed it became a simple task to assign every employee who participated in the survey a score based upon the relationship between these specific stressors and specific satisfiers within the sphere of their own work role. Once every employee has a SSOS it was a simple process to establish a base line score for each department and also for the organisation as a whole. The SSOS highlighted the diverse range of responses to the questions, and although there were significant numbers of staff who had a very positive view of their employment there were similar numbers who had a very negative view. SSOS contains not only a description of the problem but also a clear indication of the solution. By describing the problem as an imbalance between satisfaction and stress we can resolve the issue by increasing the former or reducing the latter or by a combination of both.

The questionnaire also encouraged individuals to highlight specific issues which they considered had an impact on the performance of their work. In addition to the questionnaire a series of focus groups meetings were held, together with a series of briefings that all staff were invited to attend.

Results from the survey then formed the basis for future action. This included the call for the establishment of a healthy workplace strategy and highlighted issues to be addressed in the immediate future and longer term.

The final paper in the series describes and offers analysis and debate on the actions that were subsequently taken/not taken by senior managers. The rationale behind the actions of senior managers is discussed and the final outcome of the study debated and reviewed in order to better understand how to diagnose and improve the management change processes. Only in this way can we improve our chances of finding solutions to the more technical problems of ensuring that such solutions will be accepted and used by members of the organisation. The impetus for this research derives from the fact that a concern in the study of management is the inevitable difficulty of identifying a single solution to a particular problem (Mullins, 2000). The absence of one right answer can make the study of the subject both complex and frustrating, but also interesting and challenging; stimulating creative thoughts when related to one's own work experience. Furthermore, the study of management provides a range of theories and the use of theory helps to build generalised models applicable to a range of situations, to provide a conceptual framework and perspective for the practical study of a specific subject. As such, theory and practice are inseparable: they lead to a better understanding of factors influencing

patterns of behaviour in work organisations and management applications (Billsberry, 1996). However, if it is to be of value to the manager the theory has to be appropriate to the situation at hand. Theory needs to be effective rather than just teachable, as without appropriate theory there would be little insight to be gained from scientific theory for practising managers (Lee, 1990). Although it may not always be easy to establish exact origins, ideas do percolate through to best practice (Craine, 1996).

For the researcher - someone who has worked as a manager in psychiatric hospitals- there is a real appeal in securing models of best practice and implementing such programmes in one's own place of work. The benefits of transferring best practice between different organisations becomes increasingly attractive if, in common with the author's, there is a consensus of opinion among consumers of mental health services in this country that in-patient mental health facilities are very poorly resourced and ineffectively managed. The combination of scarce resources, the growing need for treatment programmes (because of the high prevalence, diversity and costs of treatment of mental health problems), and the increasing request for more accountability explain the author's interest in the development, identification, dissemination and implementation of best practice; re-inventing the wheel leads to a very inefficient use of scarce resources.

As outlined, above this research will review and discuss the feasibility of identifying and transferring models of best practice, and in so doing will address the need to develop organisational structures and policies to enable the organisation to adapt and to manage continuous change.

## **2. Introduction**

The increasing complexity of the modern organisation, which means that it needs both differentiation and integration' (Lawrence and Lorsch, 1967), also means that key decisions about the organisation of central operational and transformational processes are required (Miller, 1993). However, the overarching paradigm of structural functionalism views management as being fundamentally concerned with rational decision-making in order to facilitate the smooth running and goal attainment of the modern, complex, structurally and functionally different organisation. Rational-legal authority (Weber, 1947) both empowers and compels managers to take rational decisions and such an emphasis upon unemotional, impersonal and objective logic has long been held to shape managerial beliefs and actions.

But when innovation and change increasingly become central parts of business life, as organisations struggle to keep up with changing tastes, global competition and faster product life cycles, it is not a simple task to get right the balance between the need on the one hand to allow staff sufficient freedom to be creative and innovative and on the other hand the need to co-ordinate business objectives, to standardise certain product specifications and to conform to legal regulations (Henry and Mayle 2002) - particularly when faced with a pluralistic vision of multiple, competing interests (Alison, 1971). Quinn et al (2002a) further propose that in the post-industrial era the success of an organisation lies more in its intellectual and systems capabilities than in physical assets, while the capacity to manage human intellect and to convert it into useful products and services is fast becoming the creative skill of the age.

This is especially true for service industries, including education, health and local authorities (Quinn et al, 2002b). To be effective such organisations need to be more flexible, adaptable to change, have relatively few formal, hierarchical levels of management, have loose boundaries between functions and departments, to be more sensitive and responsive to the environment, and be concerned with stakeholders. Such organisations empower people to take action and be entrepreneurial, reward them for contributions and help them gain in skill and "employability" (Kanter et al, 1992), i.e. give them the ability to make a meaningful contribution to decision-making and implementation.

The management of organisational change has now become a conventional part of the role for many managers. Change is regarded as the norm and periods of stability are taken as the exception for many organisations operating in the modern world of commerce and industry (Millett, 2000). Change may be regarded as one of the few constants of modern history (Paton and McCalman, 2000), as organisations are required to change rapidly to meet new and unpredictable forces (Dawson, 2003). As a result, increasingly in the future managers will be judged upon their ability to manage change effectively and efficiently (Dymowski and Saake, 1992). Undoubtedly, both the way change (major and minor) is managed, and the appropriateness of the methods used will have a major influence on the perceptions and experiences of the people involved (HSE, 2003). Reports of the association of increases in stress levels with such change are underlined by the fact that organisations can and do experience great difficulties in managing change effectively (Howard, 1988; cited in Arnold et al, 1998).

There are many examples in the literature of change programmes that have gone drastically wrong (e.g. Burns and Weekes, 1998; Cummings and Huse, 1989; Kanter et al, 1992; Kelly, 1982a, 1982b). Stress within the workforce often ensues because many organisational changes are forced by the need of the organisation to 'rationalise' and are thus inevitably accompanied by job losses, job insecurity for many of those left and an increased burden on the fewer people left to do the same amount of work. There are now emerging various models of change management; many of these essentially build on the work of Kurt Lewin in the USA in the 1940s and 50s. More recently there has greater emphasis on the need for change management programmes to include bottom-up consultation with employees from start to finish, Burnes (2000) and Clarke (1994). No manager can succeed without depending upon staff to respond one way or another (Cohen 1989) and staff are able to influence managers because of the dependence of managers on their subordinates. This results in revised strategies and the development of alternative systems of management which in turn influence and reshape organisational theory and management strategy (Jafee 2001).

In relation to organisational change there have been two explanations that dominate managerial thinking:

- xvi. the rational approach prescribes decision-making and control which is based upon clear, well defined organisational structures, analytical techniques and the well-regulated motivation of people (Weber 1947)
- xvii. the entrepreneurial approach, in which decision-making control is much looser. Such an approach is based upon less-clear organisational structures and job definitions, experimentation and inspirational motivation (Stacey, 1991).

Such explanations have been useful, particularly in stable conditions; under conditions of unpredictable change successful organisations are those whose leaders and members do not predict the future and try to control it. Instead they are able to rapidly change course, to redefine themselves and even to learn to live with uncertainty and chaos and are confident enough to recognise that applying a "winning formula" can be futile (Gabriel et al, 2000). In essence, such organisations recognise the gains that can be achieved from moving more towards a natural/emergent model (Chandler, 1962). Such a change management approach provides a good rationale for moving towards a 'learning organisation', thereby promoting an organisational structure and a culture that are in a more effective position to deal with future change - be it imposed and/or self generated (Argyris, 1999). The concept of the learning organisation emphasises the importance of developing core competencies within the organisation to sustain a successful journey rather than to reach a particular destination (Morgan, 1986). Learning at both the individual and organisational levels is an important core competence that can help towards a more successful journey. The answer lies in the development of managers who see themselves as key participants in the context of a learning organisation (Millett, 2000). Organisational learning is best applied in organisations which are able to regularly monitor and reflect on the assumptions by which they operate, so that they can quickly learn about themselves and their working environment and change. Levitt and March (1998) and Argyris and Schon (1978) suggest that organisational learning is about self-reflection that triggers insights into organisational routines, values and beliefs, and after these facets of an organisation are understood they are open to change (Clegg et al, 2005).

However, the move towards a learning organisation calls for an integration of both the “natural” or “emergent” and the “rational” approaches to decision making, through a synthesis of economic and behavioural theory (Bowman, 1994). The relationship between the two approaches epitomises the dichotomy, in respect of both reasoning and action, between the rational tradition, associated with classical management theory and professionalism and the natural, narrative, case-based methods of behavioural/emergent theorists. The challenge, then, is to create an environment whereby strategy evolves from activities taking place throughout the organisation (and thus can be influenced by strategic planning via the rational model) but is also shaped by other influences. For example, those who favour the rational model have a tendency to take a top-down view and portray the internal structure and processes of the organisation as leading to the concept of structure following strategy, whereas emergent views provide reasons to believe that existing structures and processes influences strategy (Chandler, 1962).

Quinn (1978) reinforces this view when he emphasises that successful executives may initially only set out broad goals and policies which can accommodate a variety of specific proposals from below, yet give a sense of guidance to the proposers. As events and opportunities emerge, the executive is then able to incrementally guide the pattern of escalated or accepted proposals to suit his/her own purposes without getting prematurely committed to any rigid solution, which in turn might prove to be wrong or opponents find sufficiently threatening to unite against. Quinn (1991) also finds that strategists “constantly reassess the future” and “find new congruencies as events unfold” while Child (1997) asserts that strategic choice articulates a political process, which brings agency and structure into tension and views the relationship of agency to structure and to the environment as dynamic in nature. In so doing, the strategic choice approach bridges a number of competing perspectives and adopts a non-deterministic and potentially evolutionary position. When considered as a process, strategic choice, points to the possibility of continuing adaptive learning cycles within a theoretical framework that locates organisational learning in the context of organisations as socio-political systems.

Most organisational changes today are made in the name of improved performance and Champey (1997) further stresses that as we are driving toward this result, we should also be thinking about creating an organisation that is agile, can sustain multiple changes and is a good place to work. Again, as organisations are networks of people engaged in achieving some common goals (Swales, 1995); there will be various kinds of processes occurring between them. Schein (1999) further develops the concept and concludes the more we are able to understand how to diagnose and improve such processes, the greater will be our chances of finding solutions to the more technical problems of ensuring that such solutions will be accepted and implemented by members of the organisation.

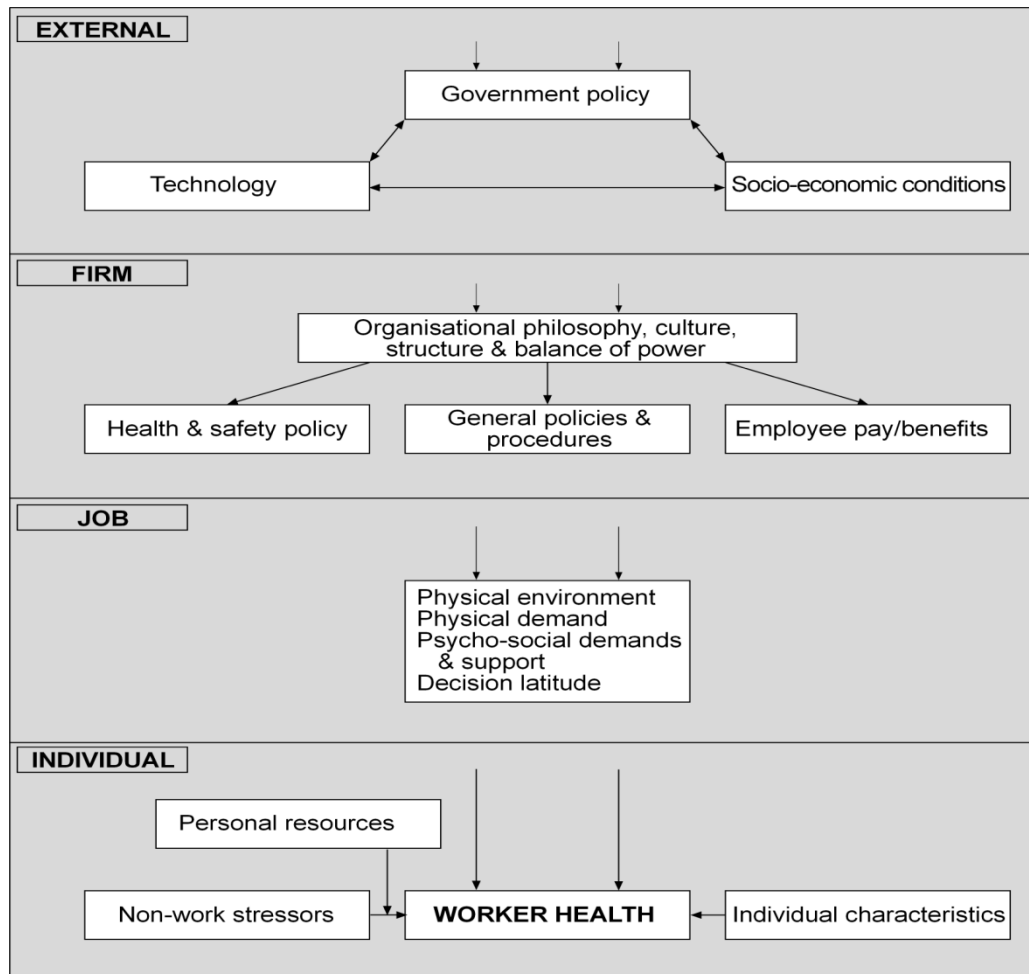
### **3. Developing the comprehensive healthy workplace environment**

Under the provisions of the Health and Safety at Work Etc Act, 1974, employers have a duty to ensure, as far as is reasonably practicable, the health and safety of their employees at work. Initially, the duty of care was focused upon physical wellbeing, but with increasing recognition that the experience of 'stress' at work is having a negative impact on employees, there has been a shift in the interpretation to include both physical and mental well-being (Cousins et al, 2003). Furthermore, as more employers now acknowledge that their workforce is their greatest asset and resource (Mental Health in the Workplace, 2003), there are a variety of ways in which they can both demonstrate the value they place on their staff and emphasise the actions needed to ensure the workforce is efficient and effective. These include flexible working hours, provision of child care facilities and counselling schemes.

The last half-century has seen enormous changes in the nature of society in the developed world and of the workplace in particular (Cooper, 1998). As new technology, rising levels of global trade and investment, and increasingly intensive economic competitive forces bring about fundamental changes in the workplaces of developed countries, the promotion of the determinants of a healthy workplace will present unknown and fresh demands; none more so than in meeting the challenges posed by the unprecedented speed of change. Even as the physical demands of heavy manual labour and the toxicity of the workplace in the developed world appear to be decreasing because of increasing mechanisation and the bulk of work moving away from manufacturing to the service sector, the overall human and economic burden of work-related illnesses and disability remains high (Polanyi et al, 2000). For example, USA employer Workers' Compensation costs as a percentage of payroll have increased by over 100% since 1960, totalling over \$7 billion in (Burton, 1993).

During the last thirty years there have also been significant workplace health improvements in respect of the physical and toxic hazards. The psychosocial demands of work have only recently received similar study and attention even though recognised as increasingly important (Aaron, 1995). Psychosocial risk factors are things that may affect workers' psychological response to their work and workplace conditions (including working relationships with supervisors and colleagues). Examples include high workloads, tight deadlines and lack of control over the work and working methods, (Health and Safety Executive, 2001). As well as leading to stress, which is a hazard in its own right, psychosocial risk factors can lead to musculoskeletal disorders. For example, there can be stress-related changes in the body (such as increased muscle tension) that can make people more susceptible to musculoskeletal problems. Musculoskeletal disorders cover a broad range of health problems. They include back pain or injuries and work-related upper limb disorders. Regarding causes, work-related factors include: the physical work environment and equipment used; work organisation and psychosocial work factors, (European Agency for Safety and Health at Work, 2004).

Undoubtedly, psychosocial needs, which arise from organisational and managerial decisions, are in turn constrained by the wider economic, political, social and political environment (see Figure 1) and if we are to improve the health of the workforce, strategies must go beyond the traditional health promotion and occupational health promotion programmes. Neither the achievement of a safe physical environment nor the



**Figure 1 Determinants of Worker Health**

(Polanyi et al, 2000 p140)

promotion of a healthy lifestyle are sufficient in themselves. Efforts to improve workplace health must identify and address fundamental social and psychological, as well as physical, factors at play (see figure 1).

Such a move in no way negates the need for occupational health strategies nor workplace health promotion programmes, but rather calls for a greater emphasis than is presently given to organisational and societal determinants of worker health. What is now required is a more complete approach incorporating these distinct but inter-related strategies.

### 3:1 Occupational Health (OH)

Traditionally OH has primarily been concerned with “health protection” or the reduction of physical and chemical hazards. It involves a variety of preventative measures as well as curative services, but the role is expanding to include psychological and social well-being. Although the traditional hazards addressed by occupational health departments are not disappearing they affect lower proportions of the workforce and at the same time psychological and psychosocial problems play a larger role as employers seek out higher levels of productivity (Rantanen, 1995). As previously noted, even musculoskeletal disorders, which make up an increasing proportion of reported injuries in many developed countries, are recognised as having both physical

and psychosocial origins (Hagberg et al, 1995). Furthermore, although the impact of the physical environment on physical health is readily acknowledged (e.g. the physiological effects of toxic chemicals), its consequences for psychosocial health are also important and increasingly recognised. For example, dangerous working conditions can induce psychological distress and promote health-damaging behaviour, including excessive drinking or smoking (Mullen, 1992) and 'dysfunctional occupational adaptations' such as excessive risk-taking (Barnes, 1997). Various occupational groups, e.g. soldiers and miners, who have also been identified as high risk in terms of physical danger (Cartwright and Cooper, 1997) may well be in a state of constant arousal and ready to react immediately. The resultant strains of adrenaline rush and respiratory changes can present a threat to long term health.

### **3:2 Workplace Health Promotion (WHP)**

WHP programmes grew out of a belief that healthy lifestyles would reduce employer health costs (Conrad, 1988) and workplaces remain primarily directed towards encouraging healthier individual behaviours/lifestyles rather than addressing the conditions that shape the behaviours. Such programmes seek, through the provision of support and information and the development of individual worker skills, to focus on such issues as nutrition, weight control, alcohol and smoking counselling, stress reduction, cardiopulmonary resuscitation and sickness leave (Polanyi et al, 2000).

The attractions of the workplace as a site for health promotion initiatives are apparent (Dooner, 1990). For example, WHP programmes tend to have a higher participation rate than off-site programmes; the larger workplaces also often have health staff, appropriate facilities and established communication networks to support the programmes (Warner, 1990) and not least, employee behaviour can also be significantly influenced in a positive direction by peer pressure.

However, although there is some evidence to demonstrate improved levels in employee morale, staff/management relationships and increased productivity as a result of WHP, and also evidence of short-term individual behaviour changes, there are a number of serious limitations to WHP approaches (Polanyi et al, 2000). Measuring the impact of WHP is difficult, since most health indicators used, e.g. absenteeism and sick leave, are not pure indicators of workers' health; they also reflect non-workplace factors, including outside life stresses and disease trends in the community. Notwithstanding this, a number of studies confirm the effectiveness of blood pressure control and smoking cessation programmes, although other lifestyle effects are more tentative (Baker and Green, 1991; Bertera, 1990 and Fielding, 1990). However, many evaluations of company programmes are short-term and cross-sectional and therefore it is difficult to determine causality (Warner et al, 1988) and the cost-effectiveness of the majority of WHPs have not been rigorously evaluated (Fries et al 1993; Warner, 1990).

Productivity is difficult to measure (Biener et al, 1994) and according to an overall review of the literature (Warner et al, 1988) the case for increased productivity is not convincing. A review of more recent interventions (Rush, 1995) concluded that the weight of evidence indicates positive, if inconsistent, health effects of WHP. Although this review appears to offer a more positive perspective, Rush also reports that the 'better' outcome



studies have significant limitations that preclude conclusive statements as to whether the health promotion programmes caused the observed changes.

### **3.3 Promoting Healthy Workplace Determinants (HWD)**

Although both OH and WPH address the psychosocial impacts of organisation-level conditions, a more holistic model that more fully addresses these issues is required. Such a framework can be developed by the integration of strategies to address “total health” within the workplace, by integrating aspects of organisational change, participatory or action research and the health promotion approaches (Polanyi et al, 2000).

A number of initiatives have been undertaken to try to identify a structured and yet democratic process of issue identification, analysis and action. Although there are variations in terminology and process there is a general consensus (Aron, 1995) that promoting a programme to develop healthy workplace determinants should be based upon the following steps or principles:

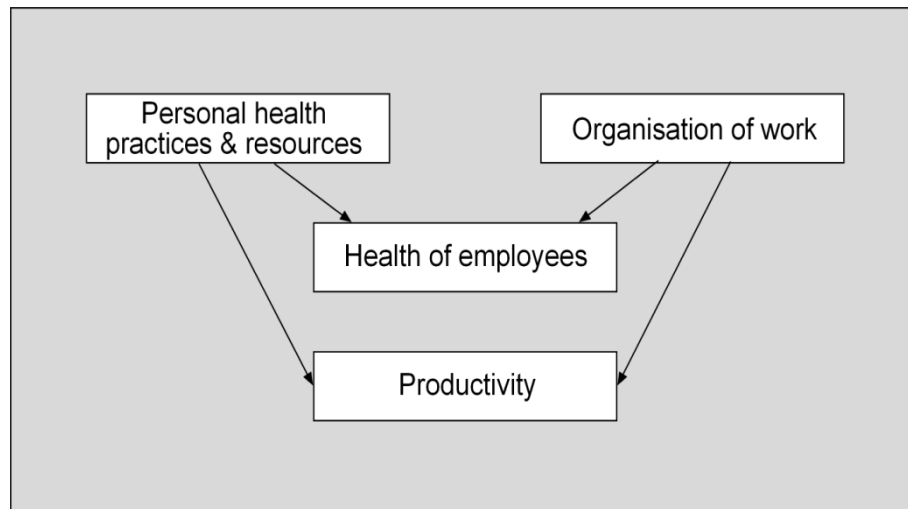
- xviii. a broad-based commitment of workers and managers in all stages
- xix. a partnership which permits all participants to address a full range of issues
- xx. targeting health issues which are a priority of the workers
- xxi. researchers to act as a technical resource and facilitator (e.g. what works: what doesn't?)
- xxii. long-term commitment, and
- xxiii. on-going evaluation of both process and outcomes to promote on-going review and modification.

#### **3.3.1 Fundamental building blocks of HWD**

Health within the workplace is conditional upon:

- xxiv. Employee resources i.e. personal capabilities, health practices, attitudes, values and hereditary endowment
- xxv. Workplace influences on the employees once they are there in terms of the organisation of work in both physical and psychosocial sense.
- xxvi. Investing in Comprehensive Workplace Health Promotion (2001)

From the figure 2 we can see that the two forces are not independent; rather they interact (Thompson et al, 1998; Parrot et al, 2000). For example, management practices such as unscheduled overtime, unsocial hours etc. can make it more difficult for employees to care for their own needs (Marmot et al, 1991). Likewise a workplace located, for example, in an area infamous for high levels of substance abuse can make it difficult for managers to prevent such practices from adversely influencing issues of absenteeism, sickness and accidents at work (Bray, 2000).



**Figure 2 Fundamental building blocks of HWD**

When this interaction between the physical environment and the psychosocial environment is taken into account, their joint impact on health is massive, (Shain, 2000). Given that these two aspects of the working environment also influence the ability of individuals to care for their own well-being and personal resources, the organisation of work in the “production of health” is of great significance.

The most significant research on stress, health and performance has concentrated upon two paradigms:

- i) The Demand/Control Model and
- ii) The Effort/Reward Imbalance

### **The Demand/Control Model**

Karasek and Theorell (1990), building upon Karasek’s Job-Demands Control Model (1979), summarised a number of studies showing that the most adverse reactions of psychological strain (fatigue, anxiety, depression and physical illness) occur when psychological demands are high and the worker’s latitude in the task is low. Investing in Comprehensive Workplace Health Promotion (2001)

From Figure 3, we can see the basic elements of Karasek’s model. The fundamental position is that although high work demands may be clearly associated with high levels of strain, the impact of these demands can be offset by the perception that the individual has control over important aspects of the work. Indeed, highly demanding work in which one has high control is considered by Karasek to indicate an “active” job, which usually has beneficial outcomes for individuals. Conversely, jobs that have low demand and low levels of control (e.g. repetitive assembly line work) are referred to as “passive” jobs and they often create strain.

### **The Effort/Reward Imbalance**

This model postulates that jobs characterised by a perceived imbalance between high effort and low rewards are stressful and will lead to negative health outcomes, particularly in persons with limited coping abilities. This model is meant to tap the attribute of an individual’s “need for control”; a personality characteristic related to flexibility in coping. According to the model, a person with a high need for control will respond in an inflexible

## Developing the Healthy Workplace: Demand/Control Model, Karasek & Theorell, 1990

		Demands	
		High	Low
Control	High	Moderate strain	Low strain
	Low	High strain	Moderate - high strain

**Figure 3 Demand/Control Model**  
Investing in Comprehensive Workplace Health Promotion (2001)

way to work situations of high effort and low reward; they will therefore be more stressed and disease-prone than a person in the same situation who has less need for control.

In particular, effort-reward imbalance at work is associated with elevated risks of a wide range of indicators of reduced health (Seigrist, 2001). 'Work, Stress and Health: the Whitehall II Study' (2004) emphasised that a combination of high effort without appropriate reward is stressful and increases the rate of illness. Although high effort by itself is not stressful, the Whitehall study also found that an imbalance between efforts and rewards the increased risk of heart disease and this increased risk was in addition to, and independent of, the contribution to heart disease of low control at work, noted in the Demand /Control Model of Karasek and Theorell (1990). Furthermore, imbalance between effort and reward also predicted other measures of ill-health including decline in physical and social functioning.

The essence of the above model is the empirically-verified position that too much demand coupled with too little job control, and too much effort coupled with too little reward, are stressors complicit in the production of a range of differing types of injury and/or illness. These range from the common cold to cancers and include a range of different injuries such as back problems and repetitive strain injuries.

Furthermore, the quartet of stressors shown below are disproportionately influential contributors to adverse health conditions (Shain, 2000):

**High Demand:** Having too much to do in too short a time over too long a period,

coupled with

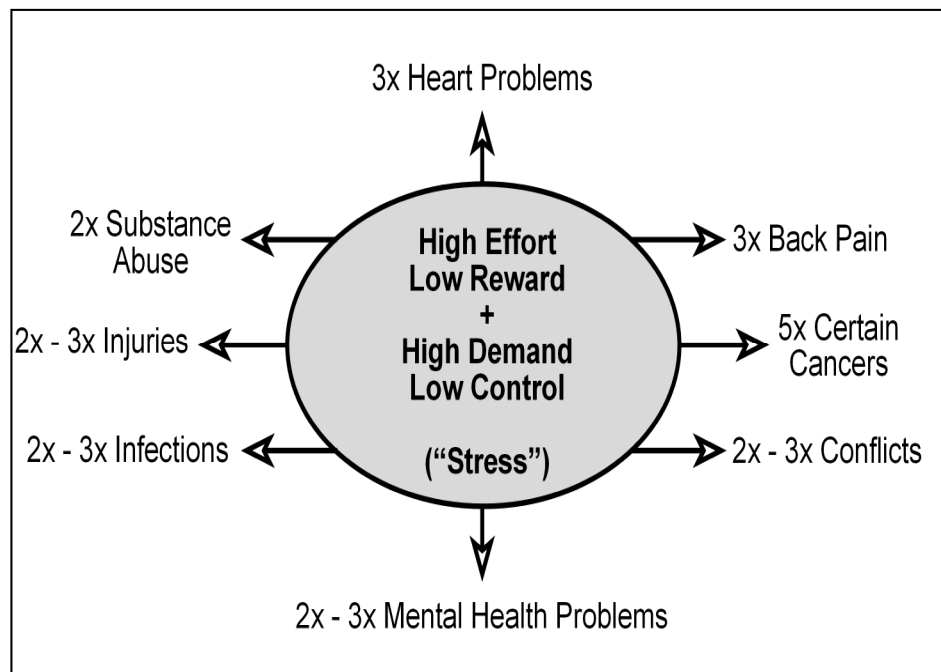
**Low Control:** Not having enough influence over the way your job is done on a day-to- day basis and

**High Effort:** Having to expend too much mental energy over too long a period

coupled with

**Low reward:** Not receiving adequate feedback on performance i.e. acknowledgement for work well done and/or recognition.

It is also important to recognise that the research underpinning both models highlights that the amount of stress required to produce harmful outcomes is increasingly quantifiable and measurable and can be compared. When employees score at the high end of the scales that measure these factors it has been found that they are more likely to suffer a wide range of adverse health outcomes such as cardiovascular disease, immune system disorders, anxiety and depression (see figure 4). For example, when employees are subjected to prolonged conditions of High Effort/Low Reward and High Pressure/Low Control they are 3 times more likely to sustain back injuries than other employees not subject to these conditions.



**Figure 4 Employee Costs**

Investing in Comprehensive Workplace Health Promotion (2001)

A review of research in this field highlights:

- i) High Demand/Low Control conditions at the extremes (highest 25% Demand level, lowest 25% Control level), compared with High Demand/High Control and Low Demand /High Control conditions, are associated with
  - More than double the rate of heart and cardiovascular problems
  - Significantly higher rates of anxiety, depression and demoralisation

- Significantly higher levels of alcohol and prescription/over the counter drug use
  - Significantly higher susceptibility to a wide range of infectious diseases  
(Gardell, 1982; Greenburg and Grunberg, 1995; Johnson et al, 1996; Karasek and Theorell 1990; Matthews et al, 1987; Theorell et al, 1997).
- ii) High Effort/Low Reward conditions at the extremes (highest 33 % Effort level, lowest 33 % Reward level), compared with High Effort/High Reward conditions are associated with:
- More than triple the rate of cardiovascular problems
  - Significantly higher incidence of anxiety, depression and conflict related problems  
(Bosma et al, 1998, Siegrist, 1996).
- iii) High Demand/Low Control conditions and High Effort/Low Reward Conditions are associated with:
- Higher incidence of back pain (up to 3 times the rate found in High Demand/High control and High Effort/High Reward Conditions
  - Higher incidences of Repetitive Strain injuries (excess rates up to 150%) have been reported.  
(Polanyi et al, 1997; Shannon et al, 1996; Shannon et al, 1997; Smith 1997.
- iv) A combination of High Demand/ Low Control and High Effort/Low Reward conditions are implicated, along with other more general workplace stressors in the precipitation of colorectal (bowel) cancer. People experiencing such adverse conditions had over 5 times the rate of colorectal cancer (Courtney et al 1993)

Furthermore, these conditions of work may arise more often as a result of management decisions and policies rather than chance. Even when the nature of work, to some extent, constrains the action managers may take, there are often choices open to them. It is on these choices that employees focus when considering the extent to which their employer acted fairly. When employees find themselves in situations as outlined above they are more likely to believe alternative choices could have been made to reduce demand and effort and increase control and reward without economic loss to the organisation (Shain 1999). Should employees perceive their employers to have acted unfairly, e.g. to have broken promises, these feelings translate into a biochemical cascade from mind to body that contributes to the inability of the immune system to defend itself against bacterial and viral assault.

A sense of fair play is also considered to be very important as a link between the stresses of high demand/low control, high effort/low reward and the health outcomes as illustrated above. In recent years much has been learned about emotions and their effect on the mind and body (Tarlov, 1996; McEwan, 1998; Tyler et al, 1997). In this body of research, subordination in power relations is seen as a type of stress, the effects of which are increased by the sense that it is unfair.

Persuasive though this evidence is, the way in which it is presented can stand in the way of providing constructive solutions. We can note, quite correctly, that the ‘demand and effort’ parts of the two models are often not highly modifiable because the nature of the work dictates its pace and the type of labour required to meet the demand. This leaves the “control and reward” parts of the models that in theory at least are amenable to change through different types of management decisions.

Numerous studies indicate that when management chooses to implement ways of increasing employees’ control and reward, benefits can be expected in regard to decreased rates of almost all adverse health outcomes of the kind we can assess over relatively short periods of time; infectious diseases, anxiety, depression and certain types of pain (Elden, 1986; Macy and Izumi, 1993; Kaplin and Rankin 1993). However, if the whole discourse about control and reward is allowed to concentrate on the area of stress, then a manager may miss the opportunity to confront the issue in a more constructive manner.

As the organisation of work is the critical point of intervention it is essential to identify and modify key forces that act upon the health of employees and on the organisations productivity.

#### **4. The “Investing in Comprehensive Healthy Workplace Health Promotion” programme.**

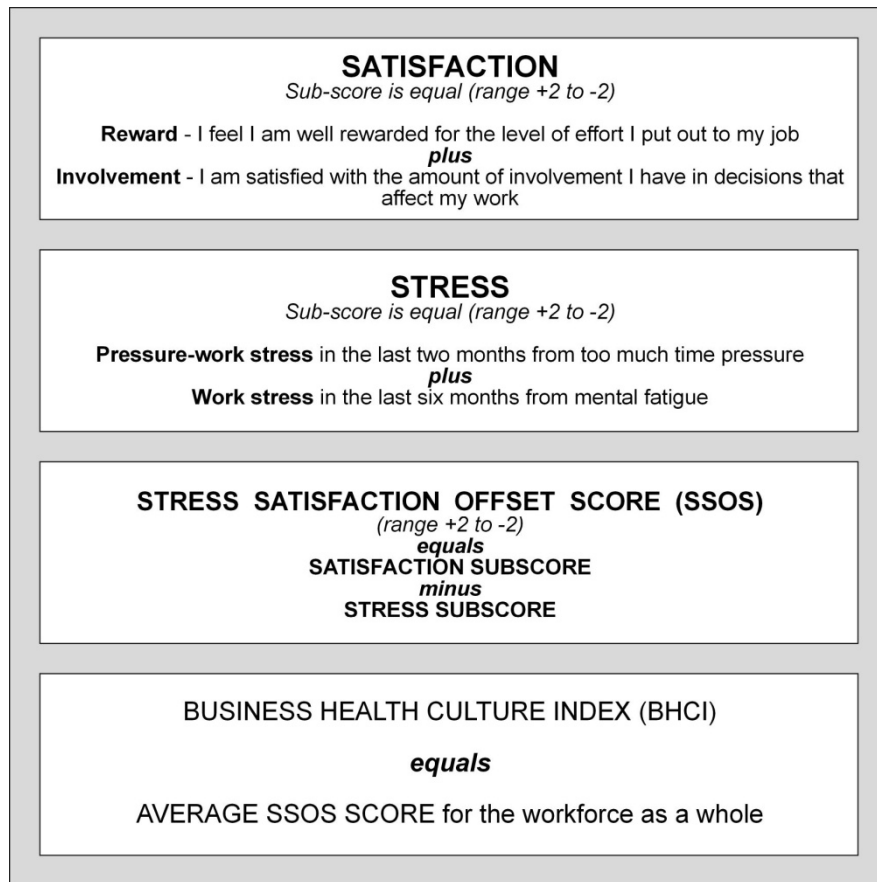
The idea of a “Business Health Culture” (BHC) is at the centre of the “Investing in Comprehensive Healthy Workplace Health Promotion” programme (NQI, Canada 2001). BHC refers to the balance that exists between job demands and controls and job effort and reward. The BHC can be assessed by using a simple survey that provides the Business Health Culture Index (BHCI), a numeric expression of the relationship between key job stressors (demand, effort) and key job satisfiers (control, reward).

The base line score for the organisation, at the commencement of the programme, is established via the Stress/Satisfaction Offset Score (SSOS). In a series of workplace surveys of employee health undertaken by the Canadian National Institute of Quality (Shain 1999) a Stress/Satisfaction Offset Score (SSOS) was constructed. In the SSOS, markers of demand and effort were seen as stressors and markers of control and reward were seen as satisfiers. When the survey is completed it becomes a simple task to assign every employee who participated in the survey a score based upon the relationship between these specific stressors and these specific satisfiers within the sphere of their own work role. Once every employee has a SSOS it is possible to establish a base line, stress/satisfaction score for each department and also for the organisation as a whole, as shown in Figure 5. By describing the problem as an imbalance between satisfaction and stress problems can be addressed by increasing the former or reducing the latter or by a combination of both.

The SSOS in the Investing in Comprehensive Healthy Workplace Promotion programme (NQI, Canada, 2001) is constructed from answers to the four questions in Figure 5 and is used to assess the Business Health Culture (BHCI) score.

When the score is negative stress outweighs satisfaction and a positive score means that satisfaction outweighs stress. A score of zero indicates that stress and satisfaction cancel each other out.

When the BHCI is negative, stress outweighs satisfaction and the “health culture” is characterised by more stress than satisfaction. A negative health culture is one that works against the achievement of business objectives. When the BHCI score is positive, satisfaction outweighs stress and a positive health culture is one that works for the achievement of business objectives. Investing in Comprehensive Healthy Workplace Health Promotion programme (NQI, Canada, 2001) provides an extensive approach to managing a healthy workplace by adopting a holistic view which encompasses multiple aspects of the organisation and its management practices. The programme also promotes the move towards a learning organisation by calling for an integration of both the “natural” (or ‘emergent’) and the ‘rational’ approaches to decision-making, through a synthesis of economic and behavioural theory (Bowman, 1994). In managing the relationship between these two approaches, it addresses the dichotomy, in respect of both reasoning and action, between the rational tradition (associated with classical management theory and professionalism) and the natural, narrative, case-based methods of behavioural/emergent theorists. As events and opportunities emerge, senior management can incrementally guide the pattern of escalated or accepted proposals to suit the organisation’s purposes without getting prematurely committed to any rigid solution set which unpredictable events might prove wrong or opponents



**Figure 5 Stress, Satisfaction Offset Score (Shain, 1999)**

find sufficiently threatening to coalesce against.

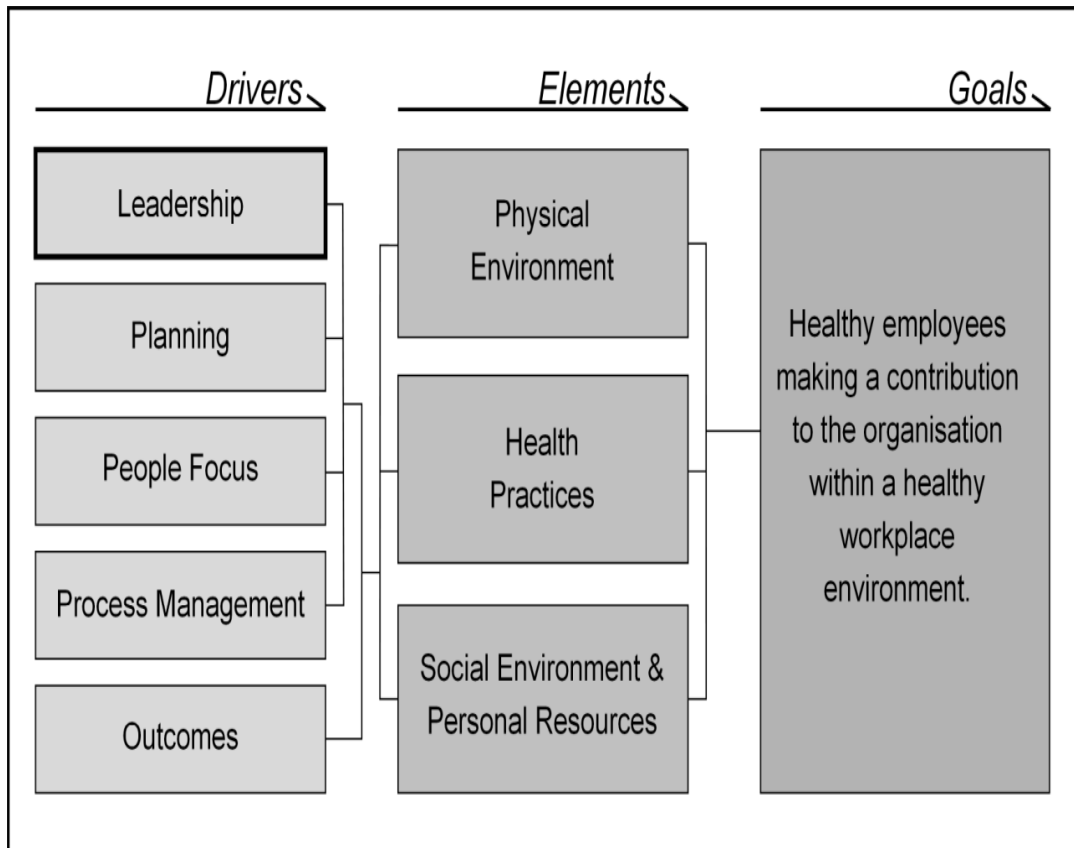
To enable such an approach to materialise, the Healthy Workplace Criteria cover four ‘drivers’ which are considered essential to developing and sustaining a healthy workplace. These are:

- xxvii. Leadership through the commitment and support of senior management to reinforce and promote the changes necessary for improvement. The programme focuses on those who have primary responsibility for the organisation’s performance.
- xxviii. Planning for the development of an overall health plan for the organisation and on the design, activities and evaluation of integrated healthy workplace programmes activities
- xxix. People Focus, by emphasising the organisation’s efforts to support and foster an environment that encourages the staff to become involved in healthy workplace activities and to make a positive contribution to the overall goals of the organisation.
- xxx. Process Management concentrates on how processes that have a direct impact on a healthy workplace are controlled and improved through staff development and behaviour change to help reinforce a healthy workplace.
- xxxi.



A fifth section, Outcomes, is designed to capture the results achieved by the organisation's healthy workplace effort.

For each of the above there is a series of specific criteria: e.g. 'The management team demonstrates a commitment to a healthy workplace environment through the allocation of resources.' Each criterion, (and there are, for example, ten in the leadership driver), is used to measure how effectively the organisation addresses the designated key elements that go to make up a healthy workplace, i.e. Physical Environment, Health Practices and Social Environment and Personal Resources. From Figure 6 (below) we can see that each of the drivers focuses on one of the three elements in turn.



**Figure 6 The Process to Goal Attainment**  
(Investing in Comprehensive Workplace Health Promotion, 2001)

To undertake this change process, the Investing in Comprehensive Healthy Workplace Health Promotion programme outlines a set of common principles that can be adapted to the needs of specific workplaces:

- xxxii. Appoint a task force from members of senior management and staff to carry out the design and management of the Business Health Culture (BHC) review and future improvement. Although the composition and size of the task force will vary from one organisation to another, it is important that the most senior member of the organisation who can be dedicated to the task, should be appointed to

manage the process and in this way a commitment should be made to incorporate the process, as it evolves, into the organisation's strategic plan. It is also essential that accountability run from the chair of the task force to a senior executive on the Board, otherwise the exercise could be futile.

- xxxiii. Investing in Comprehensive Healthy Workplace Health Promotion also strongly proposes the inclusion of people with diverse perspectives and expertise including, where present, trade union representatives at the most senior level possible. The more broadly participative and inclusive the task force process is, the more likely it is to be part of the solution to organisational problems that may be identified through the process described.
- xxxiv. An initial priority for the task force will be to undertake an audit of health, social and psychosocial issues through the analysis of records, staff questionnaires, etc. in order to establish an up-to-date assessment of the present situation within the organisation. At this stage the Business Health Culture, should be assessed. The audit should focus both on the 'problem' and on the elements of the problems to determine both the reasons and causes that need to be addressed.
- xxxv. Develop a set of indicators to act as benchmarks against which later follow-ups can be compared after strategies for improvement have been implemented.
- xxxvi. Present the data to senior management.
- xxxvii. Determine, through consultation via the task force, to what extent the situation, described in the report is acceptable.
- xxxviii. Develop a plan of action focussing on the results and the interpretation of the audit. The value of the BHC is that it draws attention to the main drivers of health as it is manufactured in and by the organisation of work. At this stage in the process it is opportune to set objectives in relation to the balance one wants to see between the demand and control, effort and rewards within a certain time frame.
- xxxix. Setting objectives in the framework of BHC automatically provides a basis for the evaluation of the plan's effectiveness since it can be determined in advance the degree of improvement required, within specified time frames.

## **5. Conclusion**

The Investing in a Comprehensive Workplace Mental Health Promotion programme will be utilised on a experimental model basis to assess and evaluate the feasibility of using this approach to develop change strategies that can be utilised when managing the transition from a professionally driven, hierarchical/bureaucratically managed organisation model to an organisation that fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and fosters innovation and change.

The rationale for this research is to ascertain the strengths and weaknesses of the above and to consider if this method of approach can be effectively utilised within different organisations with variations in managerial structures, management styles and organisational cultures.

A further aim of the research is to offer modifications to the process that may assist the management of a change under review. Such proposals can only arise from empirical work which will be undertaken in a local authority in England.

It is essential that the research undertakes a review of the management process in action and considers the impact of the existing policies, procedures and culture on the process. Although a systems approach will be used as a framework, the research will also address political and power concepts in the analysis of strategy formulation.

The research has been commissioned through the initiative of an individual Director from the local authority with support from a number of colleagues with less managerial experience and seniority; the purpose of the research is to develop a tool to assist the Borough Council to manage change.

Key issues to address will include the review of the:

- xl. existing managerial practices e.g. communications, managerial styles etc. and organisational culture(s)
- xli. degree of commitment from senior managers and staff to the change process.
- xlii. development of a process/tool (model of good practice) to assist the organisation to effectively manage change on an ongoing basis.
- xliii. potential application of the process/tool to other organisations i.e. can the process be replicated in other organisations in both the private and public sectors and to what extent will the process require modification and organisations require training and support to implement systems ? and
- xliv. recommended areas of development and training for management and staff.

## Main Paper 1 Bibliography

1. Aaron, T. (1995) *Stress management approaches for small businesses: A comprehensive review from a health promotion perspective*. Toronto: University of Toronto.
2. *A critical review of psychosocial hazard measures*. Contract Research Report 356/2001. Health and Safety Executive. Norwich: HMSO.
3. Alison, G.T. (1971) *Essence of Decision Making: Explaining the Cuban Missile Crisis*. Boston: Little Brown.
4. Argyris, C. (1999) *On Organisational Learning* (Second edition).  
  
Oxford: Blackwell Publishing Ltd.
5. Argyris, C. and Schon, D. (1978) *Organisational Learning: A theory of action perspective*. Reading: Addison-Wesley.
6. Baker, F., and Green, G. M. (1991) Work health and productivity: An overview. In: G.M. Green & F. Baker, eds. *Work, Health and Productivity*, New York: Oxford University Press.
7. Barnes, P. (1997) *Life as a "coiled spring."* Unpublished Doctoral Dissertation. Australia: Griffiths University.
8. Bertera, R.L. (1990) Planning and implementing health promotion in the workplace: A case study of the Du Pont Company experience. *Health Education Quarterly*, 17, 307-327.
9. Biener, L., De Pue, J.D., Emmons, K.M., Linnan, L. & Abrams, D.B.(1994). Recruitment of work sites to a health promotion research trial. Implications for generalizability. *Journal of Occupational Medicine*, 36, 631-636.
10. Bilsberry, J. (1996) There's Nothing so Practical as Good Theory: How Can Theory Help Managers Become More Effective? In: J. Bilbury, ed. *The Effective Manager: Perspectives and Illustrations*. Thousand Oaks: Sage.
11. Binney, G. & Williams C (1995) *Leaning into the future; Changing the way people change organisations*. London: Nicholas Brierley Publishing.
12. Bosma, H., Peter, R., Siegrist, J. and Marmot, M. (1988) Two Alternative Job Stress Models and the risk of Coronary Heart Disease. *American Journal of Public Health* 88(1) 68-74.
13. Bowman, E. (1994) *Next Steps for Corporate Strategy, Advances in strategic management*. In: Shrivastava, P., Stubbart, C., Huff, A., and Dutton, J., eds. *Advances in Strategic Management*, Vol. 12A. , Greenwich CT.: JAI Press Greenwich, Conn: JAI Press Inc.
14. Bray, J.W., Zarkin, G.A., Dennis, M.L., and French, M.T. (2000) Symptoms of dependence, multiple substance use and labor market outcomes. *American Journal of Drug and Alcohol Abuse*, 26 (1) 77-95.
15. Burnes, B. (2000) *Managing Change: A Strategic Approach to Organizational Dynamics* 3<sup>rd</sup> edn. London: Pitman.

16. Burton, J. (1995) *John Burton's Workers' Compensation Monitor*, 8(3), 1-15.
17. Cartwright, S. and Cooper, C. (1997) *Managing Workplace Stress*. Thousand Oaks: Sage.
18. Champey, J. (1997) *Preparing for Organizational Change: The organization of the future*. San Francisco: Jossey Bass.
19. Chandler, A.D., Jr. (1962) *Strategy and Structure: Chapters in the history of the American industrial enterprise*. Cambridge, Mass: MIT Press.
20. Child, J. (1970) Strategic Choices in the Analysis of Action, Structure, Organizations and Environment: retrospect and prospect. *Organizational Studies* 18 (1):44.
21. Clegg, S., Kornberger, M. and Pitsis, T (2005) *Managing and organisations: An introduction to theory and practice*. London: Sage.
22. Cohen, I.J. (1989) *Structuration Theory: Anthony Giddens and the Constitution of Social Life*. New York: Macmillan.
23. Conrad, P. (1988) Worksite health promotion: the social context. *Social Science and Medicine* 26 (5), 485-489.
24. Cooper, C.L. (1998) The Psychological Implications of the Changing Nature of Work. *Royal Society of Arts Journal*, 1, 71-84
25. Courtney, J.G., Longnecker, M.T., Theorell, T. and Gerhardsson de Verdier, M. (1993) Stressful life Events and the Risk of Colorectal Cancer. *Epidemiology* 4 (5). 407-414.
26. Craine (1996) The Rise of Guru Scepticism, *Management Today*, March 1996, pp48-52
27. Dawson, P. (2003) *Reshaping Change: a processual perspective*. London: Routledge.
28. Dooner, B. (1990) Achieving a healthier workplace: Organizational and individual health. *Health Promotion*, (29) 3, 2-6.
29. Dymowski, E., V. and Saake, P., H. (1992) Strategic Planning, *Internal Auditor Journal*, Vol. 49, December. pp18-23 Washington, DC: Institute of Internal Auditors Inc.
30. Eakin, J. ( 2000) Commentary. In: Polanyi, M., Frank, J., Shannon, H., Sullivan, T. and Lavis, J. Promoting the determinants of good health in the workplace. In: Poland, B., Green, L. and Rootman, I. eds. *Settings for health promotion: linking theory and practice*. Thousand Oaks: California: Sage, pp 166-174.
31. Eakin, J. & Weir, N. (1995) Canadian approaches to the promotion of health in small workplaces. *Canadian Journal of Public Health*, 86, 109-113.
32. Elden, M. (1986) Socio-technical systems ideas as public policy in Norway: empowering participation through worker-managed change. *Journal of Applied Behavioural Science* 22 (3):239-255.
33. European Agency for Safety and Health at Work (2001) *How to reduce workplace accidents* Luxembourg: Office for Official Publications of the European Communities.

34. European Agency for Safety and Health at Work (2002) *Recognition schemes in occupational safety and health*. Luxembourg: Office for Official Publications of the European Communities.
35. European Agency for Safety and Health at Work (2003) *Improving occupational safety and health in SMEs: examples of effective assistance* Luxembourg: Office for Official Publication of the European Communities.
36. European Agency for Safety and Health at Work, (2004) accessed 7.8.05
37. Fielding, J. E. (1990). Worksite health promotion programs in the United States: Progress, lessons and challenges. *Health Promotion International*, 5, 75-84.
38. Fries., J.F., Koop, C.E., Beadle, C.E., Cooper, P.P., England, M.J, Greaves, R.F., Sokolov, J.J. Wright, D.D. & Health Project Consortium. (1993) Reducing health care costs by reducing the need and demand for medical services. *New England Journal of Medicine*, 329, 321-325.
39. Gabriel, Y., Fineman, S. and Sims, D. (2000) *Organizing and Organizations (2nd edition)* London: Sage
40. Gardell, B. (1982) Scandinavian Research on Stress in the Workplace. *International Journal of Health Services* 12 (1): 31-41.
41. Greenberg, E.S., and Grunberg, L. (1995) Work alienation and problem alcohol behaviour. *Journal of Health and Social Behavior* 36 (March): 83-102.
42. Hagberg, M., Silverstein, B., Wells, R., Smith, M. J., Hendrick, H.W., Carayon, P., & Perusse, M. (1995) *Work related musculoskeletal disorder (WMSDs): A reference book for prevention*. London: Taylor and Francis.
43. Health and Safety Commission (1999) A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond. London: Health and Safety Executive.
44. *Healthy Work: managing stress in the workplace*. (2003) Occupational Safety and Health Service, Department of Labour, Wellington: New Zealand.
45. Healthy Workplace Initiative (1999) [www.ohn.gov.uk/ohn/ohn.htm](http://www.ohn.gov.uk/ohn/ohn.htm)
46. Henry, J., and Mayle, D. (Eds) (2002) *Managing Innovation and Change*. London: Sage,
47. *Investing in Comprehensive Healthy Workplace Health Promotion*. (2001) Toronto: National Quality Institute.
48. Jafee, D. (2001) *Organizational Theory: Tension and change*. New York: McGraw-Hill
49. Johnson, J.V., Stewart, W., Hall, E. M., Fredlund, P and Theorell, T. (1996) Long-term psychosocial work environment and cardiovascular mortality among Swedish men. *American Journal Public Health* 86 (3):324-331.
50. Kanter, R.M., Stein, B. A., and Jick, T. D. (1992) *The Challenge of Organizational Change: How companies experience it and leaders guide it..* New York: Free Press.

51. Kaplan, M. and Rankin, T. (1993) *Quantitative measures from organizations undergoing major changes in the way work is performed: a survey of 18 Canadian workplaces*. Government of Ontario: Toronto.
52. Karasek, R. (1979) Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24 285-308.
53. Karasek, R. and Theorell, T. (1990) *Healthy Work Stress, productivity and the reconstruction of working life*. New York: Basic Books Inc.
54. Lawrence, P. R., and Lorsch, J.W. (1967) *Organisation and Environment*. Cambridge, MA: Harvard Graduate School of Business Administration
55. Leavitt, B. and March, J. (1988) Organizational Learning, *Annual Review of Sociology*, 14:319-40.
56. Lee, R.A. (1990) There is Nothing so Useful as an Appropriate Theory, In: Wilson, D.C. and Rosenfield R. H, eds. *Managing Organizations: Text Readings and Cases*. New York: McGraw Hill
57. Macy, B. A., and Izumi, H. (1993) Organizational change, design and work organization: a meta-analysis. In: Woodman, R.W. and Pasmore, W. eds. *Research in Organizational Change and Development Vol. 7*. Connecticut: J.A.I. Press Inc.
58. Marmot, M., Smith Davey, G., Stansfield, S., Patel, C., North, F., Head, J., White, I., Brunner, E. and Feeney, A. (1991) Health inequalities among British civil servants: The Whitehall 11 Study. *The Lancet*, 337 1387-1393.
59. Matthews, K.A., Cottington, E.M., Talbot, E., Kuller, L.H. and Siegel, J.M. (1987) Stressful work conditions and diastolic blood pressure among blue collar factory workers. *American Journal of Epidemiology* 126 (2): 280-291.
60. McEwan, B.S. (1998) Seminars in Medicine of the Beth Deaconess Medical Center: protective and damaging effects of stress mediators. *New England Journal of Medicine* 338.3, 171-179
61. Mental Health in the Workplace: *Tackling the effects of stress*. (2003) London: Mental Health Foundation
62. Miller, D (1993) The architecture of simplicity, *Academy of Management Review*, 18: 116-138
63. Millett, B (2000) Understanding Organisations: The basis for managing change *Australian Journal of Management and Organisational Behaviour*, 2 (1), 9-18.
64. Morgan, G. (1986) *Images of Organization* Beverley Hills: Sage.
65. Mullen, P. (1992) A question of balance: Health behaviour and work context among male Glaswegians. *Sociology of health and Illness*, 14 (1), 73-97.
66. Mullins, L.J. (2000) *Management and Organisational Behaviour*. London: Financial Times Management
67. *OSS Prevention Programme Evaluation Report* (1997) Wellington. New Zealand

68. Parrot, S., Godfrey, C., and Raw, M. (2000) Costs of employee smoking in the workplace in Scotland. *Tobacco Control*, (2), 187-192
69. Paton, R. A., and McCalman, J. (2000). *Change Management. A guide to effective implementation*. London: Sage
70. Polanyi, M. F.D., Cole, D.C., Beaton, C.E., Chung, J., Wells, R., Abdoell, M., Beech-Hawley, L., Ferrier, S.E., Mondlock, M.V., Shields, S. A., Smith, J.M., and Shannon, H.S. (1997) Upper Limb Work-Related Musculoskeletal Disorders Among Newspaper Employees: cross sectional survey results. *American Journal of Industrial Medicine* 32: 620-628
71. Polanyi, M. F.D., Frank, J., Shannon, H., Sullivan, T. and Lavis, J. (2000) Promoting the determinants of good health in the workplace. ( In Poland, B., Green, L. Rootman, I. eds. *Settings for health promotion: linking theory and practice*. Thousand Oaks: California: Sage, 138-159
72. Quinn, J., B. (1978) Strategic Change: Logical Incrementalism. *Sloan Management Review*, no 20 (Fall): pp 7-21.
73. Quinn, J., Mintzberg, H and James, R. M. B. (1991) *The Strategy Process: Concepts, contexts and cases*. Englewood Cliffs N.J: Prentice Hall.
74. Quinn, J, B, Anderson, P., and Finkelstein, S. (2002a) Managing Professional Intellect. In: Henry, J. and Mayle, D. eds. *Managing Innovation and Change*. Sage, London 86-98.
75. Quinn, J. B., Baruch, J.J., and Zein, K. A. (2002b) Intellect, Innovation and Growth. In: Henry, J. and Mayle, D. eds. *Managing Innovation and Change*. Sage, London, 5-22.
76. Rantanen, J. (1995) Division of health promotion, education and communication. In *Workers' Health Working Document*. Geneva: WHO Unit of Occupational Health.
77. Robinson and Smallman, C. (2000), The Healthy Workplace? *The Judge Institute of Management Studies*, 3 March 2000
78. Rush, B. (1995 August) *Program Evaluation and the Workplace Health System. What do comprehensive evaluations of health promoting programs in the workplace tell us about program effectiveness and cost efficiency?* Report prepared for Workplace Health Systems, Work and Health Promotion Unit, Health Promotion Directorate, Health Canada.
79. Schein, E. (1999) *Process consultation revisited*. New York: Addison-Wesley
80. Shain, M. (1999) Stress and satisfaction: *Occupational Health and Safety*, Canada 15.3 April/May 38-47.
81. Shain, M. (2000) The Fairness Connection. *Occupational Health and Safety*. Canada 16.4 June 22.3.
82. Shannon, H.S., Walters, V., Lewchuk, W., Richardson, J., Moran, L.A., Haines, T., and Verma, D. (1996) Workplace organizational correlates of lost time accident rates in manufacturing, *American Journal of Industrial Medicine* 29: 258-268.
83. Shannon, H.S., Mayr, J. and Haines, T. (1997) Overview of the relationship between Organizational and Workplace Factors and Injury rates. *Safety Science* 26 (3) 201-217.



84. Siegrist, J. (1996) Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology* 1996; 1:27-41.
85. Siegrist, J, *International Centre for Health and Society Seminar Series* - 13 June 2001 - 5pm 'Social rewards and health.'
86. Stacey, R. (1991) *The Chaos Frontier*. Oxford: Butterworth Heinemann.
87. Swales, C. (1995) *Organisational Structures and Processes*. Oxford: Blackwell Publishing.
88. Tarlov, A.R., (1996) Social determinants of health: the sociobiological translation. In: Blane, D., Brunner, E. and Wilkinson, R. eds. *Health and social organizations, Towards a health policy for the twenty first century*. New York: Routledge.
89. Theorell, T., Tsutsumi, A., Hallquist, J., Reuterwall, C., Hogstedt, C., Fredlund, P., Emlund, N., Johnson, J.V. and the SHEEP Study Group (1997) Decision Latitude, Job Strain and Myocardial Infarction: a study of working men in Stockholm. *American Journal Public Health* 88 (3): 382-388.
90. Thompson, D., Edelsberg, J., Kinsey, K. L., and Oster, G. (1998) Estimated economic costs of obesity to US business. *American Journal of Health Promotion*, 13 (2), 120-127.
91. Tyler, T.R., Boeck, R.J., Smith, H.J. and Huo, H.Y. (1997) *Social justice in a diverse society*. Oxford: Westview Press.
92. Warner, K.E. (1990) Summer Wellness at the worksite, *Health Affairs*, 64-79
93. Warner, K.E., Wickizer, T.M., Wolfe, R.A., Schildroth, J.E. and Samuelson, M.H. (1988) Economic implications of workplace health promotion programs: Review of the literature. *Journal of Occupational Medicine*, 30, 106-112
94. Weber, M. (1947) *The Theory of Social and Economic Organization*, translated by A. Henderson and T. Parsons. Glencoe, IL: Free Press
95. *Work Stress and Health: the Whitehall II study* (2004) Council of Civil Service Unions/Cabinet Office, London
96. World Health Organization. (1986) Ottawa Charter for health promotion. *Health Promotion*, 1 (4) i-v

## **Main Paper 2**

### **Promoting a healthy workplace - A case study**

#### **1. Introduction**

This is the second paper in a series of three. The first paper sought to address the programme necessary for the creation of a safe, healthy and supportive working environment. Following this debate the paper outlined reasons to support the proposition that “Investing in Comprehensive Healthy Workplace Health Promotion” from the National Quality Institute of Canada (NQI, 2001), provides a tool to develop a comprehensive healthy workplace through the nurturing and support of policies and procedures that empower staff to take action and an entrepreneurial approach in decision-making.

This, the second paper will provide a detailed and rigorous discussion of a case study carried out to promote a healthy workplace. The paper will describe the methodology used in the empirical research and will provide the rationale for the approach undertaken.

The paper will then outline the discussions with representatives of management and staff. Questionnaire design and methodology will be clarified and the results of the survey assessed. Results from the survey will form the basis for future action to develop change strategies and models for successfully managing future change in the organisation i.e. to help the organisation move into the transition from a professionally driven, hierarchical/bureaucratic managed organisation to one that fosters effective participation from multidisciplinary and inter-professional groups.

In this way the organisation may be better equipped to more effectively to face the challenges of the increasing pace of change. (The third paper in the series will more specifically address these issues).

#### **2. Promoting a healthy workplace**

Employment for the majority of people provides psychological and social benefits as well as remuneration. The personal and health benefits of work are attributed to its impact on self esteem, income, social relationships and leisure activities and are the subject of much theoretical debate (e.g. Ramon and Hart, 2003). However, although the last thirty years has been significant for workplace health, and improvements in respect of the protection against the physical and toxic hazards, the psychosocial demands of work have only recently received similar study and attention (Aaron 1995). Psychosocial risk factors are things that may affect workers' psychological response to their work and workplace conditions (including working relationships with supervisors and colleagues). Examples include high workloads, tight deadlines and lack of control over the work and working methods (Health and Safety Executive, 2001). As well as leading to stress, which is a hazard in its own right, psychosocial risk factors can also lead to a broad range of health problems (European Agency for

Safety and Health at Work, 2004) and workplace stress has now become a growing concern for employers (Lancaster, 2001).

Stress is a major cause of low productivity, high absenteeism, bad judgment, misallocation of resources and poor morale (Paredes-Japa, 1999) causing the loss of 6.5 million working days a year in the UK (Health and Safety Executive, 2001), while 41 million people in Europe (28% of the workforce) were reported to be suffering from ailments linked to work pressure, lack of control and monotony (European Agency for Health and Safety at Work, 2002 a).

There are numerous studies on stress (e.g. Servellen, 1993; Kam Weng Boey, 1998; Rabin *et al*, 1999; Hopkinson *et al*, 1998) and these have helped to identify factors related to stress in the workplace e.g. job dissatisfaction, role confusion, ambiguity, excessive workload and lack of reward (Karasek and Theorell, 1990; Siegrist, 1996). Evidence also suggests that mental health outcomes tend to cluster together, with anger, depression, work stress and job dissatisfaction all highly related (Dunnagan *et al*, 2001; Lapenz & Lester, 1997; Bansal *et al*, 2000; Paterniti *et al*, 2002). The identification of morbidity rates has helped to encourage more research into exploring the links between the impact of occupational stress and factors within the workplace, and has adverse outcomes on how staff are able to function as professionals (Ramon and Hart 2003).

Consequently, employers ought to have a particular incentive to invest in the recognition and prevention of such problems in order to reduce the substantial financial and associated costs these issues impose each year (Greenberg *et al*, 1993; Pelletier, 1991; Pelletier & Lutz, 1989; Fries *et al*, 1994, 1998). The benefits of establishing a healthy workplace are well documented throughout the developed industrial and commercial world (the European Agency for Safety and Health at Work, 2001, 2002b, 2003; the New Zealand Department of Labour, 2003; Robinson and Smallman, 2000; Marmot *et al*, 1991; and the Health and Safety Commission [HSC], 1999).

A healthy workplace is defined as somewhere where there exists an organisational culture that actively promotes a healthy workforce and recognises the benefits of better health for the business prospects of the organisation; management practices value the contribution of the individual and take into account their needs and limitations; health and safety measures are in place to minimise exposure to risk and include access to occupational health advice and support (Healthy Workplace Initiative, 1999).

There is also considerable agreement as to what constitutes a healthy workplace. Case studies have shown success in this respect when the following are present (Investing in Comprehensive Healthy Workplace Health Promotion 2001).

- xlv. senior management commitment to the development, maintenance and improvement of a healthy workplace initiative.
- xlvi. employee participation from all levels of the organisation in order to ensure all staff are aware of their individual roles and responsibilities.

- xlvi. a systematic, step-by-step approach, for the healthy workplace programme must be carefully planned and should ideally be planned through an approach that uses a variety of methods to identify hazards and reports of harm and also to identify opportunities for developing good practices (HSE, 2001)
- xlvi. systems that address both the causes as well as the effects of stressors.
- xli. realistic expectations about the results of the healthy workplace initiative

The National Quality Institute of Canada, in partnership with Health Canada and a team of key health professionals developed the Investing in Comprehensive Workplace Health Promotion (CWHP) in 2001; a broad-based approach to health and wellness issues in the workplace. CWHP brings together environmental, physical, mental, safety and social issues into a strategic model designed to help organizations set goals and manage their wellness programmes by assessing how effectively the following are addressed and by providing defined criteria on which to base the evaluation.

- i. people focus (vision/mission)
- ii. policy on employee well-being
- iii. process to review/meet occupational health & safety legislation
- iiii. a method by which management demonstrates commitment to the healthy workplace (HW)
- lv. approaches & methods to ensure shared responsibility/accountability for HW
- lv. process to ensure HW issues are considered in decision-making
- lvi. process of overall management evaluation/improvement re: commitment

The model also incorporates the factors required for a successful programme as outlined above

The process of developing a healthy workplace will now be explored and analysed within the context of the design, development and implementation of a comprehensive workplace policy and framework. Investing in Comprehensive Healthy Workplace Health Promotion from NQI, Canada, outlined above, was selected as the basic model of good practice in healthy workplace development as it addresses the above issues through advocating and pursuing management change within a natural/emergent management model. It provides:

- lvii. an extensive review of healthy workplace research and practice
- lviii. the opportunity to analyse a management change process which utilises an approach incorporating the complex effects of the organisation context from which the events arose and
- lix. a change management programme that includes bottom-up consultation with employees from start to finish (Burnes, 2000).

### **3. The project**

It is against this background that this project was commissioned. The project was guided through the willingness of management and staff, of a local authority in England, which for purposes of confidentiality will be referred to as TLA. Hence, the process was dependent upon the commitment of employers and employees to create a supportive management culture and for employees to take ownership of strategies to care for their own well-

being. By focusing on the setting (context and organisational environment) and adopting an approach to actively engage key players (managers and front-line workers), the project's overall purpose was to develop a strategy to promote health and well-being in the workplace.

A further but complementary aim was to utilise lessons from the project to develop change strategies and models for successfully managing future change in the organisation i.e. to help the organisation move into the transition from a professionally driven, hierarchical/bureaucratic managed organisation to one that fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and fosters innovation and change. In this way the organisation may be better equipped more effectively to face the challenges of the increasing pace of change. (The third paper in the series will more specifically address these issues).

#### **4. Methodology**

The specific strategy of this study was to work with management and staff from a local authority in England, to obtain updated information on the well-being and views of the workforce on the nature of workplace stress and health at work, and through the involvement of the workforce use this information to develop an improved strategy for the development of a healthy workplace.

The research team members comprised a senior lecturer from UCE, who was able to draw upon statistical assistance from colleagues, and a senior health promotion professional, employed by the local strategic health authority. This breadth of expertise was to enable a multi-disciplinary approach and to bring multi-dimensional perspectives to the action research project. A senior manager who was a member of the TLA management team was also appointed to act as a link between the organization and the researchers.

A collaborative action research programme involving participatory inquiry Ramon and Hart (2003) was deemed to be the most appropriate framework for the purpose of the project - the intention was to develop a shared strategy whereby management and staff could provide better control over conflict resolution and work together in developing a healthy workplace. This process of enquiry involved taking stock of the past and exploring everyday practices in the present to generate insights into the opportunities and challenges of participation (<http://www.ids.ac.uk/ids/particip/research/oc-sida.html>)

By encouraging and developing a shared strategy, action research can contribute to both the practical concerns of people in a problematic situation and to the goals of social science by joint collaboration within a mutually acceptable framework (Rapoport, 1970). Action research can transform key aspects of the enquiry process to end with a 'culture of inquiry' workplace (Winter & Munn-Giddings, 2001). It can also lead to the possibility of a form of social research involving people in a process of change, based on professional and/or organisational action and free of the problem of gaps between theory and practice. In participatory action research, members of the group under study actively join the researchers from the initial design to the final presentation of the results

and discussion of their proposed actions (Hart & Bond, 1995); human beings are likely to cooperate and seek help if they feel respected by those aspiring to help them (Argyris 1999)

The research team addressed the following issues:

- lx. the often divisive approach to handling well-being in the workplace when the various stakeholders act as competitors rather than as partners to the same enterprise
- lxi. the use of dialogue and shared problem-solving to create a participatory strategy
- lxii. the collection and collation of comprehensive information on well-being and the views of the workforce on the adequacy of management's response to stress via an anonymous questionnaire
- lxiii. in conjunction with the organization under review, the recommendation and development of an improved and viable strategy
- lxiv. the establishment of the Implementation Group through a meeting between members of the research team and the organisation's senior management. This Implementation group assisted the research team in gaining access, engaging with staff and assisting in the dissemination of information (Investing in Comprehensive Healthy Workplace Health Promotion, 2001).

#### **4.1The case study**

The participatory action research paradigm was applied using Yin's case study methodology (Yin, 1994) in four stages:

- lxv. to design the case study,
- lxvi. to conduct the case study research
- lxvii. to collate and analyse the evidence, and
- lxviii. to foster the development of conclusions, recommendations and implications.

The Case Study is an ideal methodology when a holistic, in-depth investigation is needed (Feagin, Orum, & Sjoberg, 1991). Case studies can and have been successfully used in varied investigations, particularly in sociological studies, but increasingly in instruction. Single cases studies may be used to confirm or challenge a theory, or to represent a unique or extreme case (Yin 1994) and single-case studies are also ideal for revelatory cases, where an observer may have access to a phenomenon that was previously inaccessible (Tellis,1997).

The roles and responsibilities of TLA cover the wide range of client groups and specialties to offer a range of local authority services. At the time of the study the largest department, in numerical terms was due to be reconfigured within a year. This department also employed a very high proportion of manual/ancillary staff and the impending change reflected the process of transition in the local authority environment brought about by a compulsory "competitive tendering process."

Like similar organisations in both the public and private sectors, the management was aware that it did not have a reliable database of rates of stress and wellbeing. In fact, the information system was not able to quantify the

exact total number of employees or rates of sickness, productivity etc. on which to base the development of a good future strategy.

#### **4.2 Terms of Reference**

The initial brief for the consultancy proposed the following objectives:

- lxi. to assist the TLA Corporate Management Team (CMT) to undertake a review of stress/satisfaction levels within the Council's workforce;
- lxx. to produce a report summarising the findings of the review, including recommendations for how consultation will continue to be part of the process of developing and implementing the Healthy Workplace Strategy;
- lxxi. to prepare an operational plan detailing how the Strategy will be taken forward and monitored;
- lxxii. to assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy;
- lxxiii. to review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
- lxxiv. to support CMT in developing organisational capacity to manage on-going change.

Discussions were held with the Implementation Group to clarify the extent to which the intention was for the consultancy project to act in an executive capacity. It was agreed that the main aim was to provide advice and information upon which the Council could base decisions and action.

It was also agreed that a prime aim of the project was to seek the views of staff in relation to their perceptions of management processes and how such processes might be refined to incorporate staff health issues.

The key elements of this project were therefore to address:

- lxxv. raising awareness of the project;
- lxxvi. how perceptions of ownership of the strategy could be improved across different stakeholders;
- lxxvii. assessing the levels of stress/satisfaction within the Council's workforce;
- lxxviii. recommendations for the development and implementation of the HWS;
- lxxix. assisting senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues.

#### **4.3 Method**

Initially it is helpful to note the methods employed to determine the views of staff in relation to their job and working environment

The main approach was to undertake a stress/satisfaction survey throughout the Council's workforce and consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy. Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed. Subsequent meetings were held with CMT, the Implementation Group and members of staff; the latter including staff-side representatives. The discussions were structured around the HWS but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end result was an agreement about the way the project should continue.

All members of staff were invited to meet with the researchers, who outlined the proposed process and invited comments. (Meetings were held with groups of staff in a variety of work locations.) Everyone who wished to see the researchers on an individual basis was accommodated and there was the opportunity for members of staff to contact the researchers by email, letter or telephone, and anonymously. In order to broaden out the range of those actively involved in the exercise, a questionnaire (see Appendix 1) was distributed to members of staff.

The research team distributed the majority of the questionnaires. This was done by visiting individual departments and meeting staff who worked evening and weekend shifts. In a small number of cases the manager insisted in handing out the questionnaires. Staff were able to place their completed questionnaires in a sealed box or pass them directly to the research team.

The objective of the questionnaire was to determine a Stress, Satisfaction Offset score (see Appendix 4) and the questionnaire design was agreed following a review of literature in the field and after discussions with representatives of the Implementation Group. The questionnaire was designed to meet the particular needs of TLA and the provisional questionnaire was further modified after a focus group review.

The questionnaire consisted of 21 items that were designed to utilise a quantitative approach and in addition also provided the opportunity for qualitative analysis by encouraging individuals to highlight specific issues they felt important to the performance of their work.

Questions were set out in both positive and negative formats to reduce the likelihood of individuals merely ticking the same boxes without paying due attention to each question. "Scoring" was designed to ensure "positive" responses to all questions received a positive score. When a member of staff disagreed with a negative comment a positive score would be recorded e.g. Question 19: There is harassment here. Agree strongly received a score of -2 and disagree strongly a score of +2.

## **5. Findings**

The completed questionnaires were analysed (see Appendix 2) and the results fed back to staff in a further series of meetings. Small focus groups were also arranged to encourage staff to offer comments on the findings, in an informal environment. Staff were also invited to attend a series of more formal focus groups when issues of



major importance, as identified by the results of the questionnaire, were discussed and analysed. A critical item for consideration by the focus groups was the need to highlight recommendations to CMT, as to how the project could best be taken forward.

Constant feedback was provided to members of the Implementation Group, about the emerging findings in order to ensure that senior management

The general impression from the discussions was that many people were appreciative of the fact that someone had come to speak to them, rather than consulting by questionnaire alone. The ability to clarify issues by asking questions and making suggestions was also felt to be helpful. The majority of discussions and meetings were held in a very positive atmosphere and there were positive comments about the process of the project.

The main points to emerge were:

- lxxx. there was a general willingness by staff to be involved in the process;
- lxxxi. staff felt that the initiative was to be commended;
- lxxxii. a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming;
- lxxxiii. there was a general consensus that the results of the questionnaire addressed relevant staff issues;
- lxxxiv. a number of managers appeared to be defensive about the results;
- lxxxv. certain senior managers appeared to have quite different perceptions, from the general workforce about the organisation's ability to manage effectively;
- lxxxvi. focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process;
- lxxxvii. senior managers were very willing to promote the project aims and objectives.

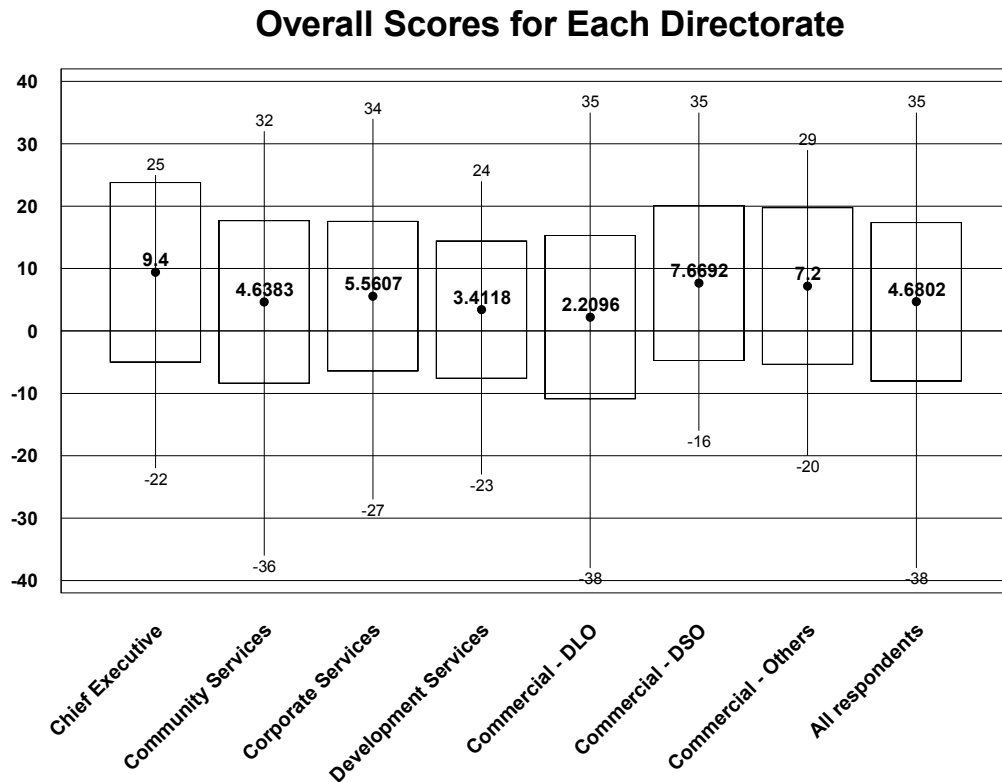
562 out of 800 questionnaires were completed and returned, giving a response rate of just over 70%. The gender of those who returned the forms was made up of 304 males and 245 females. 13 people did not indicate their sex. Mean age for males was 41 years and 39 for females with standard deviation of 12.0 and 11.0 respectively. The majority of staff who completed the questionnaires have worked for the council for over three years, while some 35% have over 10 year's employment. It is considered that the sample returned is representative but the existing Personnel records of the Council are not able to provide appropriate details to fully confirm this fact. However, the outcomes of meetings with staff groups and subsequently focus group meetings to discuss the results of the survey gave a strong indication the results were representative. The questionnaire reliability was within criteria for research of this type. Reliability of questionnaires was tested using Cronbach's alpha co-efficient, giving a value of .81. Appendix 2 provides a review of the questionnaire findings.

Each question had a score of between minus 2 to plus 2, making a potential overall score of +/- 42 for the 21 questions. The overall average score was 4.6802, which indicates an overall satisfaction / stress level that was slightly above neutral. A score of zero indicates that stress and satisfaction cancel each other out.

To put this into context a score of -42 represents a situation in which stress levels are excessively high, whereas a score of +42 illustrates optimum levels of satisfaction. The Staff, Satisfaction Offset Score (Appendix 4) is based upon extensive research which has been subsequently applied within a wide range of organisations by the National Quality Institute of Canada. The more negative a score the more it is that likely staff will be susceptible to a range of physical and psychological conditions.

Figure 1, below, gives the overall scores for each directorate, together with the average scores, the maximum and minimum scores of an individual, and an indication of the spread of the scores (standard deviation). These statistics are also shown graphically, with the boxes around the vertical lines indicating one standard deviation above and below the mean.

**Figure 1:**



As can be seen all Directorates had a positive Satisfaction/Stress score, but there was substantial room for improvement if a healthy workplace was to be fully developed. It was also clear there was a large variation between the feelings of individual members of staff, even in the same Directorate. For example, in the Commercial – Direct Labour Organisation Directorate there are wide differences between the views of individual members of staff. Although one member of staff was very satisfied with the workplace (as s/he scored +35) another member of staff felt almost the opposite, with a personal score of -38.

An important issue to note is, even if staff generally felt slightly positive that TLA provides a healthy workplace, there were substantial numbers of staff who did not agree. Furthermore, members of staff that have a very negative view of the situation are much more likely to be at significant risk from a range of physiological and psychological health problems.

As discussed previously, Appendix 2, presents the staff scores for each of the twenty-one questions. The issues that staff felt most concerned about were:

- lxxxviii. There is too much pressure to get everything done on time;
- lxxxix. There is not enough staff to do the job properly.
  - xc. while the majority of staff did not feel that the following was applicable to them:
  - xci. I have too much responsibility for the work of others;
  - xcii. I feel trapped in a job that I can't get out of

In addition to the quantitative data derived from the questionnaire, members of staff were encouraged to highlight specific areas for improvement and/or to outline areas of concern by adding their comments in the space provided on the questionnaire. This qualitative data was collected through open questions and collated through a process of content analysis. Each completed questionnaire was reviewed and issues raised were coded according to the nature of the comment. Issues that were raised on a number of occasions were specifically categorised.

Major themes to emerge were dissatisfaction with:

- xciii. the environment/working conditions;
- xciv. management performance;
- xcv. effectiveness of communications; both vertical and horizontal;
- xcvi. provision of appropriate equipment;
- xcvii. training opportunities;
- xcviii. opportunity for flexible working
- xcix. the operation of the bonus scheme in the Direct Labour Organisation.

Following feedback of the questionnaire results a series of focus groups was held. The focus groups consisted of members with diverse perspectives and expertise. In addition to senior management and union nominated members, each of the seven Directorates elected a colleague to represent their views. This broadly participative and inclusive group was designed to be health promoting in its own right (Investing in Comprehensive Healthy Workplace Health Promotion. 2001). The aim of the focus groups was to ensure that the questionnaire had addressed the full range of issues pertinent to staff and management issues and to seek recommendations for CMT on the way the programme should continue.

The focus groups accepted the findings from the survey and recommended that:

- c. the findings of the questionnaire should be noted by TLA Council and further action should be taken to promote this initiative;
- ci. as an initial step a senior manager reporting directly to the Chief Executive should be given responsibility for the Healthy Workplace Strategy (HWS);
- cii. the designated manager should be responsible, to the Chief Executive, for ensuring the HWS is included in the Council's strategic (business) plan; targets and resource allocation will be defined;
- ciii. the designated manager should establish a Council-wide HWS Committee, with members drawn from management and staff; including staff side and trade union representatives.
- civ. at departmental/directorate level, to be defined, "local" HWS Committees should be established to address relevant HWS items and to bring, when appropriate, issues to the attention of the Council-wide Committee.
- cv. although the HWS Committee should establish priorities, the Focus groups also highlighted the need to address the following issues as a priority.
  - o a programme of management and staff awareness development undertaken to assist in establishing a climate to address the changes outlined;
  - o an examination of the Council's workplace environment and equipment is undertaken without delay with a view to identifying issues to be addressed and establishing a feasible programme of work;
  - o the communications policy is reviewed.

## **6. Reaction to the findings by the Corporate Management Team (CMT)**

At a meeting with the CMT the findings of the survey were reported and accepted in principle by members of the CMT. This was perhaps to be expected as the Chief Executive and his team had been kept fully apprised on findings throughout the research process. Furthermore, through the period of research, the consultants undertook formal and informal discussions as to how best to:

- cvi. prepare an operational plan detailing how the process could be taken forward and monitored;
- cvi. assist the CMT and other relevant participants in developing processes for implementing and developing the HWS.
- cviii. review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
- cix. support CMT in developing organisational capacity to manage on-going change.

It was suggested that such an approach would enable the HWS to be implemented, but developing organizational capacity to manage on-going change would still further require:

- cx. a shared vision among management and staff of the role of TLA;
- cx. encouragement and respect of individual ideas and thinking geared towards achieving the vision;

- cxii. a greater understanding of the different processes and interactions between management and staff and between different departments;
- cxiii. establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships;
- cxiv. external advice and counsel and ongoing management consultancy support.

However, the CMT were not prepared to countenance the review of existing management practices and procedures and also refused to accept the recommendation to seek external advice and training.

The CMT agreed to move towards addressing the findings of the survey but through a process of addressing individual issues in turn rather than through establishing a HWS based upon a whole workforce involvement.

## **7. Conclusion**

The aim of the overall project was to undertake a detailed and rigorous case study to examine whether an existing, well evaluated healthy workplace programme could be successfully replicated within a local authority in England.

The case study was based upon Investing in Comprehensive Healthy Workplace Health Promotion (CHWP), a programme that addresses a broad-based approach to health and wellness issues in the workplace. (CWHP) brings together environmental, physical, mental, safety and social issues into a strategic model that helps organisations set goals and manage their wellness programmes by assessing effectiveness through providing defined criteria on which to base the evaluation:

The second of the three papers sets out the methodology used in the empirical research and provides the rationale for the approach undertaken. Following a review of literature in the field and after discussions with representatives of management and staff, a questionnaire based upon CWHP) was used.

When the survey was completed it became a simple task to assign every employee who participated in the survey a score based upon the relationship between these specific stressors and specific satisfiers within the sphere of their own work role.; a Stress/Satisfaction Offset Score (SSOS). Once every employee has a SSOS it was a simple process to establish a base line score for each department and also for the organisation as a whole. By describing the problem as an imbalance between satisfaction and stress we can resolve the issue by increasing the former or reducing the latter or by a combination of both.. In addition to the questionnaire a series of focus groups meetings were held, together with a series of briefings that all staff were invited to attend.

Results from the survey formed the basis for future action. This included the call for the establishment of a healthy workplace strategy and highlighted issues to be addressed in the immediate future and longer term.:

- cxv. the empirical research confirmed that the methodology used in Investing in Comprehensive Healthy Workplace Health Promotion (CHWP) could be replicated to develop a healthy workplace programme in the TLA authority
- cxvi. the participants created a detailed, useful and realistic strategy to enable TLA to take the issue of promoting well-being in the workplace forward.
- cxvii. a well designed and well evaluate programme may not necessary be successfully replicated in a different organisation
- cxviii. the research highlighted the need to assess the capability of the existing management organizational structures to manage a major change process of this nature and
- cxix. finally, the findings question the managerial requirements for the successful implementation of organisational learning.

These issues will be further explored in Paper 3

## Main Paper 2 Bibliography

1. Aaron, T. (1995), *Stress management approaches for small businesses: A comprehensive review from a health promotion perspective*. Toronto. University of Toronto
2. Argyris, C. (1999). *On Organisational Learning* (2nd edition) Malden, MA: Oxford Blackwell Publishing Ltd
3. Bansal, A., Monnier, J., Hobfoll, S. E. & Stone, B. (2000). Comparing men and women's loss of perceived social and work resources following psychological distress. *Journal of Social and Personal Relationships* **17** 265–81.
4. Dunnagan, T., Peterson, M. & Haynes, G. (2001). Mental health issues in the workplace: a case for a new managerial approach. *The Journal of Occupational and Environmental Medicine* **43** (12) 1, 073–80.
5. European Agency for Safety and Health at Work (2001). *How to reduce workplace accidents* Luxembourg: Office for Official Publications of the European Communities
6. European Agency for Safety and Health at Work. (2002 a). *Recognition schemes in occupational safety and health*. Luxembourg: Office for Official Publications of the European Communities
7. European Agency for Health and Safety at Work. (2002 b). *How to Tackle Psychosocial Issues and Reduce Work Related Stress*. Luxembourg: OPOCE
8. European Agency for Safety and Health at Work. (2003). *Improving occupational safety and health in SMEs: examples of effective assistance* Luxembourg: Office for Official Publication of the European Communities
9. European Agency for Safety and Health at Work, (2004).  
<http://europe.osha.eu.int/research/rtopics/msd/msd.asp?tcid=3>
10. Feagin, J., Orum, A., & Sjoberg, G. (Eds.). (1991). *A case for case study*. Chapel Hill, NC: University of North Carolina Press.
11. Fries, J., Harrington, H., Edwards, R., Kent, L. & Richardson, N. (1994). Randomised controlled trial of cost reductions from a health education program: the California. Public Employees' Retirement System (PERS) study. *American Journal of Health Promotion* **8** 216–23.
12. Fries, J. F., Koop, C. E., Sokolov, J., Beadle, C. E. & Wright, D. (1998). Beyond health promotion: reducing need and demand for medical care. *Health Affairs* **17** (2)70–84.
13. Greenberg, P. E., Stiglen, L. E., Finklestein, S. N. & Bernt, E. R. (1993). Depression: a neglected major illness. *Journal of Clinical Psychiatry* **54** 419–24.

14. Health and Safety Commission (1999) *A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*. London: Health and Safety Executive
15. Health and Safety Executive (2001) *Working Days Lost*. London: Health and Safety Executive.
16. *Healthy Work: managing stress in the workplace*. (2003) Occupational Safety and Health Service, Department of Labour, Wellington , New Zealand
17. Hopkinson, P. J., Carson, J., Brown, D., Fagin, L., Bartlett, H. & Leary, J. (1998). Occupational stress and community mental health nursing: what CPNs really said. *Journal of Advanced Nursing* **27** 707–12.
18. *Investing in Comprehensive Healthy Workplace Health Promotion*. (2001). Toronto: National Quality Institute.
19. Kam Weng, B. (1998). Coping and family relationships in stress resistance: a study of job satisfaction of nurses in Singapore. *International Journal of Nursing Studies* **35** 353–61.
20. Karasek, R. and Theorell, T. (1990). *Healthy Work Stress, productivity and the reconstruction of working life*. New York N.Y. Basic Books Inc.
21. Lancaster, R. (2001). Work positive - prioritising organisational stress: Resource pack for SME's. *The International Journal of Mental Health Promotion* **3** (3) pp 33-39
22. Lapenz, S. K. & Lester, D. (1997). Job satisfaction of casino players. *Perceptual & Motor Skills* **84** (2) 1,258.
23. Marmot, M., Smith Davey G., Stansfield, S., Patel, C., North, F., Head, J., White, I., Brunner, E. and Feeney, A. (1991). Health inequalities among British civil servants: The Whitehall 11 Study. *The Lancet*, **337** 1387-1393
24. Paterniti, S., Niedhammer, I., Lang, T. & Consoli, S. M. (2002). Psychosocial factors at work, personality traits and depressive symptoms: longitudinal results from the GAZEL study. *British Journal of Psychiatry* **181** 111–7.
25. Pelletier, K. R. & Lutz, R. (1989). Mindbody goes to work:A critical review of stress management in the workplace. *Advances* **1** 28–34.
26. Pelletier, K. (1991). A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programmes at the worksite. *American Journal of Health Promotion* **5** 311–5.
27. Paredes-Japa, D. (1999). Mental health: managing stress in the workplace. *Philippine Daily Inquirer* 31 May.



28. Rabin, S., Feldman, D. & Kaplan, Z. (1999). Stress and intervention strategies in mental health professionals. *British Journal of Medical Psychology* **72** 159–69.
29. Ramon, S. and Hart, C. (2003) Promoting Mental Wellbeing In the Workplace: A British Case Study. *International Journal of Mental Health Promotion* **5** (2) pp 37-44
30. Rapoport, R.N. "Three Dilemmas in Action Research," *Human Relations*, (23:4), 1970, pp. 499-513.
31. Robinson and Smallman, C. (2000), the Healthy Workplace? *The Judge Institute of Management Studies*, 3 March 2000.
32. Servellen, G. V. (1993). Burn-out in hospital nurses: a comparison of Acquired Immune Deficiency Syndrome, oncology, general medical and intensive care nurse samples. *Journal of Professional Nursing* **9** (3) 169–77.
33. Shain, M. (1999) Stress and satisfaction: *Occupational Health and Safety*, Canada **15.3** April/May 38-47
34. Siegrist, J. (1996) Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology* 1996; 1:27-41
35. Siegrist, J, *International Centre for Health and Society Seminar Series* - 13 June 2001 - 5pm 'Social rewards and health'
36. Tellis, W. (1997, July). Introduction to case study [68 paragraphs]. *The Qualitative Report* [On-line serial], 3(2). <http://www.nova.edu/ssss/QR/QR3-2/tellis1.html>
37. Yin, R. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage Publishing.

## **MAIN PAPER 2 APPENDIX**

# **Developing the Healthy Workplace Strategy**

Draft Summary Report

## **Summary**

1. Following discussions with representatives from senior management, the Consultant was contracted by the District Council, to provide advice and assistance on the development of a healthy workplace and the promotion of organisational capacity to manage on-going change.
2. Terms of reference were agreed and after discussions with staff a questionnaire was distributed for completion, on an anonymous and individual basis.
3. Some 560 questionnaires were completed and returned for analysis.
4. The overall results highlighted staff had a slightly positive perception of their employment and working conditions. However the results indicated there is opportunity for significant improvement. The results also illustrated the diverse range of responses to the questions. Although there are significant numbers of staff who have a very positive view of their employment there are similarly, numbers who have a very negative view.
5. The recommendations call for the establishment of a healthy workplace strategy, guided by a healthy workplace committee made up of representatives from different departments. The committee should be the responsibility of a senior officer who reports to the Chief Executive. It is also recommended that external management support be engaged to assist the Council to develop structures and systems to cultivate an organisational culture more centred upon participation, team working and partnerships.
6. Immediate issues to be addressed include:
  - establishing the healthy workplace infrastructure;
  - addressing the need for leadership and management training;
  - the development of effective communications;
  - a review of existing workplaces and equipment with a view to suggesting improvements;
  - determining the employee training and development needs to enable the healthy workplace overall goals to be achieved;
  - developing the infrastructure to support CMT in developing organisational capacity to manage on-going change;
  - the appointment of external management consultancy support

## **1. Introduction – The District Council: Developing the healthy workplace strategy.**

- 1.1 The District Council has affirmed that the creation of a safe, healthy and supportive work environment is a vital component for an effective organisation. The health of the Council's employees is essential not only for their wellbeing but for the efficiency of the work if the Council.
- 1.2 The formal process for developing the Healthy Workplace Strategy (HWS) began following ideas and priorities promoted by the Corporate Management Team. (CMT). A small "Implementation Group" with CMT nominees was brought together to explore how best such a strategy could be developed. As part of the programme a methodological review of change management processes would be undertaken in order to cultivate and incorporate a management culture with the capacity to meet the challenges faced by ongoing and increasing external pressures.
- 1.3 The decision was taken to seek external support to assist management and staff to meet these needs and develop the HWS as a core component of the Council's business strategy. The approach undertaken by the consultants is based upon a number of initiatives in this field including:
  - Health at Work in the NHS,
  - Standards for Workplace Health – Health Development Agency
  - Organisational Stress Health Audit – Health Education Board for Scotland
  - Developing the Quality of Workplace Health Promotion - the European Commission
  - Investing in Comprehensive Workplace Health Promotion – NQI Canada
  - Improving Working Lives – Department of Health
- 1.4 Although there are variations in the above there is a consensus that a healthy workplace programme is based upon the following steps or principles:
  - a broad based commitment of workers and management in all stages
  - a partnership which permits all participants to address a full range of issues
  - targeting of health issues which are a priority of workers
  - researchers to act as a technical resource and facilitator e.g. what works? what doesn't?
  - long term commitment and
  - evaluation

## **2. The consultancy brief**

- 2.1 The initial brief for the consultancy proposed the following objectives:
  - to assist the CMT to undertake a review of stress/satisfaction levels within the Council's workforce;
  - to produce a report summarising the findings of the review, including recommendations for how consultation will continue to be part of the process of developing and implementing the Healthy Workplace Strategy;
  - to prepare an operational plan detailing how the Strategy will be taken forward and monitored;
  - to assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy;
  - to review the management process in action and consider the impact of the existing policies, procedures and culture on the process.
  - to support CMT in developing organisational capacity to manage on-going change.
- 2.2 Discussions were held with the Implementation Group to clarify the extent to which the intention was for the consultancy project to act in an executive capacity. It was agreed that the main aim was to provide advice and information upon which the Council could base decisions and action. It was also agreed that a prime aim of the project was to seek the views of staff in relation to their perceptions of management processes and how such processes might be refined to incorporate staff health issues.

- 2.3 The key elements of this project were therefore to address:
- raising awareness of the project;
  - how perceptions of ownership of the strategy could be improved across different stakeholders;
  - assessing the levels of stress/satisfaction within the Council's workforce
  - recommendations for the development and implementation of the HWS;
  - assisting senior management to explore issues concerning the development of a management culture responsive to the management of ongoing change issues.

### **3. How the project was undertaken**

- 3.1 The main approach was to undertake a stress/satisfaction survey throughout the Council's workforce and consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy.
- 3.2 Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed.
- 3.3 Subsequent meetings were held with CMT, the Implementation Group and members of staff, the latter including staff-side representatives. The discussions were structured around the HWS but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end result was an agreement about the way the project should continue.
- 3.4 All members of staff were invited to meet with the consultants who outlined the proposed process and invited comments. (Meetings were held with groups of staff in a variety of work locations.) Everyone who wished to see the consultants on an individual basis was accommodated and there was the opportunity for members of staff to contact the consultants by email, letter or telephone and anonymously.
- 3.5 In order to broaden out the range of those actively involved in the exercise, an agreed questionnaire (Appendix 1) was distributed to members of staff. 562 completed questionnaires from a workforce of some 800 wte were returned.
- 3.6 The completed questionnaires were analysed and results fed back to staff in a further series of meetings. Small focus groups were also arranged to encourage staff to offer comments on the findings, in an informal environment.
- 3.7 Staff were also invited to attend a series of more formal focus groups when issues of major importance, as identified by the results of the questionnaire, were discussed and analyses. A critical item for consideration by the focus groups was the need to highlight recommendations, to CMT, as to how the project could best be taken forward.
- 3.8 A report of the recommendations arising from the project was then delivered to CMT, the Implementation Group and a group of members of staff.
- 3.9 Constant feedback was provided to members of the Implementation Group, about the emerging findings in order to ensure that senior management would be closely involved in setting direction for the project.

### **4. The results of the consultation exercise: face to face discussions and group meetings**

- 7.4 The general impression from the discussions was that many people were appreciative of the fact that someone had come to speak to them, rather than consulting by questionnaire alone. The ability to clarify issues by asking questions and making suggestions was also felt to be helpful.

- 7.5 The majority of discussions and meetings were held in a very positive atmosphere and there were positive comments about the process of the project.
- 7.6 The main points to emerge were:
- there was a general willingness to be involved in the process;
  - staff felt that the initiative was to be commended;
  - a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming;
  - there was a general consensus that the results of the questionnaire addressed relevant staff issues;
  - a number of managers appeared to be defensive about the results;
  - certain senior managers appeared to have quite different perceptions, from the general workforce, about the organisation's ability to manage effectively;
  - focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process;
  - senior managers were very willing to promote the project aims and objectives.

## 5. The results of the consultation exercise: questionnaire survey

- 5.1 Questionnaire design was agreed following a review of literature in the field and after discussions with representatives of the Implementation Group. The provisional questionnaire was further modified after a focus group review.
- 5.2 The questionnaire consisted of 21 items that were designed to utilise a quantitative approach and in addition also provided the opportunity for qualitative analysis by encouraging individuals to highlight specific issues they felt important to the performance of their work.
- 5.3 Questions were set out in both positive and negative formats to reduce the likelihood of individuals merely ticking the same boxes without paying due attention to each question. "Scoring" was designed to ensure "positive" responses to all questions received a positive score.
- 5.4 Sample: 562 questionnaires were returned. The sample (Appendix ) was made up of 304 males and 245 females. 13 people did not indicate their sex. Mean age for males was 41 years and 39 for females with std. deviations of 12 and 11 respectively. The majority of staff who completed the questionnaires have worked for the council for over three years while some 35% have over 10 years employment. It is considered that the sample returned is representative but the existing Personnel records of the Council are not able to provide appropriate details to fully confirm this fact. The questionnaire reliability was within criteria for research of this type.
- 5.5 (Appendix 2 provides a review of the questionnaire findings.)

Each question has a score of -2 to plus 2, making an overall score of +/- for the 21 questions. The overall average score was 4.6802, which indicates an overall satisfaction/stress level that was slightly above neutral.

[To put this into context a score of -42 represents a situation whereby stress levels are excessively high whereas a score of +42 illustrates optimum levels of satisfaction.

This scale is based upon extensive research which has been subsequently applied within a wide range of organisations by the National Quality Institute of Canada.

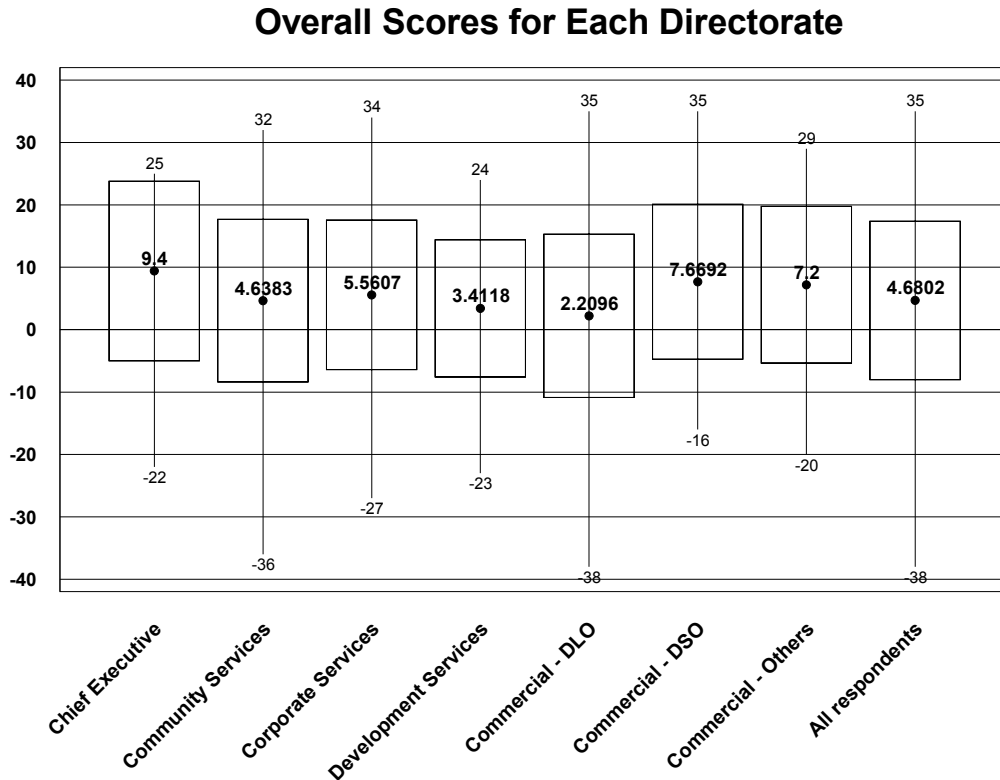
The more negative a score the more likely staff will be susceptible to a range of physical and psychological conditions.]

Figure 1, below gives the overall scores for each directorate, together with the average scores, the maximum and minimum scores of an individual, and an indication of the spread of the scores

(standard deviation). These statistics are also shown graphically, with the boxes around the vertical lines indicating one standard deviation above and below the mean.

From the above we can see that all Directorates had a positive Satisfaction/Stress score but there is substantial room for improvement if a healthy workplace is to be fully developed.

**Figure 1: How healthy is the workplace?**



**Overall Scores for Each Directorate**

Directorate	Mean	N	Std. Deviation	Minimum	Maximum
0	-7.0000	6	16.48029	-37.00	5.00
Chief exec	9.4000	10	14.40833	-22.00	25.00
Community Services	4.6383	94	13.03828	-36.00	32.00
Corporate Services	5.5607	107	11.98913	-27.00	34.00
Development Services	3.4118	51	11.00759	-23.00	24.00
Commercial - DLO	2.2096	115	13.10416	-38.00	35.00
Commercial - DSO	7.6692	52	12.42527	-16.00	35.00
Commercial - Others	7.2000	50	12.56168	-20.00	29.00
Total	4.6802	485	12.71128	-38.00	35.00

- 5.6 It is also clear there is a large variation between the feelings of individual members of staff, even in the same directorate. For example, in the Commercial – DLO, Directorate there are wide differences between the views of individual members of staff. Although one member of staff was very satisfied with the workplace as they scored +35 another member of staff felt almost the opposite with a personal score of -38. Even in a small Directorate e.g. Chief Executive, the variation between the feelings of individual members of staff varies from + 25 to -22.

5.7 An important issue to note is, even if staff generally feel slightly positive that The District Council provides a healthy workplace, there are substantial numbers of staff who do not agree. Furthermore members of staff that have a very negative view of the situation are much more likely to be at significant risk from a range of physiological and psychological health problems.

5.8 Appendix 2 presents the staff scores for each of the twenty one questions. The issues that staff felt most concerned about were,

- *There is too much pressure to get everything done on time;*
- *There is not enough staff to do the job properly.*

while the majority of staff did not feel that,

- *I have too much responsibility for the work of others;*
- *I feel trapped in a job that I can't get out of.*

were applicable to them.

5.9 In addition to the quantitative data derived from the questionnaire, members of staff were encouraged to highlight specific areas for improvement and/or to outline areas of concern by adding their comments in the space provided on the questionnaire. This qualitative data was collected through open questions and collated through a process of content analysis.

5.10 Each completed questionnaire was reviewed and issues raised were coded according to the nature of the comment. Issues that were raised on a number of occasions were specifically categorised. The results of this process are noted in 5.11 below. However it should be noted that:

- just as in the quantitative data a number of staff expressed high levels of satisfaction with their employment;
- significant numbers of staff did not avail themselves of the opportunity to provide comments;

5.11 Major themes to emerge were dissatisfaction with:

- the environment/working conditions;
- management performance;
- effectiveness of communications; both vertical and horizontal;
- provision of appropriate equipment;
- training opportunities;
- opportunity for flexible working and
- the operation of the bonus scheme in the DLO.

## **6. The results of the consultation exercise: focus groups**

6.1 Following feed back of the questionnaire results a series of focus groups were held.

6.2 The aim of the focus groups was to ensure the questionnaire had addressed the full range of issues pertinent to staff and management issues and to seek recommendations for CMT on the way the programme should continue.

6.3 The focus groups recommended that:

- the findings of the questionnaire should be noted by The District Council and further action should be taken to promote this initiative;
- as an initial step a senior manager reporting directly to the Chief Executive should be given responsibility for the Healthy Workplace Strategy (HWS);



- the designated manager should be responsible, to the Chief Executive, for ensuring the HWS is included in the Council strategic (business) plan; targets and resource allocation will be defined;
  - to assist in this work the designated manager will establish a Council wide HWS Committee with members drawn from management and staff including staff side and trade union representatives.
  - the Committee will advise the on issues relating to the HWS and in particular on the setting of priorities. Reports from the HWS Committee will be available to all staff;
  - at departmental/directorate level, to be defined, “local” HWS Committees should be established to address relevant HWS items and to bring, when appropriate, issues to the attention of the Council wide Committee. Membership of the “local” Committees will also be drawn from management and members of staff side, including staff side representatives. “Local” Committees will be represented on the Council wide Committee and will also work across directorates as appropriate.
- 6.4 Although the HWS Committee will establish priorities the Focus groups also highlighted the need to address the following issues as a priority.
- a programme of management and staff awareness development be undertaken to assist in establishing a climate to better meet the changes outlined;
  - an examination of the Council’s workplace environment and equipment is undertaken without delay with a view to identifying issues to be addressed and establishing a feasible programme of work;
  - the communications policy is reviewed;
  - the question of perceived/actual “excessive pressure of work” throughout the Council assessed. This will address a number of relevant issues including workloads, appropriateness of targets and sickness and absence levels.
  - staff training and development is re-evaluated to meet the needs of HWP.
  - a timetable for the above is established.
- 6.5 The Focus Groups felt that it was essential the Corporate Management Team endorse the above approach and that Council allocate resources to the HWS.
- 6.6 Although there was widespread support for the HWS, the Focus Groups also highlighted there is a significant degree of scepticism amongst the workforce regarding The District Council’s commitment to developing the HWS.

## 7. The Way Forward

- 7.1 Although answers given on the questionnaire suggest some concern about the effectiveness of involving and consulting with staff the impression from both interviews and from general comments on the findings from the questionnaires is that there is a positive desire all round to improve consultation and a willingness from individuals to be involved in the process. If the right mechanisms can be implemented, the climate for development of the HWS is a very good one.
- 7.2 Furthermore, through the period of research, the consultants undertook formal and informal discussions as to how best to:
- prepare an operational plan detailing how the Strategy will be taken forward and monitored
  - assist the CMT and other relevant participants in developing processes for implementing and developing the Strategy
  - review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
  - support CMT in developing organisational capacity to manage on-going change
- 7.3 In order to take the Strategy forward in a way which involves a more representative approach it is proposed that action is taken at formal level as recommended by the Focus Groups and outlined in Sections 6.3 and 6.4.

- 7.4 Such an approach will enable the Strategy to be implemented but developing organisational capacity to manage on-going change will further require:
- a shared vision among staff, of the role of The District Council;
  - encouragement and respect of individual ideas and thinking geared towards achieving the vision;
  - a greater understanding of the different processes and interactions between management and staff;
  - individuals and departments to work more effectively across traditional professional and administrative boundaries and directorates;
  - increased collaboration and co-operation by all groups of staff;
  - the development of a learning organisation;
- 7.5 This transition from a hierarchical, professional led structure to an organisational culture established on more participation, team working and partnerships requires commitment from the highest level of decision making and an awareness and knowledge development programme for senior managers and staff.
- 7.6 It is recognised that the success or otherwise of such a programme will ultimately depend upon the efforts and expertise of management and staff of the District Council. However such a process will require external advice and counsel and it is strongly recommended that the Council seek ongoing management consultancy support.

# Developing the Healthy Workplace Strategy: Appendix 1

## The Questionnaire (*shown at approx. two-thirds actual size*)

<p>THE CLIFFORD BEERS FOUNDATION</p> <p><b>Developing the Healthy Workplace</b></p> <p><b>Background Information and Instructions</b></p> <p>This questionnaire is designed to provide you with the opportunity to tell us how you feel about your job. Details that you provide will be confidential.</p> <p>When we have collected the information from all staff groups a report outlining findings will be discussed with staff and management.</p> <p>Please place a tick in the boxes that most represent your views.</p> <p><b>PART A: BASIC DETAILS ABOUT YOURSELF AND YOUR JOB</b></p> <p>Are you: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>In what year were you born? 19 _____</p> <p>How long have you worked for TLA?</p> <p>1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> Over 1 year, up to 3 years 3 <input type="checkbox"/> Over 3 years, less than 10 years 4 <input type="checkbox"/> 10 years or more</p> <p>Which Directorate do you work in?</p> <p>1 <input type="checkbox"/> Chief Executive's Department 2 <input type="checkbox"/> Community Services Directorate 3 <input type="checkbox"/> Corporate Services Directorate 4 <input type="checkbox"/> Development Services Directorate 5 <input type="checkbox"/> Commercial Directorate, DLO 6 <input type="checkbox"/> Commercial Directorate, DSO 7 <input type="checkbox"/> Commercial Directorate, Others</p> <p>How often does your job take you away from your work base?</p> <p>1 <input type="checkbox"/> Every day, at least once 2 <input type="checkbox"/> Not every day, but usually several times every week 3 <input type="checkbox"/> About once a week on average 4 <input type="checkbox"/> Less than once a week, but several times a month 5 <input type="checkbox"/> Never or hardly ever 6 <input type="checkbox"/> Other (<i>please specify</i>) _____</p>
--

### PART B: YOUR VIEWS ABOUT YOUR JOB

Please indicate how much you agree with each of the following statements by ticking the relevant box.

	Agree strongly	Agree	Not sure	Disagree	Disagree strongly	
1. I am well rewarded for the effort I put into my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
2. I am satisfied with my involvement in decisions about work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
3. There is too much pressure to get everything done on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
4. The physical part of my job is very tiring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
5. I have too much responsibility for the work of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.
6. My job creates too much mental pressure for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
7. I feel trapped in a job that I can't get out of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.
8. When I need personal advice it is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.
9. Management has a real interest in staff wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
10. I have to do things against my better judgement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.
11. There is no form of discrimination here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.
12. I would advise my friend to take a job here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.
13. There is not enough staff to do the job properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.
14. I don't have time to plan and organise my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.
15. My manager is always ready to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.
16. We have appropriate tools and equipment to do our work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.
17. My job is satisfying, rewarding and worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.
18. If I had a personal problem there is no one to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.
19. There is harassment here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.
20. Management is sensitive to staff concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.
21. We don't have enough training to do the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.

What three things don't you like about your job/work environment?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What three things would make your job better?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Any other comments?

Thank you for your help. Please return the completed form in the envelope provided.

## **Developing the Healthy Workplace Strategy: Appendix 2a**

### **Summary of Responses to Individual Questions on Part B of Questionnaire**

**(Excludes 'not answered' )**

### Question 1: I am well rewarded for the effort I put into my work

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	4	2	1			7
Chief Executive		2	2	7		11
Community Services	10	36	21	28	3	98
Corporate Services	12	47	21	36	3	119
Development Services	10	18	16	14		58
Commercial - DLO	23	53	34	28	1	139
Commercial - DSO	7	12	12	21	2	54
Commercial - Others	8	19	12	14	2	55
<b>All respondents</b>	<b>74</b>	<b>189</b>	<b>119</b>	<b>148</b>	<b>11</b>	<b>541</b>
<b>Total Score</b>	<b>-148</b>	<b>-189</b>	<b>0</b>	<b>148</b>	<b>22</b>	<b>-167</b>
<b>Overall score for question</b>						<b>-0.3086876</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	57	29	14	0	0	100
Chief Executive	0	18	18	64	0	100
Community Services	10	37	21	29	3	100
Corporate Services	10	39	18	30	3	100
Development Services	17	31	28	24	0	100
Commercial - DLO	17	38	24	20	1	100
Commercial - DSO	13	22	22	39	4	100
Commercial - Others	15	35	22	25	4	100
<b>All respondents</b>	<b>14</b>	<b>35</b>	<b>22</b>	<b>27</b>	<b>2</b>	<b>100</b>

## Question 2: I am satisfied with my involvement in decisions about work

### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	3	1			7
Chief Executive		1	1	7	2	11
Community Services	4	16	14	63	4	101
Corporate Services	7	28	21	55	6	117
Development Services	3	9	13	31	2	58
Commercial - DLO	9	41	22	62	3	137
Commercial - DSO	2	9	10	30	2	53
Commercial - Others	8	10	11	24	3	56
<b>All respondents</b>	<b>36</b>	<b>117</b>	<b>93</b>	<b>272</b>	<b>22</b>	<b>540</b>
<b>Total Score</b>	<b>-72</b>	<b>-117</b>	<b>0</b>	<b>272</b>	<b>44</b>	<b>127</b>
<b>Overall score for question</b>						<b>0.2351852</b>

### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	43	14	0	0	100
Chief Executive	0	9	9	64	18	100
Community Services	4	16	14	62	4	100
Corporate Services	6	24	18	47	5	100
Development Services	5	16	22	53	3	100
Commercial - DLO	7	30	16	45	2	100
Commercial - DSO	4	17	19	57	4	100
Commercial - Others	14	18	20	43	5	100
<b>All respondents</b>	<b>7</b>	<b>22</b>	<b>17</b>	<b>50</b>	<b>4</b>	<b>100</b>

### Question 3: There is too much pressure to get everything done on time

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	1	2	3		7
Chief Executive	2	3	3	3		11
Community Services	29	30	12	29	1	101
Corporate Services	20	43	17	37	2	119
Development Services	16	19	10	12	1	58
Commercial - DLO	33	60	14	27	5	139
Commercial - DSO	10	13	13	17	1	54
Commercial - Others	2	22	7	19	4	54
<b>All respondents</b>	<b>113</b>	<b>191</b>	<b>78</b>	<b>147</b>	<b>14</b>	<b>543</b>
<b>Total Score</b>	<b>-226</b>	<b>-191</b>	<b>0</b>	<b>147</b>	<b>28</b>	<b>-242</b>
<b>Overall score for question</b>						<b>-0.4456722</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	14	29	43	0	100
Chief Executive	18	27	27	27	0	100
Community Services	29	30	12	29	1	100
Corporate Services	17	36	14	31	2	100
Development Services	28	33	17	21	2	100
Commercial - DLO	24	43	10	19	4	100
Commercial - DSO	19	24	24	31	2	100
Commercial - Others	4	41	13	35	7	100
<b>All respondents</b>	<b>21</b>	<b>35</b>	<b>14</b>	<b>27</b>	<b>3</b>	<b>100</b>



**Question 4: The physical part of my job is very tiring**

## a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	2	3		1	1	7
Chief Executive	1		2	5	3	11
Community Services	3	14	11	56	14	98
Corporate Services	8	16	16	58	20	118
Development Services	1	7	7	31	7	53
Commercial - DLO	17	59	15	40	6	137
Commercial - DSO	6	10	5	21	11	53
Commercial - Others	5	14	3	25	7	54
<b>All respondents</b>	<b>43</b>	<b>123</b>	<b>59</b>	<b>237</b>	<b>69</b>	<b>531</b>
<b>Total Score</b>	<b>-86</b>	<b>-123</b>	<b>0</b>	<b>237</b>	<b>138</b>	<b>166</b>
<b>Overall score for question</b>						<b>0.3126177</b>

## b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	29	43	0	14	14	100
Chief Executive	9	0	18	45	27	100
Community Services	3	14	11	57	14	100
Corporate Services	7	14	14	49	17	100
Development Services	2	13	13	58	13	100
Commercial - DLO	12	43	11	29	4	100
Commercial - DSO	11	19	9	40	21	100
Commercial - Others	9	26	6	46	13	100
<b>All respondents</b>	<b>8</b>	<b>23</b>	<b>11</b>	<b>45</b>	<b>13</b>	<b>100</b>

**Question 5: I have too much responsibility for the work of others**

## a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	1	1	4		7
Chief Executive		3	1	6	1	11
Community Services	1	13	10	65	12	101
Corporate Services		10	17	76	14	117
Development Services		7	11	38		56
Commercial - DLO	4	20	26	72	11	133
Commercial - DSO	3	8	8	27	8	54
Commercial - Others	1	6	8	26	14	55
<b>All respondents</b>	<b>10</b>	<b>68</b>	<b>82</b>	<b>314</b>	<b>60</b>	<b>534</b>
<b>Total Score</b>	<b>-20</b>	<b>-68</b>	<b>0</b>	<b>314</b>	<b>120</b>	<b>346</b>
<b>Overall score for question</b>						<b>0.6479401</b>

## b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	14	14	57	0	100
Chief Executive	0	27	9	55	9	100
Community Services	1	13	10	64	12	100
Corporate Services	0	9	15	65	12	100
Development Services	0	13	20	68	0	100
Commercial - DLO	3	15	20	54	8	100
Commercial - DSO	6	15	15	50	15	100
Commercial - Others	2	11	15	47	25	100
<b>All respondents</b>	<b>2</b>	<b>13</b>	<b>15</b>	<b>59</b>	<b>11</b>	<b>100</b>

## Question 6: My job creates too much mental pressure for me

### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	4		1	1	7
Chief Executive		3	2	6		11
Community Services	11	20	20	45	5	101
Corporate Services	5	21	14	72	7	119
Development Services	5	11	4	35	3	58
Commercial - DLO	9	22	25	66	12	134
Commercial - DSO	4	6	3	33	8	54
Commercial - Others	2	5	7	29	13	56
<b>All respondents</b>	<b>37</b>	<b>92</b>	<b>75</b>	<b>287</b>	<b>49</b>	<b>540</b>
<b>Total Score</b>	<b>-74</b>	<b>-92</b>	<b>0</b>	<b>287</b>	<b>98</b>	<b>219</b>
<b>Overall score for question</b>						<b>0.4055556</b>

### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	57	0	14	14	100
Chief Executive	0	27	18	55	0	100
Community Services	11	20	20	45	5	100
Corporate Services	4	18	12	61	6	100
Development Services	9	19	7	60	5	100
Commercial - DLO	7	16	19	49	9	100
Commercial - DSO	7	11	6	61	15	100
Commercial - Others	4	9	13	52	23	100
<b>All respondents</b>	<b>7</b>	<b>17</b>	<b>14</b>	<b>53</b>	<b>9</b>	<b>100</b>

### Question 7: I feel trapped in a job that I can't get out of

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known		1		5	1	7
Chief Executive	1	1	1	4	4	11
Community Services	9	19	5	51	17	101
Corporate Services	9	14	10	68	17	118
Development Services	7	7	5	30	7	56
Commercial - DLO	11	17	20	71	17	136
Commercial - DSO	2	5	6	25	16	54
Commercial - Others		3	8	28	17	56
<b>All respondents</b>	<b>39</b>	<b>67</b>	<b>55</b>	<b>282</b>	<b>96</b>	<b>539</b>
<b>Total Score</b>	<b>-78</b>	<b>-67</b>	<b>0</b>	<b>282</b>	<b>192</b>	<b>329</b>
<b>Overall score for question</b>						<b>0.6103896</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	0	14	0	71	14	100
Chief Executive	9	9	9	36	36	100
Community Services	9	19	5	50	17	100
Corporate Services	8	12	8	58	14	100
Development Services	13	13	9	54	13	100
Commercial - DLO	8	13	15	52	13	100
Commercial - DSO	4	9	11	46	30	100
Commercial - Others	0	5	14	50	30	100
<b>All respondents</b>	<b>7</b>	<b>12</b>	<b>10</b>	<b>52</b>	<b>18</b>	<b>100</b>

### Question 8: When I need personal advice it is available

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	2	1	2		6
Chief Executive		1	3	4	3	11
Community Services	5	21	23	41	11	101
Corporate Services	8	16	27	61	6	118
Development Services	3	11	13	28	2	57
Commercial - DLO	8	19	37	62	9	135
Commercial - DSO	2	10	9	27	6	54
Commercial - Others	5	7	16	22	6	56
<b>All respondents</b>	<b>32</b>	<b>87</b>	<b>129</b>	<b>247</b>	<b>43</b>	<b>538</b>
<b>Total Score</b>	<b>-64</b>	<b>-87</b>	<b>0</b>	<b>247</b>	<b>86</b>	<b>182</b>
<b>Overall score for question</b>						<b>0.33829</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	17	33	17	33	0	100
Chief Executive	0	9	27	36	27	100
Community Services	5	21	23	41	11	100
Corporate Services	7	14	23	52	5	100
Development Services	5	19	23	49	4	100
Commercial - DLO	6	14	27	46	7	100
Commercial - DSO	4	19	17	50	11	100
Commercial - Others	9	13	29	39	11	100
<b>All respondents</b>	<b>6</b>	<b>16</b>	<b>24</b>	<b>46</b>	<b>8</b>	<b>100</b>

### Question 9: Management has a real interest in staff wellbeing

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	2	2			7
Chief Executive	1	5	1	3	1	11
Community Services	12	25	27	29	7	100
Corporate Services	14	38	24	40	3	119
Development Services	15	9	17	15	2	58
Commercial - DLO	17	38	36	41	5	137
Commercial - DSO	4	15	13	16	6	54
Commercial - Others	11	7	15	18	5	56
<b>All respondents</b>	<b>77</b>	<b>139</b>	<b>135</b>	<b>162</b>	<b>29</b>	<b>542</b>
<b>Total Score</b>	<b>-154</b>	<b>-139</b>	<b>0</b>	<b>162</b>	<b>58</b>	<b>-73</b>
<b>Overall score for question</b>						<b>-0.1346863</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	29	29	0	0	100
Chief Executive	9	45	9	27	9	100
Community Services	12	25	27	29	7	100
Corporate Services	12	32	20	34	3	100
Development Services	26	16	29	26	3	100
Commercial - DLO	12	28	26	30	4	100
Commercial - DSO	7	28	24	30	11	100
Commercial - Others	20	13	27	32	9	100
<b>All respondents</b>	<b>14</b>	<b>26</b>	<b>25</b>	<b>30</b>	<b>5</b>	<b>100</b>

### Question 10: I have to do things against my better judgement

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	1	1	4		7
Chief Executive		3	1	6	1	11
Community Services	7	31	14	39	10	101
Corporate Services	4	27	18	65	5	119
Development Services	3	10	14	30	1	58
Commercial - DLO	13	50	21	46	4	134
Commercial - DSO	7	10	9	21	7	54
Commercial - Others	2	13	11	22	8	56
<b>All respondents</b>	<b>37</b>	<b>145</b>	<b>89</b>	<b>233</b>	<b>36</b>	<b>540</b>
<b>Total Score</b>	<b>-74</b>	<b>-145</b>	<b>0</b>	<b>233</b>	<b>72</b>	<b>86</b>
<b>Overall score for question</b>						<b>0.1592593</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	14	14	57	0	100
Chief Executive	0	27	9	55	9	100
Community Services	7	31	14	39	10	100
Corporate Services	3	23	15	55	4	100
Development Services	5	17	24	52	2	100
Commercial - DLO	10	37	16	34	3	100
Commercial - DSO	13	19	17	39	13	100
Commercial - Others	4	23	20	39	14	100
<b>All respondents</b>	<b>7</b>	<b>27</b>	<b>16</b>	<b>43</b>	<b>7</b>	<b>100</b>

### Question 11: There is no form of discrimination here

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	2	1	2	1	7
Chief Executive	1	1	2	3	4	11
Community Services	4	23	22	36	16	101
Corporate Services	4	27	31	47	10	119
Development Services	1	9	21	25	1	57
Commercial - DLO	11	28	32	54	12	137
Commercial - DSO	2	8	7	28	9	54
Commercial - Others	3	9	15	20	9	56
<b>All respondents</b>	<b>27</b>	<b>107</b>	<b>131</b>	<b>215</b>	<b>62</b>	<b>542</b>
<b>Total Score</b>	<b>-54</b>	<b>-107</b>	<b>0</b>	<b>215</b>	<b>124</b>	<b>178</b>
<b>Overall score for question</b>						<b>0.3284133</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	29	14	29	14	100
Chief Executive	9	9	18	27	36	100
Community Services	4	23	22	36	16	100
Corporate Services	3	23	26	39	8	100
Development Services	2	16	37	44	2	100
Commercial - DLO	8	20	23	39	9	100
Commercial - DSO	4	15	13	52	17	100
Commercial - Others	5	16	27	36	16	100
<b>All respondents</b>	<b>5</b>	<b>20</b>	<b>24</b>	<b>40</b>	<b>11</b>	<b>100</b>



## Question 12: I would advise my friend to take a job here

### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	2	3	2			7
Chief Executive	2	1	1	6	1	11
Community Services	3	22	29	37	10	101
Corporate Services	3	17	31	60	8	119
Development Services	3	10	21	23	1	58
Commercial - DLO	9	21	45	58	6	139
Commercial - DSO	6	8	14	21	5	54
Commercial - Others	5	9	17	21	4	56
<b>All respondents</b>	<b>33</b>	<b>91</b>	<b>160</b>	<b>226</b>	<b>35</b>	<b>545</b>
<b>Total Score</b>	<b>-66</b>	<b>-91</b>	<b>0</b>	<b>226</b>	<b>70</b>	<b>139</b>
<b>Overall score for question</b>						<b>0.2550459</b>

### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	29	43	29	0	0	100
Chief Executive	18	9	9	55	9	100
Community Services	3	22	29	37	10	100
Corporate Services	3	14	26	50	7	100
Development Services	5	17	36	40	2	100
Commercial - DLO	6	15	32	42	4	100
Commercial - DSO	11	15	26	39	9	100
Commercial - Others	9	16	30	38	7	100
<b>All respondents</b>	<b>6</b>	<b>17</b>	<b>29</b>	<b>41</b>	<b>6</b>	<b>100</b>

### Question 13: There is not enough staff to do the job properly

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	1		2	1	7
Chief Executive	3	2	2	4		11
Community Services	25	41	11	22	2	101
Corporate Services	27	42	20	26	3	118
Development Services	22	22	7	7		58
Commercial - DLO	18	38	29	43	9	137
Commercial - DSO	14	14	10	15	1	54
Commercial - Others	11	12	7	19	6	55
<b>All respondents</b>	<b>123</b>	<b>172</b>	<b>86</b>	<b>138</b>	<b>22</b>	<b>541</b>
<b>Total Score</b>	<b>-246</b>	<b>-172</b>	<b>0</b>	<b>138</b>	<b>44</b>	<b>-236</b>
<b>Overall score for question</b>						<b>-0.4362292</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	14	0	29	14	100
Chief Executive	27	18	18	36	0	100
Community Services	25	41	11	22	2	100
Corporate Services	23	36	17	22	3	100
Development Services	38	38	12	12	0	100
Commercial - DLO	13	28	21	31	7	100
Commercial - DSO	26	26	19	28	2	100
Commercial - Others	20	22	13	35	11	100
<b>All respondents</b>	<b>23</b>	<b>32</b>	<b>16</b>	<b>26</b>	<b>4</b>	<b>100</b>

### Question 14: I don't have time to plan and organise my work

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known		2		5		7
Chief Executive	1	2	1	7		11
Community Services	12	35	6	45	2	100
Corporate Services	7	36	20	51	3	117
Development Services	5	21	7	23	2	58
Commercial - DLO	16	36	24	55	6	137
Commercial - DSO	7	15	7	24	1	54
Commercial - Others	4	5	11	31	5	56
<b>All respondents</b>	<b>52</b>	<b>152</b>	<b>76</b>	<b>241</b>	<b>19</b>	<b>540</b>
<b>Total Score</b>	<b>-104</b>	<b>-152</b>	<b>0</b>	<b>241</b>	<b>38</b>	<b>23</b>
<b>Overall score for question</b>						<b>0.0425926</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	0	29	0	71	0	100
Chief Executive	9	18	9	64	0	100
Community Services	12	35	6	45	2	100
Corporate Services	6	31	17	44	3	100
Development Services	9	36	12	40	3	100
Commercial - DLO	12	26	18	40	4	100
Commercial - DSO	13	28	13	44	2	100
Commercial - Others	7	9	20	55	9	100
<b>All respondents</b>	<b>10</b>	<b>28</b>	<b>14</b>	<b>45</b>	<b>4</b>	<b>100</b>

### Question 15: My manager is always ready to help

#### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	2	1	1	3		7
Chief Executive	1	1	2	5	2	11
Community Services		15	14	51	20	100
Corporate Services	5	22	13	66	13	119
Development Services	4	3	12	26	13	58
Commercial - DLO	11	17	20	63	25	136
Commercial - DSO	3	8	7	24	12	54
Commercial - Others	4	7	9	26	10	56
<b>All respondents</b>	<b>30</b>	<b>74</b>	<b>78</b>	<b>264</b>	<b>95</b>	<b>541</b>
<b>Total Score</b>	<b>-60</b>	<b>-74</b>	<b>0</b>	<b>264</b>	<b>190</b>	<b>320</b>
<b>Overall score for question</b>						<b>0.5914972</b>

#### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	29	14	14	43	0	100
Chief Executive	9	9	18	45	18	100
Community Services	0	15	14	51	20	100
Corporate Services	4	18	11	55	11	100
Development Services	7	5	21	45	22	100
Commercial - DLO	8	13	15	46	18	100
Commercial - DSO	6	15	13	44	22	100
Commercial - Others	7	13	16	46	18	100
<b>All respondents</b>	<b>6</b>	<b>14</b>	<b>14</b>	<b>49</b>	<b>18</b>	<b>100</b>

### Question 16: We have appropriate tools and equipment to do our work

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	2	1	1		7
Chief Executive		2		8	1	11
Community Services	8	17	9	56	11	101
Corporate Services	7	22	13	70	7	119
Development Services	4	13	11	24	5	57
Commercial - DLO	19	48	14	41	14	136
Commercial - DSO	5	13	8	26	2	54
Commercial - Others	6	18	9	20	3	56
<b>All respondents</b>	<b>52</b>	<b>135</b>	<b>65</b>	<b>246</b>	<b>43</b>	<b>541</b>
<b>Total Score</b>	<b>-104</b>	<b>-135</b>	<b>0</b>	<b>246</b>	<b>86</b>	<b>93</b>
<b>Overall score for question</b>						<b>0.1719039</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	29	14	14	0	100
Chief Executive	0	18	0	73	9	100
Community Services	8	17	9	55	11	100
Corporate Services	6	18	11	59	6	100
Development Services	7	23	19	42	9	100
Commercial - DLO	14	35	10	30	10	100
Commercial - DSO	9	24	15	48	4	100
Commercial - Others	11	32	16	36	5	100
<b>All respondents</b>	<b>10</b>	<b>25</b>	<b>12</b>	<b>45</b>	<b>8</b>	<b>100</b>

### Question 17: My job is satisfying, rewarding and worthwhile

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	1		2	1	7
Chief Executive		1	2	2	5	10
Community Services	3	29	13	41	15	101
Corporate Services	7	21	24	58	7	117
Development Services	5	14	11	19	9	58
Commercial - DLO	11	23	29	61	8	132
Commercial - DSO	2	10	10	24	8	54
Commercial - Others	4	17	13	17	5	56
<b>All respondents</b>	<b>35</b>	<b>116</b>	<b>102</b>	<b>224</b>	<b>58</b>	<b>535</b>
<b>Total Score</b>	<b>-70</b>	<b>-116</b>	<b>0</b>	<b>224</b>	<b>116</b>	<b>154</b>
<b>Overall score for question</b>						<b>0.2878505</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	14	0	29	14	100
Chief Executive	0	10	20	20	50	100
Community Services	3	29	13	41	15	100
Corporate Services	6	18	21	50	6	100
Development Services	9	24	19	33	16	100
Commercial - DLO	8	17	22	46	6	100
Commercial - DSO	4	19	19	44	15	100
Commercial - Others	7	30	23	30	9	100
<b>All respondents</b>	<b>7</b>	<b>22</b>	<b>19</b>	<b>42</b>	<b>11</b>	<b>100</b>

### Question 18: If I had a personal problem there is no one to help

a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	2	1	2	2		7
Chief Executive		2	2	6	1	11
Community Services	6	20	22	39	14	101
Corporate Services	5	20	27	55	11	118
Development Services	3	9	21	22	3	58
Commercial - DLO	8	20	31	60	18	137
Commercial - DSO	2	6	8	32	6	54
Commercial - Others	2	8	7	26	12	55
<b>All respondents</b>	<b>28</b>	<b>86</b>	<b>120</b>	<b>242</b>	<b>65</b>	<b>541</b>
<b>Total Score</b>	<b>-56</b>	<b>-86</b>	<b>0</b>	<b>242</b>	<b>130</b>	<b>230</b>
<b>Overall score for question</b>						<b>0.4251386</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	29	14	29	29	0	100
Chief Executive	0	18	18	55	9	100
Community Services	6	20	22	39	14	100
Corporate Services	4	17	23	47	9	100
Development Services	5	16	36	38	5	100
Commercial - DLO	6	15	23	44	13	100
Commercial - DSO	4	11	15	59	11	100
Commercial - Others	4	15	13	47	22	100
<b>All respondents</b>	<b>5</b>	<b>16</b>	<b>22</b>	<b>45</b>	<b>12</b>	<b>100</b>

## Question 19 There is harassment here

### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	1	2	1	3		7
Chief Executive	1	1	1	5	3	11
Community Services	2	14	18	52	15	101
Corporate Services	2	21	27	47	22	119
Development Services	4	7	12	28	7	58
Commercial - DLO	13	20	26	55	21	135
Commercial - DSO	1	6	7	26	14	54
Commercial - Others	3	4	9	26	14	56
<b>All respondents</b>	<b>27</b>	<b>75</b>	<b>101</b>	<b>242</b>	<b>96</b>	<b>541</b>
<b>Total Score</b>	<b>-54</b>	<b>-75</b>	<b>0</b>	<b>242</b>	<b>192</b>	<b>305</b>
<b>Overall score for question</b>						<b>0.5637708</b>

### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	14	29	14	43	0	100
Chief Executive	9	9	9	45	27	100
Community Services	2	14	18	51	15	100
Corporate Services	2	18	23	39	18	100
Development Services	7	12	21	48	12	100
Commercial - DLO	10	15	19	41	16	100
Commercial - DSO	2	11	13	48	26	100
Commercial - Others	5	7	16	46	25	100
<b>All respondents</b>	<b>5</b>	<b>14</b>	<b>19</b>	<b>45</b>	<b>18</b>	<b>100</b>



## Question 20: Management is sensitive to staff concerns

### a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	3	2	2			7
Chief Executive	2	5	1	2	1	11
Community Services	8	29	27	31	6	101
Corporate Services	7	34	42	31	5	119
Development Services	12	16	18	9	3	58
Commercial - DLO	18	30	40	40	8	136
Commercial - DSO	2	12	14	22	4	54
Commercial - Others	4	8	15	26	3	56
<b>All respondents</b>	<b>56</b>	<b>136</b>	<b>159</b>	<b>161</b>	<b>30</b>	<b>542</b>
<b>Total Score</b>	<b>-112</b>	<b>-136</b>	<b>0</b>	<b>161</b>	<b>60</b>	<b>-27</b>
<b>Overall score for question</b>						<b>-0.0498155</b>

### b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	43	29	29	0	0	100
Chief Executive	18	45	9	18	9	100
Community Services	8	29	27	31	6	100
Corporate Services	6	29	35	26	4	100
Development Services	21	28	31	16	5	100
Commercial - DLO	13	22	29	29	6	100
Commercial - DSO	4	22	26	41	7	100
Commercial - Others	7	14	27	46	5	100
<b>All respondents</b>	<b>10</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>6</b>	<b>100</b>

### Question 21: We don't have enough training to do the job.

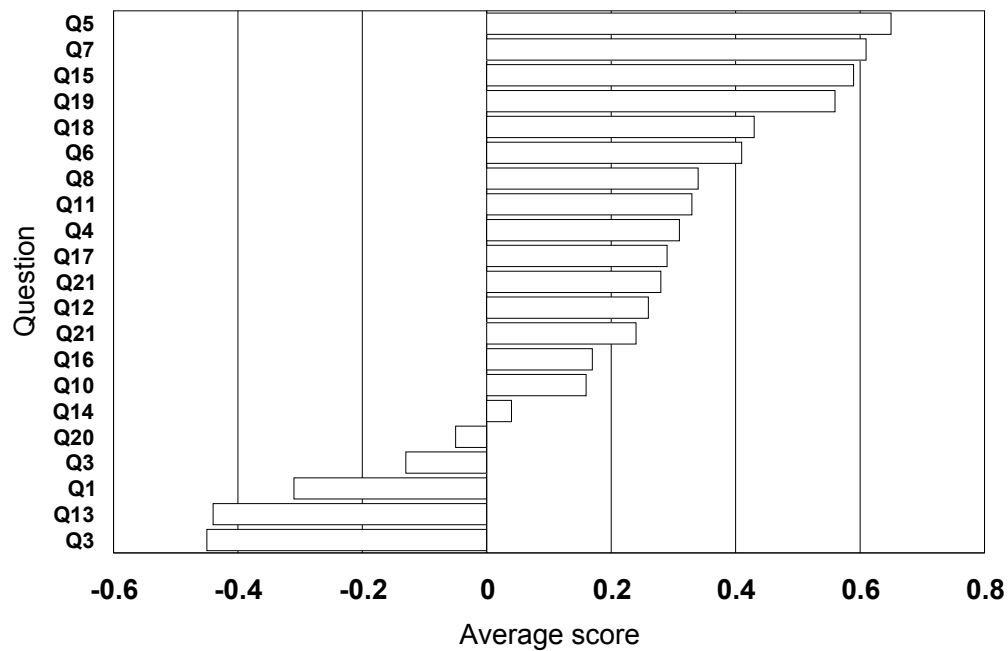
a) Scores

Directorate	Numbers of staff giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	2	2		3		7
Chief Executive		4	2	5		11
Community Services	7	20	14	55	5	101
Corporate Services	5	29	18	61	5	118
Development Services	6	11	13	23	4	57
Commercial - DLO	10	31	23	60	14	138
Commercial - DSO	5	13	6	23	7	54
Commercial - Others	2	10	8	23	12	55
<b>All respondents</b>	<b>37</b>	<b>120</b>	<b>84</b>	<b>253</b>	<b>47</b>	<b>541</b>
<b>Total Score</b>	<b>-74</b>	<b>-120</b>	<b>0</b>	<b>253</b>	<b>94</b>	<b>153</b>
<b>Overall score for question</b>						<b>0.2828096</b>

b) Percentages

Directorate	% giving each score					Grand Total
	-2	-1	0	1	2	
Not Known	29	29	0	43	0	100
Chief Executive	0	36	18	45	0	100
Community Services	7	20	14	54	5	100
Corporate Services	4	25	15	52	4	100
Development Services	11	19	23	40	7	100
Commercial - DLO	7	22	17	43	10	100
Commercial - DSO	9	24	11	43	13	100
Commercial - Others	4	18	15	42	22	100
<b>All respondents</b>	<b>7</b>	<b>22</b>	<b>16</b>	<b>47</b>	<b>9</b>	<b>100</b>

**Overall average scores for all 21 questions, ranked according to how positive overall response was**



***Questions with least positive response:***

- 3. There is too much pressure to get everything done on time
- 13. There is not enough staff to get the job done properly
- 1. I am well rewarded for the effort I put into my work

***Questions with the most positive response:***

- 5. I have too much responsibility for the work of others
- 7. I feel trapped in a job that I can't get out of
- 15. My manager is always ready to help

## Developing the Healthy Workplace Strategy: Appendix 2b

### Section 1: Scores on Identified Factors

#### Notes:

On figures 1, 2, 4, 5, 6 and 7:

- The average (mean) score is shown by a dot.
- The range of scores is shown by a vertical line.
- A measure of the variation in scores (one standard deviation either side of the mean) is shown by the box surrounding the mean score.

Figure 1:

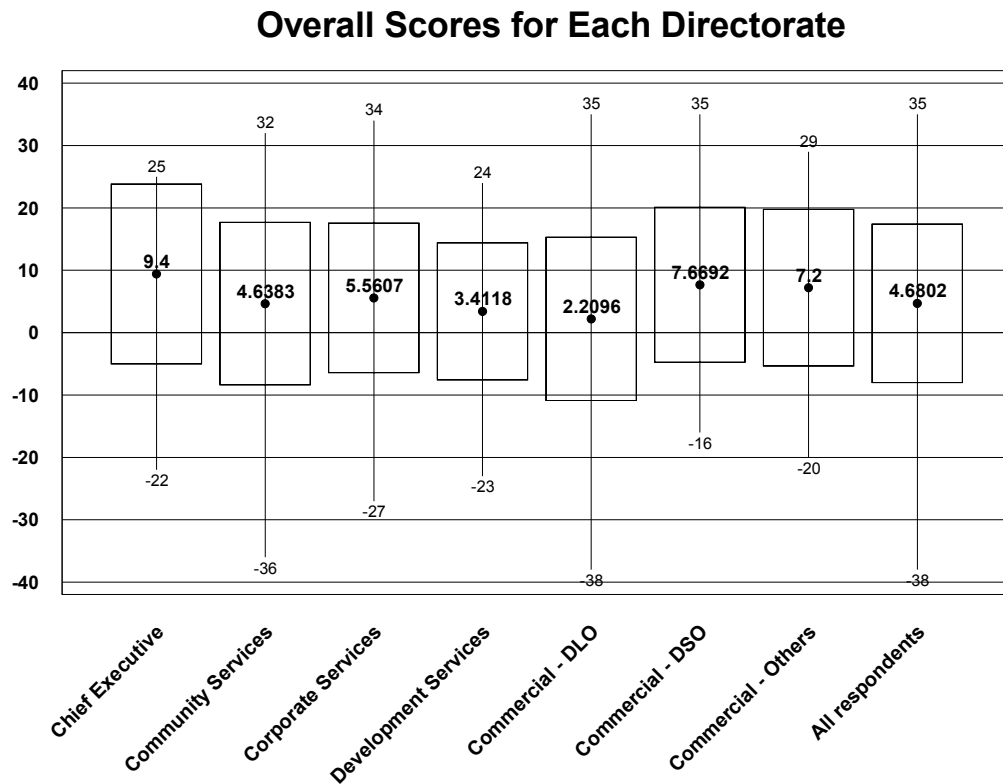


Figure 2:

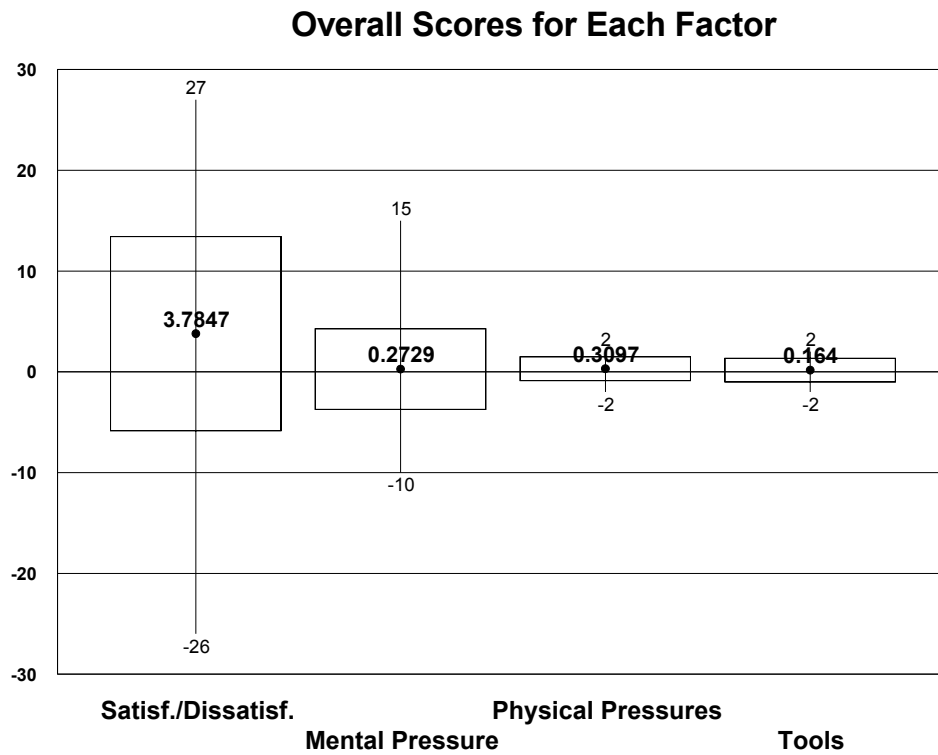


Figure 3:

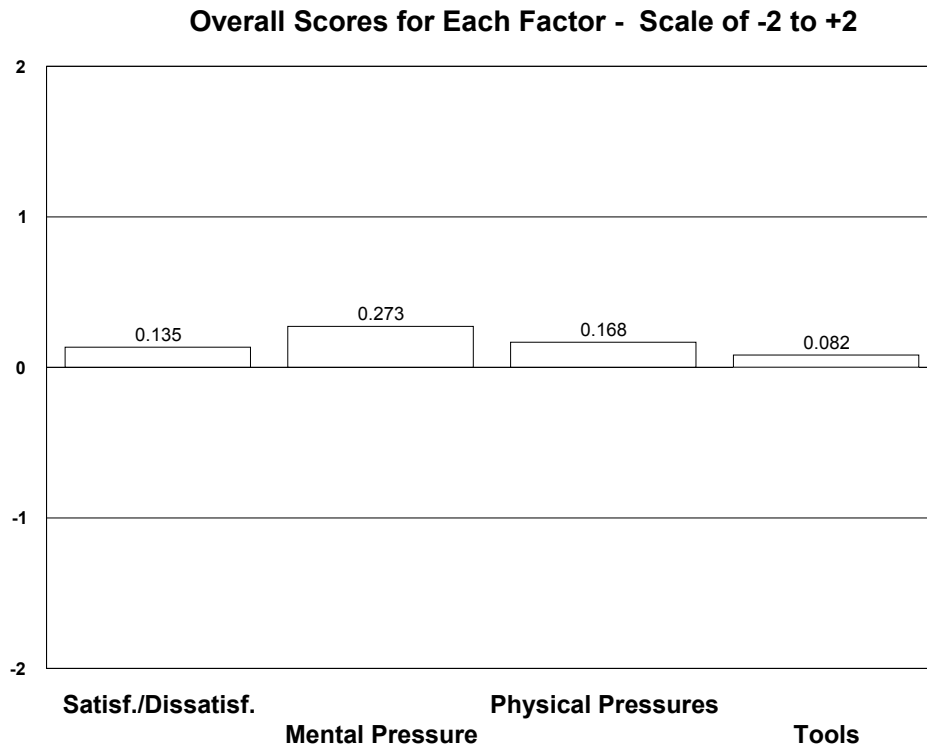


Figure 4:

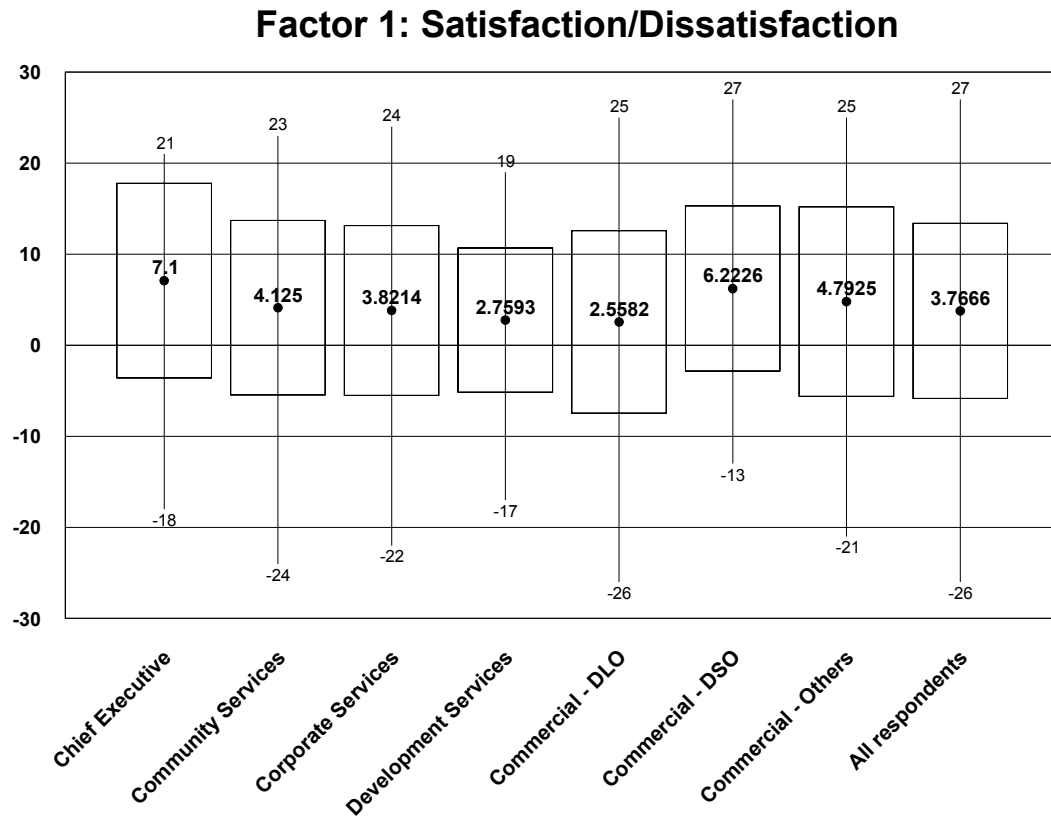


Figure 5:

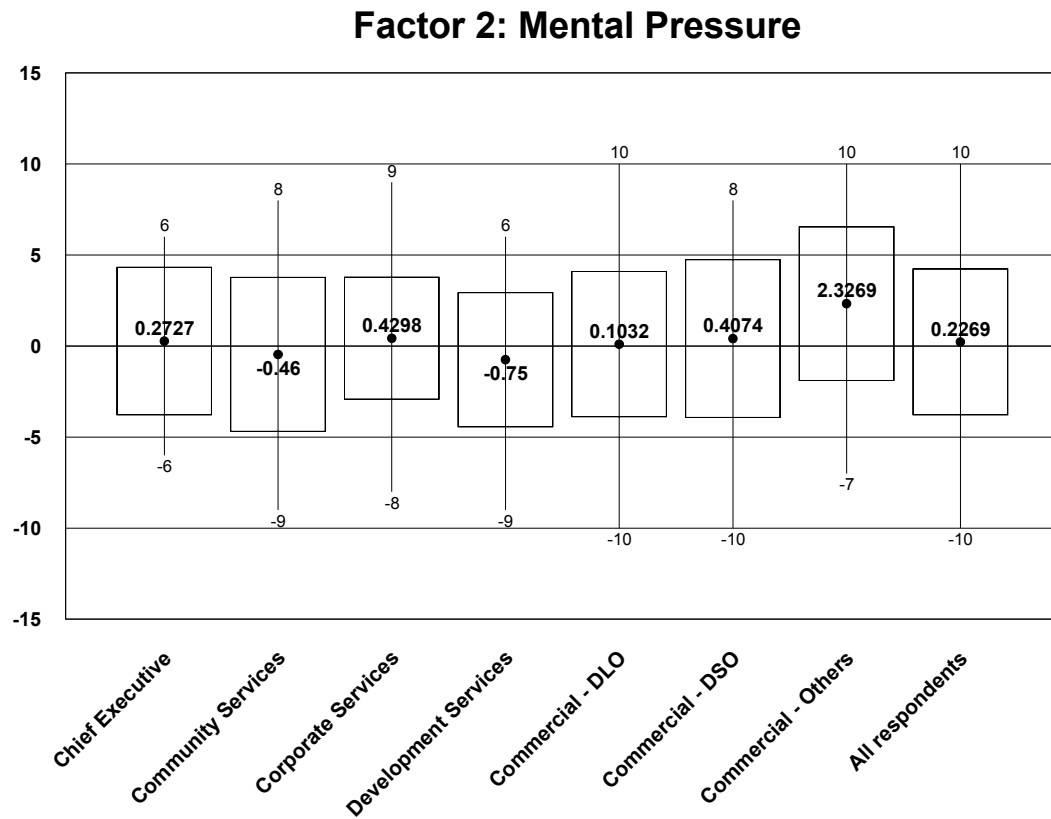


Figure 6:

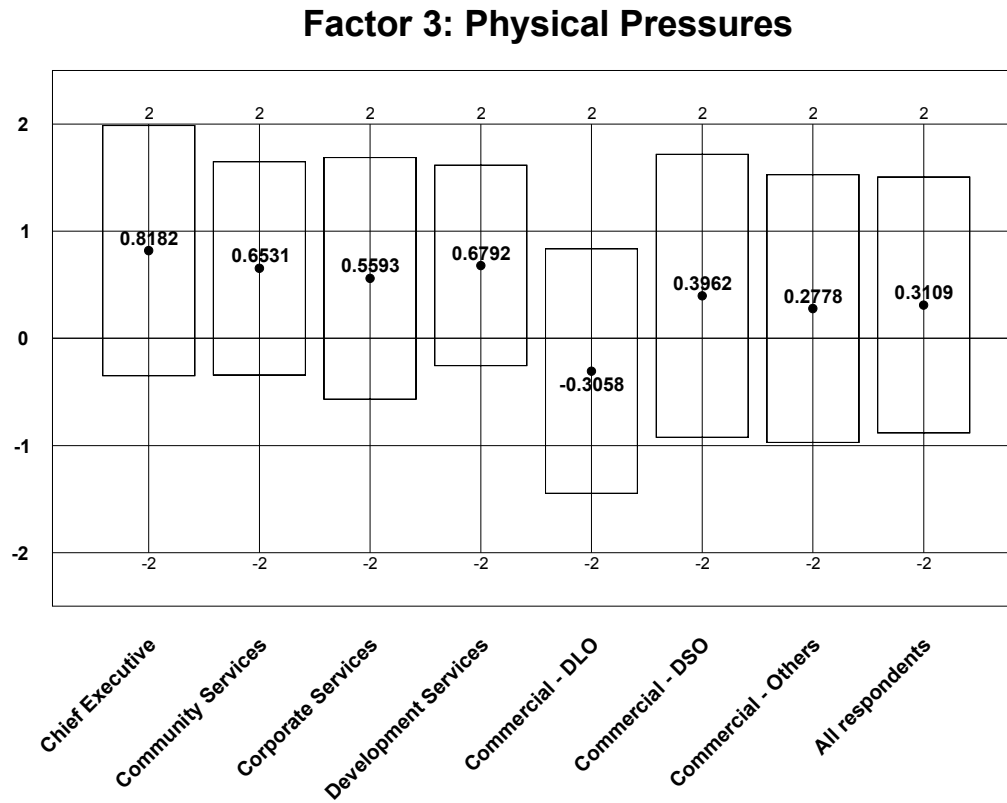
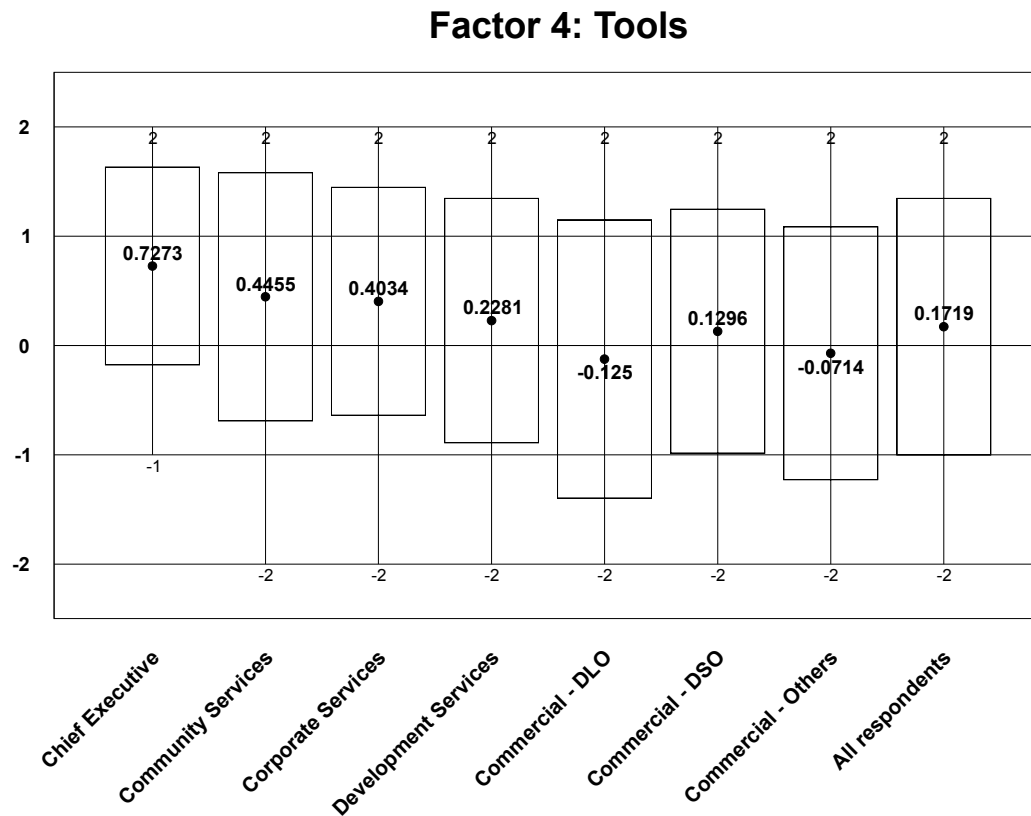


Figure 7:



## Section 2: Issues Raised in Open-ended Questions

Figure 8:

### Issues raised: Community Services

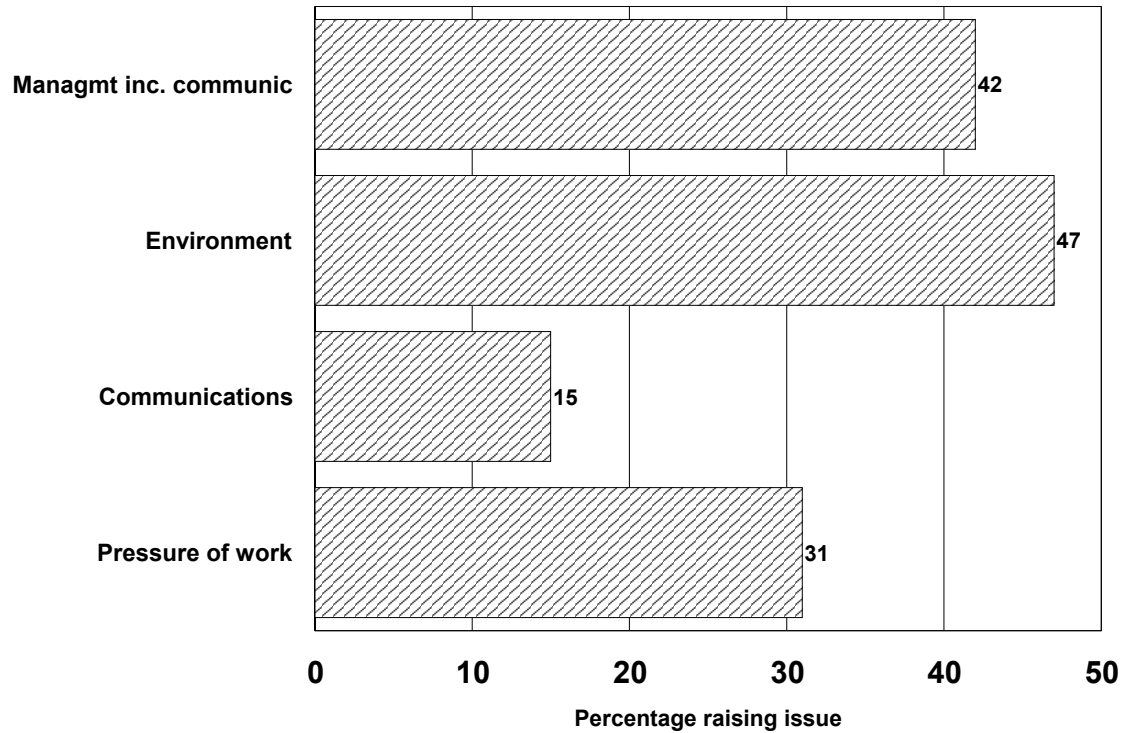


Figure 9:

### Issues raised: Commercial Services

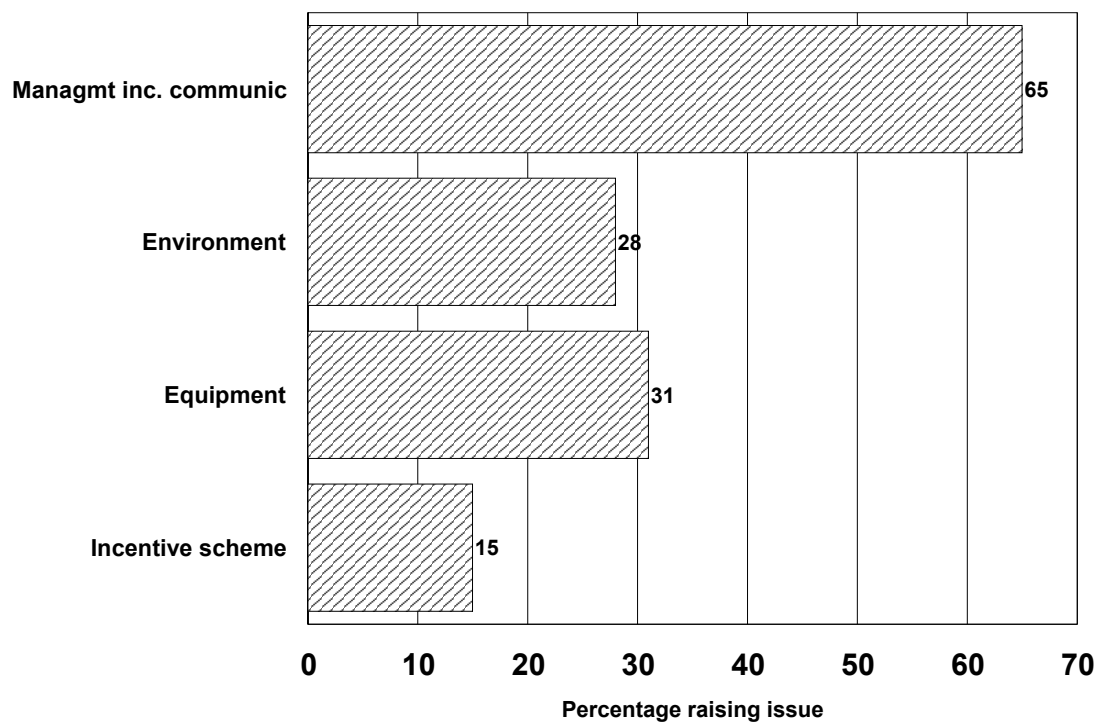




Figure 10:

### Issues raised: Corporate Resources

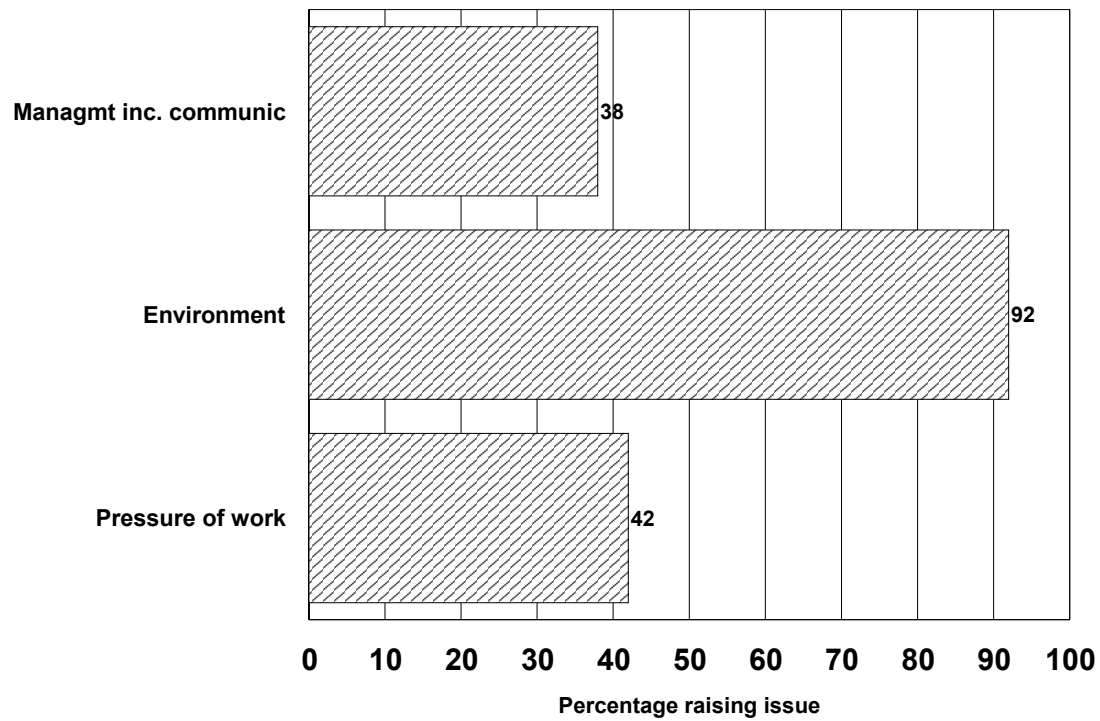
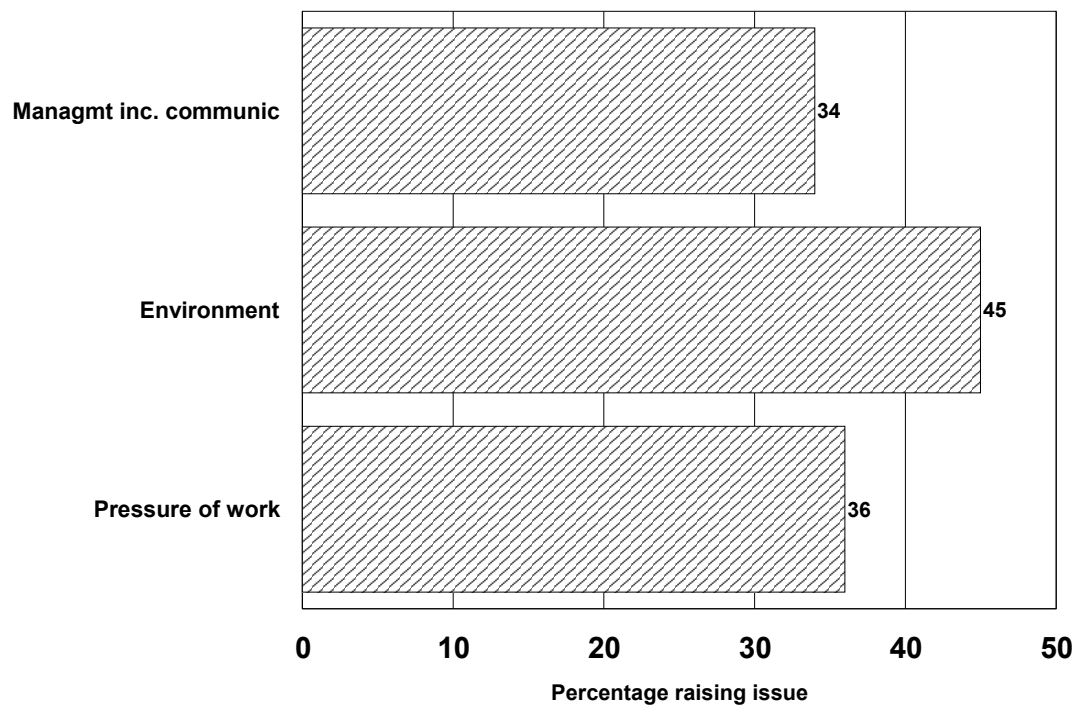


Figure 11:

### Issues raised: Development Services



### Section 3: Average Scores on Individual Questions

Figure 12:

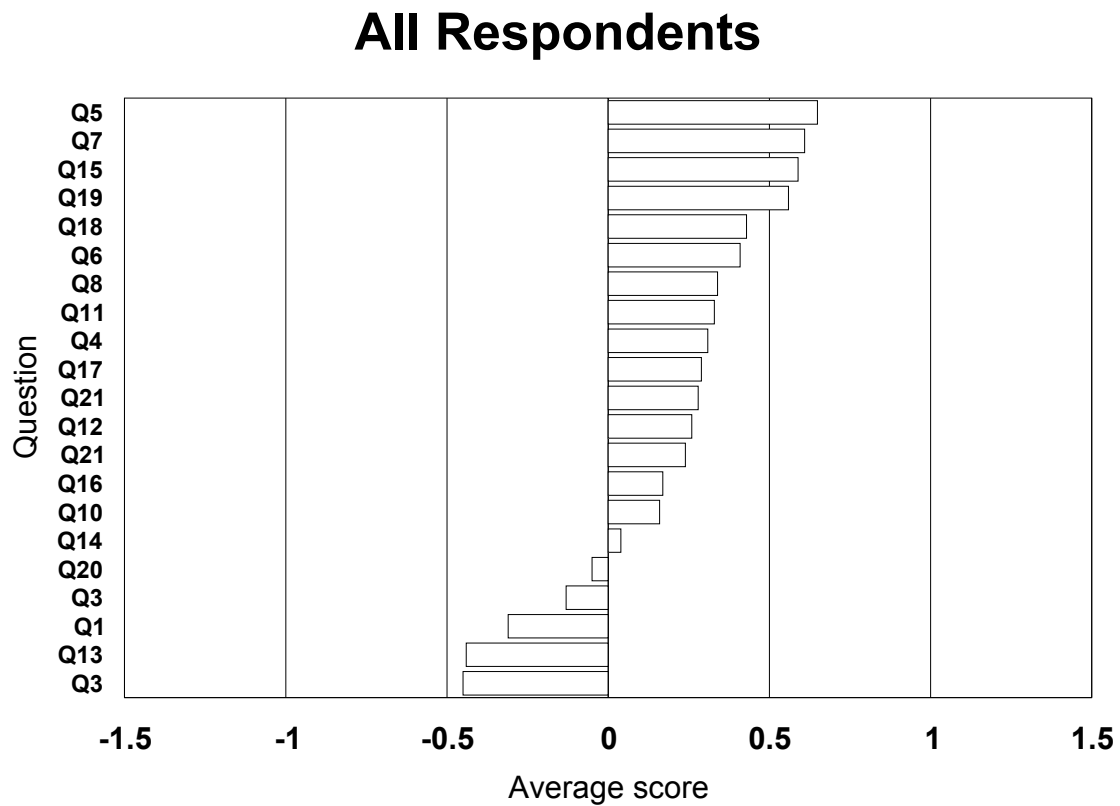


Figure 13:

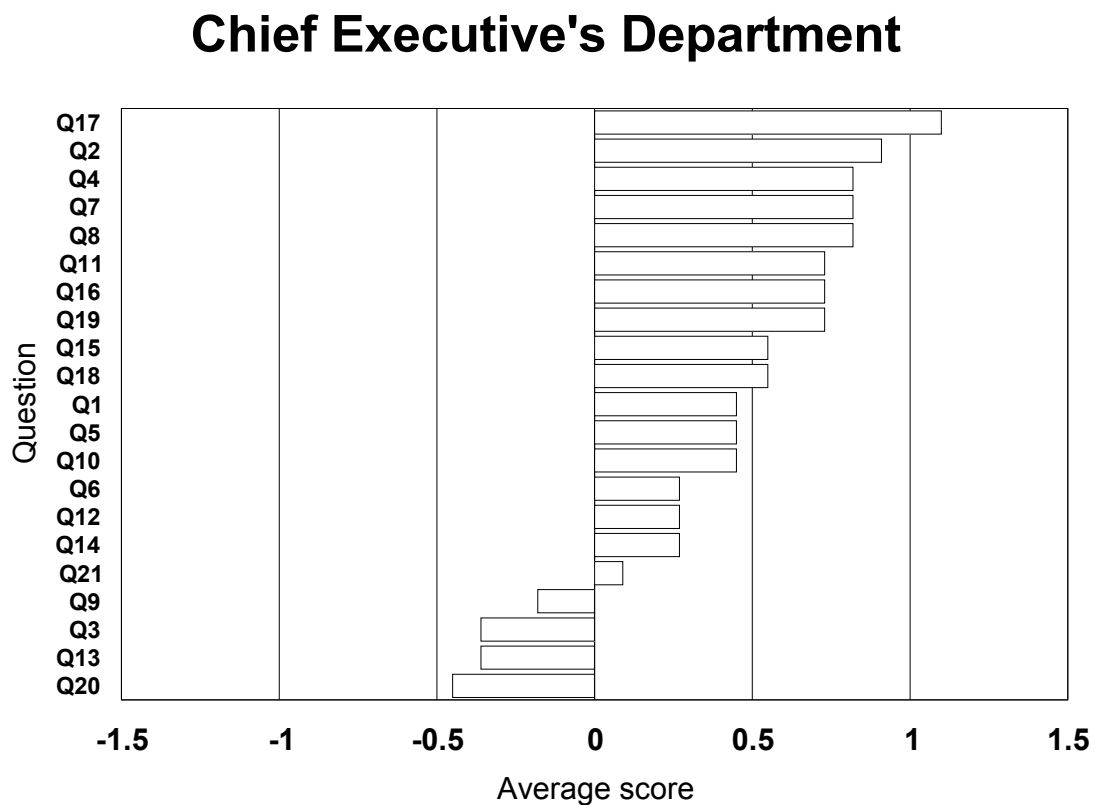


Figure 14:

## Community Services Department

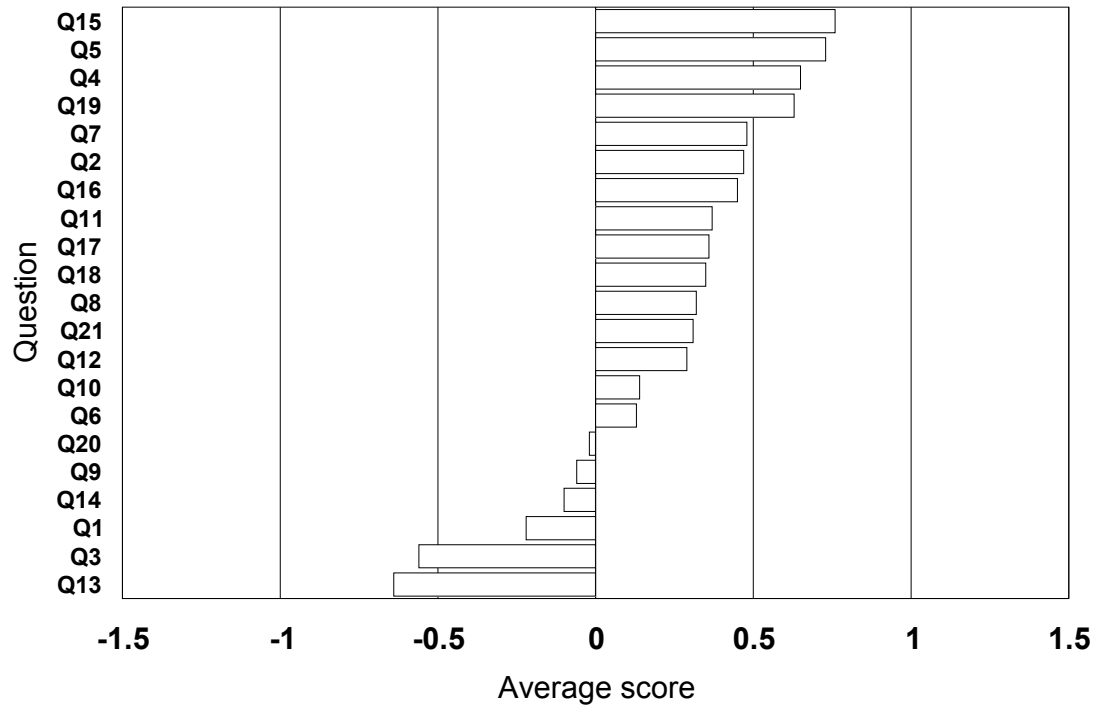
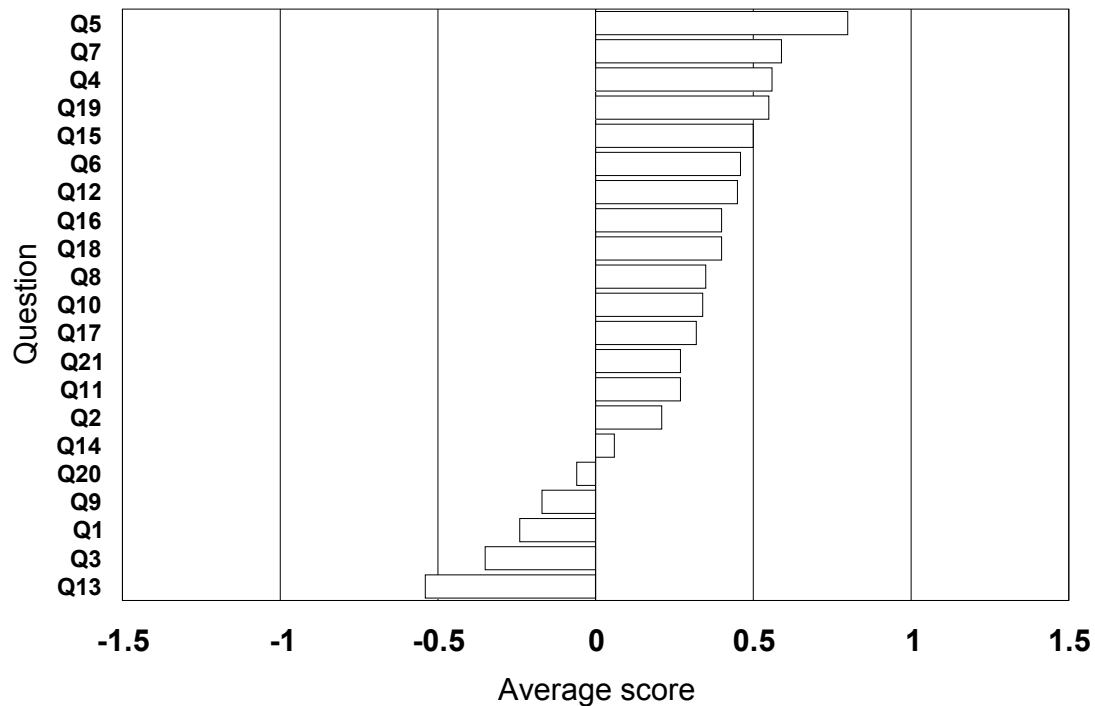


Figure 15:

## Corporate Services Department





## **Developing the Healthy Workplace Strategy: Appendix 3**

### **Recommendations to the Corporate Management Team (CMT)**

It is recommended that the Council establish a Healthy Workplace Committee (HWC) and commission a task force to design and implement a “healthy workplace plan” (HWP)

- A senior member of the management team should be appointed to take responsibility for the progress of the HWP.
- There needs to be a commitment to incorporate the HWP, as it evolves, into the business/strategic plan of the organisation.
- Accountability for the HWP should be directly to the Chief Executive or CMT
- The task force needs to ensure that there are representatives from a wide range of professions, perspectives and departments.
- Staff side representative(s)/trade union officials should be represented at this senior task force level.
- In the immediate future the following issues should be considered as appropriate for discussion by appointed focus groups.
  - Establishing the healthy workplace infrastructure
  - Addressing the need for leadership and management training
  - The development of an effective communication system
  - Examining the existing working environment (including equipment) - and recommending feasible improvements
  - Determining the employee training and development needs to enable the healthy workplace overall goals to be achieved.

## Main Paper 3

### **A review of the reactions of senior management to the results of the consultancy brief into a change management project**

#### **1. Introduction**

This is the final paper in a series of three. The first paper sought to address the programme necessary for the creation of a safe, healthy and supportive working environment. Following this debate the paper outlined reasons to support the proposition that “Investing in Comprehensive Healthy Workplace Health Promotion” from the National Quality Institute of Canada (NQI, 2001), provides a tool to develop a comprehensive healthy workplace through the nurturing and support of policies and procedures that empower staff to take action and an entrepreneurial approach in decision-making.

The second paper provided a detailed and rigorous discussion of a case study carried out to promote a healthy workplace and described the methodology used in the empirical research and provided the rationale for the approach undertaken. The discussions with representatives of management and staff were highlighted and the questionnaire design and methodology clarified. Results from the discussions formed the basis for recommended future action to develop change strategies and models for successfully managing future change in the organisation i.e. to help the organisation move into the transition from a professionally driven, hierarchical/bureaucratic managed organisation to one that fosters effective participation from multidisciplinary and inter-professional groups.

This paper discusses describes the management of change process and by using a case study approach describes the research undertaken within a local authority (LA) in England.

While using the specific case study as a basis for discussion of organisational and system change, the study focuses on a number of key issues including the:

- cxx. roles and relationships of bureaucracy and service provision in the policy making and implementing process
- cxxi. reasons for and implications of differing agendas between the government bureaucracy and the LA including the legal/power relationship
- cxxii. consequences of a clash in policy agendas within the implementation of policy when top down does not meet bottom up
- cxxiii. implications of trying to manage organisational change in a complex system where outcomes are unpredictable and control over the change processes is subject to government diktat

Although the protocol used was primarily based upon a *rational* model of change, to meet the LA organizational capacity and environment which was bureaucratic and hierarchical in nature, the aim of the consultancy brief

was to advise the local authority on how best to develop strategies and competences to assist the LA to meet the demands faced in meeting ongoing change; change often outside the control of the LA.

In using the rational approach no major difficulties were raised by the managers or staff of the LA. The findings of the staff survey were accepted fully. The strategy used in the study was to work collaboratively, with management and staff from the LA.

Questionnaires, interviews and focus groups were used to obtain updated information on the well-being of the employees and views of the workforce on the nature of workplace stress and health at work. Following on from this intervention it was then proposed to utilise the lessons derived from the consultancy brief to develop strategies and competences to assist the LA to meet the demands faced in meeting ongoing change; change often outside the control of the LA.

When recommendations were made to encourage a process of organizational development to move towards a learning organization, senior management refused to accept the proposals. The reasons for this course of action are then reviewed by considering the findings from a discussion between the Chief Executive of the LA and the senior researcher.

Conclusions are then drawn from the research.

## **2. Organisational development and change**

Modern organizations, if they are to survive for the long term, are increasingly confronted by an environment that demands adaptation and change (Burke, 2002). Within the dynamic business environment of today, frequent changes are required both in the way organisations operate and in the way the organisations are structured (Turner, 1999). Change itself is said to be a permanent function of companies if they are to survive in this contemporary, competitive environment (Horton, 1992), and in the UK the pace of organizational change since the mid 1980s has been extremely high (Geroski and Gregg, 1994).

Established firms face the challenge of managing entrepreneurial strategies in order to respond effectively to major environmental change (Lant *et al*, 1990). Change is endemic and has become an essential determinant in maintaining a company's competitive edge. For example, in a study of changes facing Australian corporations, 65 percent of human resource managers assessed that the extent of change their organisation had gone through during the last three years was either major or radical (Waldersee and Griffiths, 1996). The future of an organization's survival depends on how well change projects are managed and consequently significant resource is allocated to implementing change (Lanning, 2001). It has never been more important than at the present time for companies to run successful change projects and to empower people and then examine how or whether they improve the company's profitability (Eichelberg, 1994). Increased productivity, shorter throughput and delivery times, simpler processes, elimination of non value adding processes and increased employee well-being are typical examples of goals in organisational changes (Järvenpää and Eloranta, 2000; Barker 1998,).

Change and resistance to it, are major issues of organisational life (Gabriel *et al* 2000). Furthermore, in the post industrial era the success of many an organisation often lies more in its intellectual and systems capabilities than in its physical assets. When we embark today on designing, developing, and implementing more complex systems that have wider impact, a new set of challenges looms even larger. Certainly, technical challenges still exist; they always will, but as new systems affect larger, more heterogeneous groups of people and more organisational areas, the major challenges to systems success very often become more behavioural than technical (Quinn *et al*, 2002a).

Organisations are also political arenas, because people and groups develop different goals and interests, engage in conflict and compete for resources (Jaffee, 2001). The capacity to manage human intellect, and to convert it into useful products and services, is fast becoming the major creative skill of the age (Quinn *et al*, 2002a) and this is especially true for service industries. (Quinn *et al*, 2002b). Kanter *et al*, (1992) argue that in order to be effective organisations must be more flexible, adaptable to change, have relatively few formal, hierarchical levels of management, design loose boundaries amongst functions and departments, be sensitive and responsive to the environment and concerned with stakeholders. Change is regarded as the norm and periods of stability are taken as the exception in many organisations operating in the modern world of commerce and industry (Millett, 2000). Managers are judged upon their ability to manage change effectively and efficiently (Dymowski and Saake, 1992). In reference to organizations, change involves differences in how an organization functions, who its members and leaders are, what form the change takes, or how it allocates its resources (Huber *et al*, 1993). From the perspective of organizational development, change is a set of behavioural science-based theories, values, strategies, and techniques aimed at the planned change of the organisational work setting for the purpose of enhancing individual development and improving organizational performance, through the alteration of organizational members' on-the-job behaviours (Porras & Robertson, 1992).

According to Goodstein and Burke (1997), the need for change can originate from different sources, both from inside and outside the organisation. External forces include e.g., regulators, competitors, customers, and technology whereas internal pressure may come from obsolete services and products, new strategic directions, and an increasingly diverse workforce.

Planned change is usually triggered by the failure of people to create continuously adaptive organizations (Dunphy, 1996). Thus, organizational change routinely occurs in the context of failure of some sort. A typical storyline is "first there were losses, then there was a plan of change, and then there was an implementation, which led to unexpected results" (Czarniawska & Joerges, 1996). Organisations change primarily because of external pressure rather than internal desire to change (Lanning *et al*. 1999) while Miles *et al*, (1995) reinforce this perspective by concluding that most organisational change is triggered by the perception or experience of environmental threat, loss or opportunity. As a result a bureaucratic style of management concentrating on business as usual that does not incorporate sustainability into corporate decision making is incapable of meeting the challenges of this changing environment (Dunphy *et al* 2003).



To summarise, continuous change is needed to ensure that current performance and the way of operation of a business is continuously on a par with the requirements from inside the company and/or with the environment and the competitive situation (Lanning, 2001).

Despite the importance of effectively managing change, many organisation change initiatives have failed to deliver promises of increased productivity and morale, decreased costs and increased customer satisfaction (<http://www.well.com/user/dooley/change>). Cawsey and Deszca (2007) contend that successful change is extremely difficult to achieve, Miles and Snow (1992) go so far as to claim that many types of change initiatives including re-engineering, TQM, network structures and strategic planning have failed.

Crosby, (1979) a leading advocate of Total Quality Management claimed that 90 percent of these projects failed to meet their targets and Stewart (1993) outlines a failure rate of 50-70 percent for Business Process Re-engineering. Some change efforts can even cause harm to the overall performance of the company. According to a 1991 survey of US electronics companies, only 37% of the organizations engaged in total quality programs reported that they had succeeded by improving quality defects by 10% or more (Schaffer and Thomson, 1992) and an estimated 50-70% of re-engineering efforts never reach their goals (Hammer and Champy, 1993). In the early 1980s, a survey of management consultants summarised that fewer than 10 percent of well and clearly formulated new strategies were successfully implemented (Kaplan and Norton, 2001). Kotter (1996), begins his book by highlighting the fact that most of the transformation efforts undertaken in firms end up with a failure, i.e., producing only disappointment, frustration, burned-out and scared employees, and waste of resources. However, according to Kotter (ibid) a significant amount of the waste and failures could be avoided, if only more energy and attention was put into avoiding the most common and biggest problems transformation efforts are typically facing.

Lanning (2001) suggests that change project managers/leaders need an effective construct/strategy to help them successfully carry out change projects in the dynamic, continuously changing business environment, as such a construct that helps overcome the greatest obstacles, and offers guidance to avoid problems even before they occur is of great importance to those engaged in change project management. Management has searched for such a solution over the last 100 years or more (Dunphy *et al*, 2003) and this has produced wide range of approaches to change drawn from an eclectic mix of e.g. postmodernism, sociology, economics etc.

### **3. Managing organisational development and change**

In relation to organisational change there have been two comprehensive explanations that have dominated managerial thinking:

- cxxiv. the rational approach prescribes decision-making and control which is based on clear, well defined organisational structures, analytical techniques and the well-regulated motivation of people.

cxxv. the entrepreneurial approach in which decision-making control is much looser. Such an approach is based upon far less clear organisational structures and job definitions and on experimentation and inspirational motivation (Stacey, 1991)

Fordism represents perhaps the fullest working of a rational, massively influential approach to organising work. As Merkle (1980) explains, it spread to all parts of the industrialised world. At the turn of the 20th century Weber (1947) observed that rational-legal authority was taking over in many organisations whereby obedience was secured by rules, procedures and duties and authority was vested “in position rather than person.” Such an organisation is defined by rules and a series of hierarchical arrangements i.e. a bureaucracy (Grey, 2005). Although Weber was by no means an advocate for the emergence of a rational-legal or bureaucratic organisation he recognised it was the most technically efficient and rational form of organisation (Grey *ibid*). Such management principles embodying functional rationality often continue to define management to the present day (Applegate, 1995). Not enough commentators note that Weber saw the downsides of bureaucracy as well as its undoubted strengths

While such rational managerial strategies have been useful, particularly in stable conditions, under conditions of unpredictable change such a strategy can be tedious and inefficient if left to itself (Handy, 1993). For many managers, planning has been the traditional strategy in dealing with uncertainty. Planning approaches such as forecasting and risk analysis are based upon the assumption that future trends can be predicted on the basis of past behaviour (Lipshitz et al, 2007). Unless the present or the future situation matches the past one in all respects the experience of the past may be an inappropriate lesson for the present. We cannot apply experience learnt in one situation to another situation unless the situations are identical or one has perceived the linking concept e.g. a child may discover that an electric fire should not be touched but will need to learn the lesson over again when near a gas cooker unless they can comprehend the concept of heat and proceed to the generalisation that ‘all hot things can hurt’ (Handy 1993).

Organisations are not machines. They are communities of people and as such will behave in similar ways to other communities i.e. compete for power and resources, have different opinions and values, disagree about values and express different opinions. Some want to see change, others do not and so lobby groups, alliances, rivalry and contests intervene to try and secure what an individual or group desires. Indeed it would be remarkable if this were not the position. In fact such differences are vital if people are to continue to adapt to the world around. Change is necessary for progress and the challenge for the manager is to harness this energy to enable the organisation to develop rather than just wither away. However, the rationality envisaged by functional management seems to be the exact opposite of this. The rationality of bureaucracy relies upon a system of rules, not in the judgement of individuals, except those in high places who make the rules (Grey 2005). Organisational change clearly has many faces as is clear from the dichotomies generated in the literature e.g. the dichotomy between systems and individual rationality (Sorge and van Witteloostuijn, 2004)

It is, however, impossible to conceive of an approach which is suitable for all types of change, all types of organisations and all types of situation. Certain approaches may be too narrow or in contrast too general in their

application. Some may be complementary to each other while others may be incompatible and the range of approaches to change and the confusion over the relative strengths and weaknesses of the various approaches leads to confusion and conflict in the study of change (Dunphy et al 2003).

Contingency theory emerged out of the dissatisfaction and frustration with the multiplicity of typologies and the desire for a singular foundation for the comparison of organisations and their ways of operation (Clegg et.al. 2005). The contingency approach focuses attention on the situational factors e.g. environment, technology and size which account for the variations in the structure of an organisation (Mullins, 1999). Contingency theory as it applies to organisations, means that the effectiveness of a particular organisational strategy or structure depends upon the presence or absence of other factors and in this sense there are no absolutely right or wrong strategies or structures (Jaffee, 2001). Consequently, “right” or “wrong” must be gauged relative to the situation, the circumstances or the other factors, many of which are external to the organisation. Contingency theory laid the basis for an approach to organisational analysis that views an organisation and its various subsystems as adaptive entities to their environment i.e. the success of an organisations is dependent upon the ability of the organisation to meet the demands placed upon it by the environment (Jafee, 2001, Burns and Stalker, 1961, Pugh et al 1974).

However, a problem with contingency theory is that the contingencies play the key causal role in the functional argument “They are conceptualised and measured through the regularities that they are, theoretically, seen to produce – we know the contingencies through their regular predictable effects (Clegg et al, 2005 pp145-146) e.g. as the size of the organisation increases by employing more staff, it tends to become more bureaucratic. Conversely, a decrease in size should, hypothetically, reduce the degree of bureaucracy. But as Clegg et al (ibid) argues if you lay off workers but practise outsourcing or contract out services (as the public sector has continued to do for a number of years) the organisation has less employees but still the same responsibilities even if these responsibilities are located to other areas in the organisation and under different control mechanisms.

One problem with this approach to organisational contingencies and especially in relation to the emergence of new organisational forms is that questionable assumptions are used to frame the mechanisms relied upon so heavily in framing the theories. Clegg et al. (2005) argue that size is a construct that made good sense in bureaucracies where everything was internalised but as organisations bring in variable management strategies (see above), the simple assumption that size has the same “influence” seems misguided. Consequently if the fundamental mechanisms are not self-evident, how secure are the theories built on this basis?

Successful organisations are those whose leaders and members do not predict the future and control; rather are able to rapidly change course, to redefine themselves and even to learn to live with uncertainty and chaos and confident enough to recognise that applying a “winning formula” can be futile ( Gabriel et al, 2000). In essence such organisations recognise the gains to be achieved from moving more towards a natural/emergent model (Chandler, 1962). Such a change management approach provides a good rationale for moving towards a ‘learning organisation’, thereby promoting an organisational structure and a culture that are in a more effective

position to deal with future change - be it imposed and/or self generated (Argyris 1999). The concept of the learning organisation emphasises the importance of developing core competencies within the organisation to sustain a successful journey rather than to reach a particular destination (Morgan, 1997). Learning at both the individual and organisational levels is an important core competence that can help towards a more successful journey. The answer lies in the development of managers who see themselves as key participants in the context of a learning organisation (Millett, 2000). Organisational learning is best applied in organisations which are able to regularly monitor and reflect on the assumptions by which they operate, so that they can quickly learn about themselves and their working environment and change. Levitt and March (1988) and Argyris and Schon (1978) suggest that organisational learning is about self-reflection that triggers insights into organisational routines, values and beliefs, and after these facets of an organisation are understood they are open to change (Clegg et al, 2005).

As noted above, the move towards a learning organisation calls for an integration of both the “natural” or “emergent” and the “rational” approaches to decision making, by a synthesis of economic and behavioural theory (Bowman, 1994). The relationship between the two approaches epitomises the dichotomy, in respect of both reasoning and action, between the rational tradition, associated with classical management theory and professionalism and the natural, narrative, case-based methods of behavioural/emergent theorists. The challenge, then, is to create an environment whereby strategy evolves from activities taking place throughout the organisation (and thus can be influenced by strategic planning via the rational model) but is also shaped by other influences. For example, those who favour the rational model have a tendency to take a top-down view and portray the internal structure and processes of the organisation as leading to the concept of structure following strategy, whereas emergent views provide reasons to believe that existing structures and processes influence strategy (Chandler, 1962).

Quinn (1978) reinforces this view when he emphasises that successful executives may initially only set out broad goals and policies which can accommodate a variety of specific proposals from below, yet give a sense of guidance to those proposing. As events and opportunities emerge, the executive is then able to incrementally guide the pattern of escalated or accepted proposals to suit his/her own purposes without getting prematurely committed to any rigid solution, which in turn might prove to be wrong or opponents find sufficiently threatening to unite against. Quinn (1991) also finds that strategists “constantly reassess the future” and “find new congruencies as events unfold” while Child (1970) asserts that strategic choice articulates a political process, which brings agency and structure into tension and views the relationship of agency to structure and to the environment as dynamic in nature. In so doing, the strategic choice approach bridges a number of competing perspectives and adopts a non-deterministic and potentially evolutionary position. When considered as a process, strategic choice, points to the possibility of continuing adaptive learning cycles within a theoretical framework that locates organisational learning in the context of organisations as socio-political systems.

Most organisational changes today are made in the name of improved performance and Champey (1997) further stresses that as we are driving toward this result, we should also be thinking about creating an organisation that is agile, can sustain multiple changes and is a good place in which to work. Again, as organisations are networks

of people engaged in achieving some common goals there will be various kinds of processes occurring between them. Schein (1999) further develops the concept and concludes the more we are able to understand how to diagnose and improve such processes, the greater will be our chances of finding solutions to the more technical problems of ensuring that such solutions will be accepted and implemented by members of the organisation.

With so much riding on success, one would think that companies would be better at learning. Amazingly, it seems as if they fight tooth and nail against learning, often with disastrous results. The reasons, however, make a lot of sense (Robbins, 2003). Few of us think much about learning when not in school or in a training environment but learning doesn't just happen; it takes reflection and thought. Reflection time used to be built into the work environment. It took perhaps a week or two for a head-office communication to arrive and thereby allow ample time to ponder and rethink decisions. Now we have overnight letters, junk mail, e-mail, voice mail, fax, cell phones, 30-second-delayed stock quotes, and the expectation that responding immediately is far more important than responding thoughtfully. Organizations rarely build in time to do thoughtful learning, and when they do, that time is often the first to go when emergencies beckon. Implementing insights from a learning review is difficult. Learning means behaviour change. Organizationally, behaviour change is daunting (Robbins *ibid*).

Institutional resistance to change, much like that observed during personal development, does not necessarily indicate a communal lack of commitment to the organization's newly stated goals. It may reflect the existence of competing organizational objectives that must be addressed, before substantive advances in a new direction can be accomplished.

As a result of the work of Argyris and Schon (1996), such issues have been brought to the forefront of management attention. Conceived as the challenge of creating 'learning organisations' (Senge 1990) and 'action learning' (Ravan 1982), the idea of developing capacities for individual and organisational learning established itself as a key priority in designing and managing organisations that can deal with the challenges presented by a ever increasingly, changing world (Morgan, 1997).

The principles of modern cybernetics can be utilised to provide a framework for contemplating how this can be achieved (Morgan, *ibid*). For example, many organisations have become proficient at single-loop learning. Such organisations develop the ability to scan the environment, set objectives and monitor the performance of systems against set, defined objectives. This organisational attribute is more often than not, institutionalised within the information systems developed to keep the organisation on the set course. Examples include budgets and such-like management controls that often maintain single-loop learning by monitoring quantifiable indicators of performance e. g sales, profits, expenditure etc. to ensure the organisational activities remain within predefined limits. The widespread use of computers and other management information systems has done much to consolidate single-loop control.

However, the ability to become proficient with double-loop learning often proves to be very difficult (Argyris, 1999). Although some organizations have been successful in institutionalizing systems that review and

challenge basic paradigms and operating norms, many others fail to do so (Morgan, 1997). Such failure is especially true of bureaucratic organizations whose fundamental organization principles often operate in a way that actually obstructs the learning process. For example, bureaucracy tends to encourage and create fragmented patterns of thought and action. When hierarchical and horizontal divisions are particularly influential, knowledge and information are inhibited from flowing in free and open patterns. As a result, different departments and divisions within the organization often operate on different perceptions and understandings of the total situation and this, in turn, can encourage the pursuance of sub-unit goals as ends in themselves.

The existence of such divisions has a further tendency to emphasise the distinctions between the different parts of the organization and can encourage the development of political systems which place additional barriers in the way of learning. The bounded rationality inherent within organizational design thus leads to the creation of boundaries, within which the employee is encouraged to dwell and is rewarded for so doing (Morgan, 1997). Under such circumstances, single-loop learning systems are re-enforced and may serve to keep an organization on the wrong course e.g. the continued dominance of the medical model in areas of social care. Furthermore, barriers to double-loop learning can also be created through the processes of bureaucratic accountability.

As Argyris and Schon (1978) have shown, when staff feel threatened and/or vulnerable they often engage in “defensive mechanisms” to protect themselves and colleagues. Such organisational defensive routines are taught through socialisation, as strategies to deal effectively with threat or embarrassment and are supported by the culture of the organisation. In such an environment staff can become skilled in a range of ways to make situations for which they are responsible, look better than they actually are, or find ways of obscuring issues that will put them in a bad light. Deep-seated problems are often ignored or diluted and senior managers presented with over optimistic scenarios, to which they respond favourable. Such issues are systematic and universal (Argyris and Schon 1978) and are found in many different types of organizations and cultural settings. These defensive patterns can become face-saving processes to save individuals from embarrassment or threat. In the context of an organisational setting, formal structures, job descriptions, rules and conventions are convenient aids in the process of self-protection and used both consciously and unconsciously for this purpose. Such defensive routines can also become embedded in the organizational culture, generating shared norms and patterns of “groupthink” that prevent people from addressing key aspects of the reality with which they are dealing (Morgan, 1997).

Given such a range of potential pathologies, it is not difficult to be surprised that so many organizations find difficulty in learning and evolving in a fluid manner. As Senge (1990) points out, most organizations “die” before the age of forty. To survive in the tough business environment of the 21<sup>st</sup> century, organisations must, “evolve designs that allow them to become skilled in the art of double-loop learning, to avoid getting trapped in single-loop processes, especially those created by traditional management control systems and the defensive routines of organizational members.” (Morgan, 1997 pp. 90).

Skilled professionals are frequently good at single-loop learning; they have spent much of their life acquiring academic credentials, mastering a number of intellectual disciplines and applying this knowledge to real world-

problems. However, it may this very fact that helps explain why professionals are so unsuccessful when it comes to mastering double-loop learning. Because many professionals are almost, always successful in what they do and because they have rarely failed, they have never learned how to learn from failure. Whenever, the single-loop learning strategies go wrong, they become defensive, screen out criticism and allocate “blame” to others and/or circumstances. In essence, they learn to shut down at the time they most need to learn: they avoid learning: they become defensive.

This defensiveness is not due to a negative attitude about change. Rather, such professionals want to work more effectively and continuously improve systems. They fail to recognize that to learn one needs to look inward at one's own behaviour (Argyris 1996). Professionals have a body of knowledge that constrains their learning. They do not know how to learn from failure. When challenged, they can become very defensive and tend to focus attention away from their behaviour to that of others i.e. defensive reasoning. The key factor, for this behaviour can be found in the way in which they reason about their own behaviour and the behaviour of others (Argyris, 1991)

It is of course impossible to reason anew in every situation. If one had to think through all possible responses to a particular question, life would become impossible. Everyone develops a *theory of action*- a set of rules to design and implement their own behaviours as well as to understand the behaviour of others (Argyris, 1999). In the course of everyday events, these theories of action become so taken for granted that people don't even realize they are using them. However, people consistently act inconsistently and are often unaware of the contradiction between the ways in which they think they are acting and the way they really act i.e. theories-in-use.

Most theories-in-use rest on the same set of governing values to:

1. remain in unilateral control
2. maximize “winning” and minimize “losing”
3. suppress negative feelings
4. be as “rational” as possible- by which people mean defining clear objectives and evaluating their behaviour in terms of whether or not they have achieved them.

The purpose of all these values is to avoid embarrassment or threat, feeling vulnerable or incompetent. In essence this is a very profoundly defensive strategy (Argyris, 1999 pp. 131).

Such a defensive approach encourages individuals to keep private the inferences, premises and conclusions that influence their behaviour and it helps avoid any testing of their behaviour via an objective inquiry. Since the defensive strategies are never really tested, the situation remains a closed loop, quite oblivious to conflicting influences. Inevitably, this defensive reasoning meets with additional defensive reasoning. In such a situation, an act of encouraging more open inquiry, may be intimidating and help foster a “corporate” defensive shield amongst senior professionals.

It is also important to recognize how double-loop learning at the individual and organizational levels also involves the important issues of competence and justice. It is inappropriate for individuals to define certain actions as incompetence and unjust, and then act as if the incompetence and injustice do not occur when they behave in the same way. Double-loop learning must also deal with all issues and not just those that are non-confrontational e.g. the puzzling fact that most individuals are unaware of their causal contribution to these organizational features, yet are aware of the causal contributions of others. In order to turn the situation around managers at the top need to critically examine and change their own theories-in-use. Until senior managers become aware of how they reason defensively and of the counterproductive consequences of such action, there will be little real action. Change has to start at the top of the managerial hierarchy. Otherwise defensive senior managers are likely to disown any transformational strategies generated from below. If professionals begin to change the way they reason and act, such changes are likely to appear a threat to senior managers

#### **4. The Case Study**

This paper discusses and analyses the actions of the senior management team of a local authority (LA) in England in responding to the findings of a consultancy brief commissioned to address how best to develop a healthy workplace. A more detailed review of the research protocol and findings can be found Paper 2, *Promoting a healthy workplace - A case study*, in this series of 3 research papers. The following provides a summary of the more important issues.

The specific strategy of this study was to work collaboratively, with management and staff from the LA to obtain updated information on the well-being and views of the workforce on the nature of workplace stress and health at work and through the involvement of the workforce, use this information to develop an improved strategy for the development of a healthy workplace. Following on from this intervention it was then proposed to utilise the lessons derived from the consultancy brief in order to develop strategies and competences to assist the LA to meet the demands faced in meeting ongoing change; change often outside the control of the LA.

A collaborative action research programme involving participatory inquiry (Ramon and Hart, 2003) was deemed to be the most appropriate framework for the purpose of the project - the intention was to develop a shared strategy whereby management and staff could provide better control over conflict resolution and work together in developing a healthy workplace. This process of enquiry involved taking stock of the past and exploring everyday practices in the present to generate insights into the opportunities and challenges of participation. <http://www.ids.ac.uk/ids/particip/research/oc-sida>

By encouraging and developing a shared strategy action research programme it was intended to address to both the practical concerns of management and staff in a problematic situation and to pursue the goals of social science by joint collaboration within a mutually acceptable framework (Rapoport, (1970), Winter & Munn-Giddings, (2001). The aim was to involve staff and management in a process of change, based on professional and/or organisational action and free of the problem of gaps between theory and practice. The researchers joined staff and management under study from the initial design to the final presentation of the results and discussion



of their proposed actions (Hart & Bond, 1995), as people are likely to cooperate and seek help if they feel respected by those aspiring to help them (Argyris, 1999)

The research team addressed the following issues:

- cxxvi. the often divisive approach to managing well-being in the workplace if the various stakeholders act as competitors rather than as partners to the same enterprise
- cxxvii. the use of dialogue and shared problem-solving to create a participatory approach
- cxxviii. the collection and collation of the views of the workforce on the adequacy of management's response to stress via an anonymous questionnaire
- cxxix. in conjunction with the management and workforce under review, the recommendation and development of an improved and viable strategy
- cxxx. the establishment of the Implementation Group through a meeting between members of the research team and the organisation's senior management. The Implementation Group assisted the research team to gain access, engage with staff and assisted in the dissemination of information (Investing in Comprehensive Healthy Workplace Health Promotion, 2001).

The main approach was to undertake a stress/satisfaction survey throughout the Council's workforce and consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy. Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed. Subsequent meetings were held with Corporate Management Team (CMT), the Implementation Group and members of staff; the latter including staff-side representatives. The discussions were structured around the Healthy Workplace Strategy (HWS) but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end result was an agreement about the way the project should be conducted.

All members of staff were invited to meet with the researchers, who outlined the proposed process and invited comments. Meetings were held with different groups of staff in a variety of work locations. Everyone who wished to see the researchers on an individual basis was accommodated and there was the opportunity for members of staff to contact the researchers by email, letter or telephone, and anonymously. In order to broaden out the range of those actively involved in the exercise, a questionnaire was distributed to members of staff.

The questionnaire consisted of 21 items that were designed to utilise a quantitative approach and in addition also provided the opportunity for qualitative analysis by encouraging individuals to highlight 3 specific issues they felt important to the performance of their work.

The completed questionnaires were analysed and the results fed back to staff in a further series of meetings. Small focus groups were also arranged to encourage staff to offer comments on the findings, in an informal environment. Members of staff and management were also invited to attend a series of more formal focus groups when issues of major importance, as identified by the results of the questionnaire, were discussed and

analysed. A critical item for consideration by the focus groups was the need to highlight recommendations to CMT, as to how the project could best be taken forward.

Constant feedback was provided to members of the Implementation Group, about the emerging findings in order to ensure that senior management would be closely involved in setting direction for the project. The link between the researchers and CMT was through a senior manager designated by the Chief Executive (CEO).

## 5. Findings

The feedback from the research confirmed the staff were appreciative of the fact that someone had come to speak to them, rather than consulting by questionnaire alone. The ability to clarify issues by asking questions and making suggestions was also felt to be helpful. The discussions and meetings were held in a very positive atmosphere and there were positive comments about the process of the project.

The main points to emerge were:

- cxxxix. there was a general willingness by staff to be involved in the process
- cxxxix. staff felt that the initiative was to be commended
- cxxxix. a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming
- cxxxix. there was an agreement that the results of the questionnaire addressed relevant staff issues
- cxxxix. a number of senior managers appeared to be defensive about the results
- cxxxix. certain senior managers appeared to have quite different perceptions, from the general workforce about the organisation's ability to manage effectively
- cxxxix. focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process
- cxxxix. senior managers appeared to be very willing to promote the project aims and objectives

Up to this stage in the consultancy brief the CEO and members of the Corporate Team had taken a supportive if uninvolved position in the process. In meetings with staff the CEO had encouraged participation in the research process but delegated decision making to a senior manager who had been appointed as the link person between the researchers and the CEO. Other members of the CMT had had taken a "polite" relationship position with the researchers but none had agreed to a personal meeting. Despite numerous requests from the senior researcher to appraise the CEO of progress and to outline difficulties that might be encountered in implementing any recommendations from the research, the researchers were informed by the senior manager/link person that the CEO was satisfied with progress and as such a meeting was not required. As monitoring, controlling and the provision of feedback are basic and essential tools in traditional management change project (Kimmons, 1990) to check that programme is performed according to the plan, (Lanning *et al*, 1998), the senior researcher requested a one to one meeting with the CEO to outline the results of the research prior to any formal presentation to the CMT. The concern from the research team was that the support from senior management

might be changing (Hunt, 1992). This request was again refused on the basis that the CEO had been updated by his senior manager and against the advice of the senior researcher a copy of the Final Report of the project was distributed to members of the CMT via the CEO.

## **6. Meeting with the Corporate Management Team**

At a meeting with the CMT the results from the staff survey were reported and accepted in principle by members of the CMT. This was to be expected as the CEO and his team had been kept fully apprised on findings throughout the research process. Furthermore, through the period of research, the researchers undertook formal and informal discussions as to how best to:

- cxxxix. prepare an operational plan detailing how the process could be taken forward and monitored
- cxl. assist the CMT and other relevant participants in developing processes for implementing and developing the HWS
- cxli. review the management process in action and consider the impact of the existing policies, procedures and culture on the process
- cxlii. support CMT in developing organisational capacity to manage on-going change

It was suggested that such an approach would enable the HWS to be implemented but developing organizational capacity to manage on-going change would still further require:

- cxliii. a shared vision among management and staff on the role of the Organisation
- cxliv. encouragement and respect of individual ideas and thinking geared towards achieving the vision
- cxlv. a greater understanding of the different processes and interactions between management and staff and between different departments
- cxlvi. establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships
- cxlvii. external advice and counsel and ongoing management consultancy support

However, the CMT were not prepared to countenance the review of existing management practices and procedures and also refused to accept the recommendation to seek external advice and training. The CMT agreed to move towards addressing specific issues raised by the survey e.g. improving environmental concerns but only via the existing management systems and structures; these being the existing channels that had failed to identify such failings. Essentially the CMT repudiated the need to move to a process of developing change strategies and models for successfully managing the transition from a professionally driven, hierarchical/bureaucratic managed organisations model to an organisation that fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and fosters innovation and change; the underlying aim of the research proposal.

## 9. Review of the meeting with the CMT

Although the initial aims of the change process had not been fulfilled the senior researcher received permission to meet with the CEO to discuss the reasons behind the reactions of the CMT to the proposals to seek methods to encourage organisational development. However, the CEO secured an appointment outside the organisation and the Senior Manager who had acted as the link between the research team and CEO was appointed as the new CEO. Nonetheless the meeting took place.

The meeting and reporting of the findings used an intrinsic qualitative case study (Stake 1995) approach supported by literature to develop criteria and questioning method. In general, case study research supports the deployment of a variety of methods (Gummesson, 1993). The underlying objective for conducting the study was to gain a better understanding of complex phenomena of the refusal of the CMT to follow up on the recommendations of the research to undertake a fundamental review of the organisation's capacity to manage on-going change. Case study was considered particularly applicable because a "why" question was being asked about a contemporary set of events, over which the investigator has little or no control. Yin (1984) and Ellram (1996) also note that case studies have a special role in evaluation research because case studies can help explain the causal links in real life interventions that are too complex to be analysed by surveys or experimental strategies.

Case studies can also:

- cxlviii. describe a real life situation and usually contain illustrative and descriptive parts, which in turn may help the evaluation
- cxlix. effectively explore interventions with no clear, single set of outcomes
  - cl. investigate a contemporary phenomenon within its real-life context when
  - cli. boundaries between phenomenon and context are not clearly evident and in
  - clii. which multiple sources of evidence are used

It is acknowledged that the methodology is limited in this situation of a one to one discussion. The results may well be very subjective due to:

- cliii. bias due to poorly constructed questions
- cliv. response bias
- clv. inaccuracies due to poor recall
- clvi. interviewer gives what interviewer wants to hear
- clvii. interviewer bias

Furthermore, examples are, however, not cases because you can always, in retrospect, find good examples of what ever idea comes into your mind. Thus, examples are not evidence, even though they may trigger thoughts

and ideas for researchers when they study them in the light their own experience and needs (Glaser & Strauss, 1967). Finally it can be difficult to make generalisations from one or small number of one off examples.

To support the case study a review of management change literature was undertaken in order to help form the basis for questions to be used in the meeting. In the management of change literature many theories and concepts have been advanced as to why management change projects fail. Several reasons for such failures include poor communications, complexity, the organization, technology, and leadership (Lorenzi and Riley 2003). Hannan and Freeman (1984) also state that structural inertia theory suggests organisations experience pressures to maintain reliable performance for their actions. The theory assumes that organisational structures must be highly reproducible i.e. stable over time. In turn this reproducibility of structure is achieved though the institutionalising of organisational purpose and routine but these in turn produces strong inertia pressures. In times of change, plans and planning and the organisational culture can also prove ineffective because they create rigidities (Morgan 1993). In the highly politicised context this position can be used for political opposition, by those resisting the planned change, to create an enormous difficulty for the manager who is then left to create a visionary framework capable of adapting and evolving as circumstances require. Other writers on the theory of change e.g. Argyris and Schon, (1974); Watzlawick *et al*, (1974) have made distinctions between superficial-single-loop or first order change and change where the context is also transformed- double-loop or second order change. First order changes are changes that occur in a set context and don't in reality challenge that situation. To tackle change of the basic context we need to become more skilled at the level of second-order change and although many organizations engage in change after change they are not doing anything that is very much different but get stuck in the existing mode of practice and so, "change efforts in these organizations frequently get trapped by the existing culture and politics of the organization and although the organization may be formally committed to change, people and systems interact in such a way that prevents change" (Morgan, 1993: pp. 321).

Since the resistance from the CMT had been in response to the proposals to review organizational capacity and managerial systems and procedures it was agreed between the senior researcher and the newly appointed CEO that the limited time available for the meeting should be directed towards a review of organisational issues i.e.

- clviii. prepare an operational plan detailing how the process could be taken forward and monitored
- clix. assist the CMT and other relevant participants in developing processes for implementing and developing the HWS
- clx. review the management process in action and consider the impact of the existing policies, procedures and culture on the process
- clxi. support the CMT in developing organisational capacity to manage on-going change

The meeting was confined to the CEO and the senior researcher and it was also agreed the discussions would remain confidential. Notes were taken by the senior researcher in order to review and reflect upon the discussion and form conclusions (Kolb *et al*, 1995).

The following outlines issues discussed and the reflection/analysis of the senior researcher.

- clxii. encouragement and respect of individual ideas and thinking geared towards achieving the vision;
- clxiii. a greater understanding of the different processes and interactions between management and staff and between different departments
- clxiv. establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships.
- clxv. external advice and counsel and ongoing management consultancy support.

During the initial discussions the CEO was keen to confirm agreement and acceptance of the factual parts of the report as outlined above. For example environmental issues would be addressed in turn, management training would be introduced and staff would be encouraged to participate in future decision making but the management structure and policies would remain in place for the foreseeable future. These are single loop or first order change. This type of strategy is very reminiscent of “Futureblock” (Morgan 1993) and reaffirms the work of Argyris and Schon (1978, 1993) in which organizations engage in change after change but are not really doing anything very differently; one can generate hundreds of new insights without substantial impact (Morgan 1993). In essence the CEO was in “getting stuck” in the existing mode of practice and becoming trapped by the existing culture and politics of the organization. In some respects this is only to be expected. The CEO is responsible to the Council who are in turn accountable to central government, both of which are highly centralized bureaucracies (Mullins 1999). Although perhaps unaware of the logic of the strategy it could be argued that the CEO was undertaking a contingency approach in trying to achieve a “good” fit between the organization and the environment (Lawrence and Lorsch (1967), Pugh and Hickson (1976), Morgan (1997). However, this is a good example of structural inertia theory (Hannan and Freeman, 1984) as outlined above and would do little to help prepare the organization to meet the demands to manage on-going change; the reason for the research in the first place! This also serves to emphasise and consolidate a managerial ethic which presumes to solve through social engineering and flexible organizational design (Giddens, 1984), the fundamental political and institutional problems of modern organizations (Galbraith, 1969).

A second phase in the discussions took place when the CEO brought a number of criticisms to bear on the research process. Concern was expressed about the quality of the flow of communications throughout the process, the fact that the message delivered to the CMT was too harsh and unexpected and finally that the changes proposed were too radical due to the complexity of the organisational structure. The senior researcher accepted that the CEO had a right to make such a point, and in an effort to ensure the flow of the interview the senior researcher did not pursue this point but noted that managers can become embarrassed by the recognition that their traditional methods of managing and their systems of measurement and control typically give way to defensive reasoning (Argyris, 1999)

When the discussion moved to the question of organizational development and the move towards a more “open/learning environment,” the CEO stated that it was better to fail with existing systems and processes rather

than to fail by trying something new and in this case especially so as the CEO had just come into post and things were running satisfactorily at the moment. This might be referred to as “defensive” mode as one of the most powerful ways people deal with potential embarrassment is to create organizational defensive routines i.e. “any actions or policy that prevents human being from experiencing negative surprises, embarrassment or threat and simultaneously prevents the organization from reducing or eliminating the causes of the surprises, embarrassment and threat. Organisational defences routines are anti-learning and overprotective” (Argyris, 1999 pp.141). Again this should not be surprising because as (Schein,1985) suggests, when people are subject to outside intervention their interpretive facility comes in to play and they will interpret meaning to what they experience according to their expectations. This in turn can challenge their taken for granted beliefs and assumptions about jobs, work, careers etc. and can create justifiable or unwarranted fear. When faced with such challenges people find ways of deflecting or obscuring issues and problems that may put them in a bad light and become skilled in making things look better than they are in reality (Morgan, 1993). Defensive strategies discourage reflection. We practise those most of our life and become highly skilled at carrying them out. They become second nature and as such something we rarely reflect upon but take them for granted (Argyris, 1993).

In this case the CEO became embarrassed and felt threatened by the prospect of critically examining their performance within the organization. Whereas executives are usually very comfortable when discussing single loop changes there is usually a radical shift in position when discussions of a double loop nature are introduced (Argyris, 1993) and this in no small way is due to a manager’s ability to interpret events, conditions and history to his or her advantage which is almost universal. Individuals often see what they have seen in the past or what they want to see rather than what is or can be (Schermerhorn et al, 1997). As Argyris (1997) succinctly puts it. “Over the past five years, I have come into contact with any number of companies struggling with this transition from command-and-control hierarchy to employee empowerment and organisational learning and every one is its own worst enemy. Management embrace the language of intrinsic motivation but fail to see how firmly mired in the old extrinsic world their communications actually are.”

Perhaps the most telling statement on this point was when the CEO stated that organisational development was not the priority. The priority was to get rid of a number of members of the CMT! However, although the CEO appeared to be referring to the culture of a mature organisation that contained dysfunctional , taken for granted assumptions and products of past success Schein (1985), in such a situation the learning leader “would do well to look inside themselves to locate their own mental models and assumptions before they leap into action (Schein *ibid.* p.373)

The third part of the interview related to the way the research was undertaken. For example there was concern expressed about the way communications were carried out by the research team. Secondly, it was felt that the message given to the CMT was too critical of the team and therefore caused unnecessary resistance and thirdly more care should have been taken to understand the needs and wishes of individual members of the CMT. Rather than offer a defensive stance which the senior researcher felt would be futile and against the spirit of the proposals offered to the CMT, the following issues were acknowledged. In response to the communication issues it was accepted that throughout the project a communications audit as proposed by Hurst (1995), would

have been a catalyst for progress. Secondly, a more balanced and marketing approach (Kotler, 1988) would have helped to reduce anxiety and as suggested by Doyle (1995) a review of stakeholder interests to produce a balanced set of objectives and rewards could have provided a good indication as to the issues important to the members of the CMT.

It is accepted that such a response may well constitute a single loop approach but they are put forward in this way in order to meet the “requested” response to the CEO.

## **9. Conclusions**

This paper has not been primarily concerned with the difficulties of introducing and implementing double-loop learning and creating a learning organisation. First of all, the aim has been to explore the reasons why the CMT were content to accept proposals of single-loop nature but gelled as a group to reject proposals that would engage them and the organisation in the creation of a learning organisation. Secondly the purpose is to consider how the LA may in future be in a position to manage on-going change.

What is clear is that there is a place for both single and double loop-learning. In this review the CMT had no real option but to utilise a single-loop learning approach. Within the culture and political environment of the LA, the CMT were able to function at a level of performance that appeared to satisfy their superiors i.e. the council members and the government; both of whom also operate in a hierarchical and bureaucratic type of structure. The environment of the LA, the capacity of the organisation's workforce, and senior management (e.g. senior managers had quite different perceptions, from the general workforce about the organisation's ability to manage effectively), were not, at the time of the study, in a position to embark upon a programme of moving towards the development of a learning organisation. Clearly, from the reaction to the proposal to move towards a learning organisation approach the CMT were not ready to move to this new challenge. It must be recognised that this institutional resistance to change, much like that observed during personal development, does not necessarily indicate a communal lack of commitment to the organization's newly stated goals as in part it may have or reflect the existence of competing organizational objectives that must be addressed, before substantive advances in a new direction can be accomplished.

However, if LA is to meet the demands of a changing world, a view that the senior managers have already accepted, the CMT are required to effectively manage the change process. To do this they must continually clarify the underlying assumptions held about the organisations they manage. This is not only what learning is about but is also an integral component of organisational learning i.e. the way organisations are able to adapt to challenges and changes in their environments (Millet, 2000). Under conditions of unpredictability the successful organisation is the one with leaders and staff that do not predict the future and try to control it. Instead they learn to rapidly change course, to redefine them and are able to live with uncertainty and chaos. Organisational learning can help organisations manage more effectively in times of complex and rapid change as it provides an opportunity to tap into the knowledge and skills of employees. This concept of the learning organisation emphasises the importance of developing core competencies within the organisation to sustain a successful



journey rather than reach a particular destination and learning at both the individual and organisational levels can help towards a more successful journey (Morgan, 1997).

Organisational learning is not easy to achieve and there is no single recipe for achievement. Productive learning is difficult and requires senior manager to accept a culture that accepts change and uncertainty and threat. It places power in the hands of staff and can lead to challenges to the management status quo. It will require the CMT to be confident enough to recognise that applying a “winning formula” can be futile (Gabriel et al, 2000).

And finally one lesson to be learnt from the research is that the process of change can be diverted from course by any number of unplanned activities. When the new CEO took over during the research, the personal aspirations of the former CEO became less important if not dismissed. Since the priority of the new incumbent was to replace a number of members of the CMT with new staff it would not appear an appropriate strategy to enter into a major change programme until the new board was established and functioning.

## Main Paper 3 Bibliography

1. Abrahamson, E. (2000). Change without Pain. *Harvard Business Review*, July-August 2000: 75-79.
2. Applegate, L. (1995) "Managing in an Information Age: Organizational Challenges and Opportunities." *Harvard Business School Paper No. 9-196-002*.
3. Argyris, C. (1999). *On Organisational Learning* (Second edition) Oxford:
4. Oxford Blackwell Publishing Ltd:
5. Argyris, C., and Schon, D. (1974) *Theory in Practice*. Reading, MA: Addison-Wesley
6. Argyris, C. and Schon, D. (1978) *Organizational Learning: A Theory of Action Perspective*. Reading: Addison-Wesley
7. Barker, B. (1998). The Identification of Factors Affecting Change towards Best Practice in Manufacturing Organisations. *Management Decision* 36/8: 549-556.
8. Bowman, E. (1994) *Next Steps for Corporate Strategy, Advances in strategic management*. In: Shrivastava, P., Stubbart, C., Huff, A., and Dutton, J., eds. *Advances in Strategic Management*, Vol. 12A. , Greenwich CT.: JAI Press Greenwich, Conn: JAI Press Inc.
9. Burke, W.W. (2002). *Organizational Change*. Thousand Oaks: CA: Sage.
10. Burns, T. and Stalker, G. M. (1961) *The Management of Innovation*, London: Tavistock.
11. Cawsey, T. and Deszca, G. (2007) *Toolkit for Organizational Change*. Thousand Oaks: CA: Sage.
12. Champey, J. (1997) *Preparing for Organizational Change: The organization of the future*. San Francisco: Jossey Bass.
13. Chandler, A.D., Jr. (1962) *Strategy and Structure: Chapters in the history of the American industrial enterprise*. Cambridge, Mass: MIT Press
14. Child, J. (1970) Strategic Choices in the Analysis of Action, Structure, Organizations and Environment: retrospect and prospect. *Organizational Studies* 18 (1):44
15. Clegg, S. Kornberger, M and Pitsis, T. (2005). *Managing and Organizations: An introduction to theory and practice*. London: Sage
16. Crosby, P. (1979) *Quality is Free*. New York: McGraw-Hill
17. Czarniawska, B, and Joerges, B. (1996). Travels of ideas. In Czarniawska, B, Sevón, G, (eds.) (1996). *Translating Organizational Change*. New York:
18. Dunphy, D. (1996) Organisational change in corporate settings. *Volume: 49 Part/Issue: 5 Page Ref: 541-542*

19. Dunphy, D., Griffiths, A. and Benn, S. (2003) *Organizational Change for Corporate Sustainability*. London: Routledge
20. Dymowski, E.V. and Saake, P.H. (1992) "Strategic planning," *The Internal Auditor*, Vol. 49, No. 6: pp 18-23
21. Eichelberger, K. A. (1994). Leading Change through Projects. *Quality Progress*, Vol. 27, No. 1: 87-90.
22. Ellram, L. M. (1996). The Use of the Case Study Method in Logistics Research. *Journal of Business Logistics*, Vol. 17, No. 2: 93-137. *Urban Dynamics. Massachusetts, The M.I.T. Press.*
23. Gabriel Y. (2000) *Storytelling in Organizations*, Oxford: Oxford University Press
24. Galbraith, J. K. (1969) *The New Industrial State*, Hammondsworth: Penguin
25. Geroski, P. and Gregg, P. (1994) Corporate restructuring in the UK during the recession', *Business Strategy Review*, 5 (2) Summer: 1-19
26. Giddens, A. (1984), *The Constitution of Society*. Cambridge: Polity Press
27. Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies of Qualitative Research*. Hawthorne, Aldine Publishing Company.
28. Goodstein, L. D. and Burke, W.W. (1997). *Creating Successful Organization Change*. In Carnall, C. A. Strategic Change: 159-173. Oxford: Butterworth-Heinemann.
29. Grey, C. (2005) *A Very Short, Fairly Interesting and Reasonably Cheap Book About Studying Organizations*. London: Sage
30. Gummesson, E. (1993). *Case Study Research in Management: Methods for Generating Qualitative Data, Second revised version of unpublished preliminary script*. Stockholm University, Department of Business Administration.
31. Hammer, M. and Champy J. (1993). *Reengineering the Corporation: a Manifesto for Business Revolution*. New York: Harper Collins Publishers.
32. Handy, C. (1993) *Understanding Organizations* (4<sup>th</sup> Ed.) London: Penquin
33. Hannan, M.T. and Freeman, J.H. (1984)'Structural inertia and organizational change. *Americal Sociological Review* 49,149-64
34. Hart, E. & Bond, M. (1995) *Action Research for Health and Social Care: A Guide to Practice*. Buckingham, Philadelphia: Open University Press.
35. Horton, R.B (1992) "Surprise Governance2," *Directors and Boards*, 16 (3) Spg 9-11
36. Huber, G.P., Sutcliffe, K.M., Miller, C.C. and Glick, W.H. (1993) Understanding and predicting organizational change. In Huber, G.P., Glick, W.H., (eds.) 1993 *Organizational Change and Redesign*. New York: Oxford University Press
37. Hunt, J.W. (1992) *Managing People at Work: A Managers Guide to Behaviour in Organizations* (3<sup>rd</sup> Ed.) London: Institute of Personnel Management

38. Hurst, B. (1995) *Handbook of effective communication skills*. Derby: Saxon
39. *Investing in Comprehensive Healthy Workplace Health Promotion*. (2001) Toronto: National Quality Institute.
40. Jafee, D. (2001) *Organizational Theory: Tension and change*. New York: McGraw-Hill
41. Järvenpää, E. and Eloranta, E. (2000). *Organizational Culture and Organizational Development*. In W. Karwowski (Ed.) *International Encyclopedia of Ergonomics and Human Factors*. Taylor and Francis Inc
42. Kanter, R.M., Stein, B. A., and Jick, T. D. (1992) *The Challenge of Organizational Change: How companies experience it and leaders guide it*. New York: Free Press
43. Kaplan, R. S. and Norton, D. P. (2001). *The Strategy Focused Organisation – How Balanced Scorecard Companies Thrive in the New Business Environment*. Boston, Harvard Business School Press.
44. Kimmons, R. L. (1990). *Project Management Basics – A Step by Step Approach*. New York: Marcel Dekker Inc.
45. Kolb, D. A. (with J. Osland and I. Rubin) (1995) *Organizational Behavior: An Experiential Approach to Human Behavior in Organizations* 6e, Englewood Cliffs, NJ: Prentice Hall.
46. Kotter, J. P. (1996). *Leading Change*. Cambridge, MA: Harvard Business School Press.
47. Lanning, H., Kutilainen, P. and Salminen, A. (1998). Change Project Manager's Handbook: an Effective Tool for Change Project Management. *The Proceedings of PMI'98 Congress*.
48. Lanning, H., Roiha, M. and Salminen, A. (1999). *Guide Book to Change – How to Develop Organisations in an Effective And Controlled Manner*. Helsinki: Kauppakaari Oyj
49. Lanning, H. (2001) *Planning and Implementing Change in Organisations- A construct for managing change projects. PhD Thesis*. Helsinki University of Technology (HUT) Finland.
50. Lant, T.K., Stephen J. Mezias. Managing Discontinuous Change: A Simulation Study of Organizational Learning and Entrepreneurship. *Strategic Management Journal, Vol. 11, Special Issue: Corporate Entrepreneurship (Summer, 1990), pp. 147-179*
51. Lawrence, P and Lorsch, J, (1967) *Organization and Environment* Cambridge MA: Harvard University Press
52. Leavitt, B. and March, J. (1988) Organizational Learning, *Annual Review of Sociology*, 14:319-40.
53. Lipshitz, R., Friedman, V. J. and Popper, M. (2007) *Demystifying Organizational Learning*. Thousand Oaks: CA.: Sage
54. Lorenzi, N, M. and Riley, R.T. (2003) Organizational issues = change. *International Journal of Medical Informatics* 69 (2003) 197-203
55. Miles, R, E., and Snow, C, C., (1992) Cause of failure in network organisations, *California Management Review*, (34)4, 53-72

56. Miles, R. E., Coleman, H. J., and Creed, W. E. 1995. Keys To Success in Corporate Redesign. *California Management Review*, vol. 37, No. 3:128-145.
57. Merkle, J. A., (1980) *Management and ideology*. Berkeley, CA:
58. Miller, B (1993) The architecture of simplicity *Academy of Management Review*, 18:116-138
59. Millett, B (2000) Understanding Organisations: The Basis for Managing Change *Australian Journal of Management and Organisational Behaviour*, 2 (1), 9-18
60. Morgan, G. (1993) *Imaginization: the Art of Creative Management*. London: Sage
61. Morgan, G. (1997) *Images of Organization*. London: Sage
62. Mullins, L.J. (1999) *Management and Organisational Behaviour* 5<sup>th</sup> Edition. London: Pitman
63. Paton, R. A., and McCalman, J. (2000) *Change Management. A guide to effective implementation*. London: Sage 2<sup>nd</sup> edit.
64. Porras, J.I., Robertson, P.J., (1992) Organizational development: theory, practice, research. Handbook of Organizational Psychology (Ed). M.D., Dunnette, L.M.,Hough, 3:719.822 Palo Alto, Ca: Consult. Psychol. Press (2<sup>nd</sup> Edit)
65. Pugh, D and Hickson, D. (eds.) 1976) *Organizational Structure in its Context: The Aston Programme 1*. Farnborough, Hants: Saxon House
66. Quinn, J., B. (1978) Strategic Change: Logical Incrementalism, *Sloan Management Review*, no 20 (Fall): pp 7-21.
67. Quinn, J., Mintzberg, H and James, R. M. B. (1991) *The Strategy Process: Concepts, contexts and cases*. Englewood Cliffs N.J: Prentice Hall
68. Quinn, J, B, Anderson, P., and Finkelstein, S. (2002a) *Managing Professional Intellect*. In Henry, J. and Mayle, D. (Eds.) *Managing Innovation and Change*. London: Sage.
69. Quinn, J. B., Baruch, J.J., and Zein, K. A. (2002b) *Intellect, Innovation and Growth*. In Henry, J. and Mayle, D. (Eds), *Managing Innovation and Change*. London: Sage
70. Ramon, S. and Hart, C. (2003) Promoting Mental Wellbeing in the Workplace: *A British Case Study*. *International Journal of Mental Health Promotion* 5 (2) pp 37-44
71. Rapoport, R.N. "Three Dilemmas in Action Research," *Human Relations*, (23:4), 1970, pp. 499-513.
72. Robbins, S. (2003) *Organizational Learning is No Accident*. Working knowledge for business leaders. 19.5.2003 Cambridge, MA: Harvard Business School
73. Schein, D. (1985) *Organizational Change and Leadership*. San Francisco: Jossey-Bass
74. Schein, E. (1999) *Process consultation revisited*. New York: Addison-Wesley
75. Schaffer, R. H. and Thomson, H. A. 1992. Successful Change Programs Begin with Results. *Harvard Business Review*, Vol. 70, No 1: 80 - 89.

76. Schermerhorn, J.R., Hunt.J.G. and Osborn.R.N. (1997) *Organizational Behavior 6<sup>th</sup> Edition* New York: John Wiley and Sons Inc.
77. Senge, P. (1993) *The Fifth Discipline: The Art and Practice of the Learning Organisation*. New York: Doubleday
78. Sorge, A. and van Witteloostuijn, A. (2004) *Organizational Studies* 25(7):1205-1231, Thousand Oaks, CA: Sage
79. Stacey, R. (1991) *The Chaos Frontier*. Oxford: Butterworth Heinemann.
80. Stake, R. (1995) *The Art of Case Study Research*. San Francisco: Sage Publications.
81. Stewart, T.A., (1993) 'Re-engineering: the new hot management tool', *Fortune*, 128 (4): 32 -7
82. Taylor, F. W. (1962) *The Principles of Scientific Management (Copyright © 1911)* New York.: Harper & Row
83. Turner, R. J. (1999) *The Handbook of Project Based Management*, 2<sup>nd</sup> edition. London: McGraw-Hill.
84. Waldersee, R. and Griffiths, A. (1996) The Changing Face of Organisational Change. *AGSM, University of New South Wales, Working Paper No.065, pp.1-17*.
85. Watzlawick, P., Weakland, J. and Fisch, R. (1974) *Change: Principles of Problem Formulation and Problem Resolution*. New York: Norton
86. Weber, M. (1947) *The Theory of Social and Economic Organization*, translated by A. Henderson and T. Parsons. Glencoe, IL: Free Press
87. Winter, R., Munn-Giddings, C. (2001) *A Handbook for Action Research in Health and Social Care*. London: Routledge.
88. Yin, R. K. 1984. *Case Study Research, Designs and Methods*. Thousand Oaks, California: Sage.

## Reflective Paper 1

### **A discussion of issues that may influence the organisations ability to manage change**

“The global business world is infected by a virus that induces a permanent need for organisational change.....” (Sorge and van Witteloostuijn, 2004) and the management of organisational change has now become an essential part of the manager’s role; change is regarded as the norm and periods of stability are often considered to be the exception for many organisations (Miller, 1999). Organizations face unprecedented pressures to respond quickly to unpredictable and rapid changes in virtually every aspect of their business, including the economy, marketplace, and technology. Agility has become more a matter of survival than choice (Becker, 2000). Furthermore, an essential feature of management today is an emphasis on effectiveness and/or efficiency. When there are limited resources there is real appeal in securing “*models of good practice*” and implementing such programmes in one’s own place of work (Hosman et al 1996). The benefits of transferring good practice between different organisations becomes increasingly attractive when there is the combination of scarce resources, a growing need for products and services and the increasing request for more accountability from those in positions of power.

Fordism represents perhaps the fullest working of a particular, massively influential approach to organising work. As Merkle (1980) explains, it spread to all parts of the industrialised world. Weber (1947) observed that the rational-legal or bureaucratic organisation was taking over because they were more technically efficient and the modern world is the world of efficiency in which the focus is upon the best means to achieve a particular end (Grey 2005). The management principles of Taylor and Ford embody this form of functional rationality and continue to define, “at least partially and perhaps substantially, management to the present day” (Gray ibid, p 41)

But learning by experience can be tedious and inefficient if left to itself (Handy 1993).

For many managers, planning has been the traditional approach in dealing with uncertainty. Planning approaches such as forecasting and risk analysis are based upon the assumption that future trends can be predicted on the basis of past behaviour (Lipshitz et al 2007). Unless the present or the future situation matches the past one in all respects the experience of the past may be an inappropriate lesson for the present. We cannot apply experience learnt in one situation to another situation unless the situations are identical or one has perceived the linking concept e.g. a child may discover that an electric fire should not be touched but will need to learn the lesson over again when near a gas cooker unless they can comprehend the concept of heat and proceed to the generalisation that ‘all hot things can hurt’ (Handy ibid, p.219).

Furthermore, organisations are not machines: they are communities of people and as such will behave in similar ways to other communities i.e. compete for power and resources, have different opinions and values, disagree about values and express different opinions. Some want to see change; others do not and so lobby groups, alliances, rivalry and contests intervene to try and secure what an individual or group desires. Indeed it would be unusual if this were not the position and even more so it would be foolish to suggest otherwise. In fact, such

differences are vital if people are to continually adapt to the world around. Change is necessary for progress and the challenge for the manager is to harness this energy and to harness this energy to enable the organisation to develop rather than just wither away. However, the rationality envisaged by functional management seems to be the exact opposite of this. The rationality of bureaucracy relies upon a system of rules, not in the judgement of individuals, except those in high places who make the rules (Grey 2005). Bureaucracy sets up a dichotomy between systems and individual rationality. Organisational change clearly has many faces as is clear from the dichotomies generated in the literature (Sorge and van Witteloostuijn, 2004)

For one brought up, educated and to a significant extent moulded by the tenets of the functional rational model it is somewhat disconcerting to have to learn how to rethink and question one's fundamental training and experience. However, the growing debate and criticism of the rational/classical management view of management opens the door to a whole new and wide perspective.

The impetus for this paper derives from the position that a feature in the study of management is the invariable difficulty of identifying a single solution to a particular problem (Lawrence and Lorsch, 1967; Mullins, 2000). This absence of one, right answer can make the study of the subject of management complex and frustrating, interesting and challenging and stimulate creative thoughts when related to one's own work experience. Furthermore, the study of management provides a range of theories and the use of theory helps to build generalised models applicable to a range of situations to provide a conceptual framework and perspective for the practical study of a specific issue. As such, theory and practice are inseparable; they lead to a better understanding of factors influencing patterns of behaviour in work organisations and management applications (Billsberry, 1996). However, to be of value to the manager the theory has to be appropriate to the situation at hand and be effective rather than just teachable. Without relevant theory there would be little insight to be gained from scientific theory for practising managers (Lee, 1990) and although it may not always be easy to establish exact origins, ideas do percolate through to best practice (Craine, 1996).

For the author, who has worked as a manager in the NHS, there are significant benefits to be gained from reviewing models of good practice and implementing such programmes in one's own place of work. Hospitals and the associated service delivery points within the NHS can face similar challenges, from clinical, political, economic and managerial perspectives and co-operation and cross-fertilisation of ideas is encouraged and promoted. The benefits of transferring good practice between different organisations becomes increasingly attractive if there is a consensus of opinion that public services are often very poorly resourced and ineffectively managed. The combination of scarce resources, the need for effective methods of working and the increasing number of requests for more accountability explain the author's interest in the development, identification, dissemination and implementation of best practice; re-inventing the wheel leads to a very inefficient use of scarce resources.

With limited resources we also need to be selective when decisions have to be made about efforts to disseminate and exchange good practices for replication. Currently, many innovative projects are in a process of development and small-scale tryouts and it is very important to be able to present evidence that such projects



and practices really work if we are to invest in their replication (Hosman, 1999). Interest in the development, identification and replication of good practice is developing quickly and this growing interest is accompanied by high expectations. However, this interest also attracts a level of criticism and reflection (Hosman, *ibid*). Given the lack of “expert knowledge” in the design and scientific underpinning, testing and evaluation of models of best practice the effectiveness of such programmes must be tested. We need to seek clarification of the pre-conditions and processes required for the successful use of a good practice strategy and to do so must identify the stages that need to be successfully completed in order to achieve the anticipated results. Furthermore, the implementation of a successful programme will not guarantee that the early proven efficacy will be achieved in the replication. Possible variations in outcomes include cultural diversity, programme adaptations, and differences between participants in the two programmes are also likely to affect the ability of the recipient organisation to implement the programme with fidelity.

The implementation of good practice can also present major difficulties. Anyone who has planned organisational change will also recognise:

- clxvi. how difficult it is to foresee accurately all the major problems involved
- clxvii. the enormous amount of time needed to iron out the kinks and get people to accept change
- clxviii. the apparent lack of internal commitment on the part of many to help make the plan work, manifested partly by people at all levels resisting taking the initiative to make modifications that they see are necessary so that the new plan can work, (Argyris, 1999).

Organisational change is a process that can be facilitated by perceptive and insightful planning and analysis and well crafted, sensitive implementation phases, while acknowledging that it can never be fully isolated from the effects of serendipity, uncertainty and chance (Dawson, 1996). However, it is also true that the formal organisation of a process and/or change in practice can result in a blind reliance on standardised operating procedures and institutionalised practices. Indeed, this was one of the major problems associated with the mass production model of Fordism when the perfection of the model rendered the system incapable of adaptation to changing conditions (Jaffee, 2001).

The literature regarding organisation studies emphasises that there is a need for organisation-wide creative problem-solving to meet the challenges posed by ever increasing levels and types of innovative change that organisations face (Dougherty and Corse, 1995). Van de Van (1986) and Kanter (1988) further suggest that an innovative organisation depends on the development of teams and networks, comprising of small autonomous work units, which proliferate as the variety and complexity of products and services continues to increase. To connect all these teams, communication in the innovative organisation is based upon consultation rather than control and command, consisting of advice and information rather than decisions and instructions (Burns and Stalker, 1966). Writers in the field of human resources have, in recent years, also utilised the language of the learning organisation in stressing the development of human capacity for questioning, experimenting, adapting and developing ideas by emphasising the mutually reinforcing interactions between greater opportunities for individual development within organisations and enhanced organisational ability (Jones and Hendry, 1992).

Argyris (1999) takes the concept farther by stressing that any company that aspires to succeed in the tough and competitive business environment must first resolve a basic dilemma. He suggests that success in the market place increasingly depends on organisational learning but contends most people don't want to learn and those members of the organisation that many assume to be the best at learning i.e. senior management are, in fact, not very good at it.

Senge (1993p 3) takes a more optimistic perspective in asserting that:

*"...the rate at which organisations learn may be the only sustainable source of competitive advantage"*

and envisages learning organisations where:

*"...people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free and where people are continually learning how to learn together"*(Senge ibid, p 2)

Argyris (1999) and Senge (1993) agree that organisational learning is a competence that all organisations need to embrace; the better organisations are at learning the more likely they will be able to detect and correct errors and the more effective they are at learning, the more likely they will become more innovative. Although the literature of the "learning organisation" may take many forms the underlying concept is broadly shared, (Argyris, 1999) i.e. these are concepts of organisational adaptability, the creation of organisational setting to nurture human development, recognition of the need to develop human potential, flexibility, propensity to experiment, a readiness to revisit ends and means, encouragement of inquiry and avoidance of stability traps. Many of the ideas that help form the concepts of organisational learning and the learning organisation are derived from previous work on systems thinking (Weinberg, 1975), mental models (Schon, 1983; Argyris, 1993), personal development (Fritz, 1989) and teams (Bohm, 1990). The synthesis of this diverse literature contributes to the appeal of the learning model, with emerging organisations often seeking to develop methods for collecting, distributing and creating information and knowledge through teams, continuous improvement schemes, the translation of implicit into explicit, the sharing of information, collaboration and the exploitation of information technology. The notion of an organisation being an information processing entity, capable of learning, conforms to the brain metaphor of the organisation (Morgan, 1997) as the human brain's capacity to collate and process information and to respond quickly and effectively are desirable organisational traits.

Senge describes a range of types of organisational learning. For example, in the Fifth Discipline (1990), he proposes five "disciplines," which illustrates the essence of his approach to the learning organisation. These are:

- clxix. personal mastery, an individual level process which entails developing a mission and the means to determine whether the vision has been achieved

- clxx. mental models, which refer to the cognitive sense-making schemes that organisational members employ to conceptualise how an organisation works to achieve its objectives (Morgan, 1997)
- clxxi. team learning or the process of aligning and developing the capacity for teams to generate knowledge, learn and act
- clxxii. shared vision relating to the long-term goals and objectives the individual has set for him/herself but it can also be applied to the larger organisational collective and
- clxxiii. systems thinking to provide the most effective mental model for personal mastery, team learning and the realisation of shared vision and to tie the other four together.

However, before the major points of this approach (the Learning Organisation) are discussed, it would be remiss not to draw attention to the important debate about the contradictory nature of organisational learning. For example, Weick and Westley (1996 p. 440):

*“Organising and learning are essentially antithetical processes, which mean that the phrase organisational learning is an oxymoron. To learn is to disorganise and increase variety. To organise is to forget and reduce variety. In the rush to embrace learning, organisational theorists often overlook this tension.”*

As such, the concept of a learning organisation invites disorganisation and a constant assessment and analysis rather than the acceptance, of standardised procedures.

Jaffee, (2001) outlines how Senge’s analytical model is closely related to the work of Bateson, (1979) and Argyris, (1982).

Bateson distinguishes between first-order and second-order changes in systems. The former is a response that increases or conversely decreases an existing process. It is an adjustment. A second-order change involves doing things or structuring the organisation in a qualitatively different fashion. For example, if there is a systemic cause of a problem whereby workers are constrained by bureaucracy to the extent that they have little opportunity to exercise their skills and knowledge, it would not be a surprise to see these workers putting less effort into their duties and leaving. A first order response or symptomatic solution might well be to increase the level of supervision to ensure the staff expend sufficient effort. The unintended effect of this course of action is to further increase management numbers while the ultimate solution would be to reduce the level of supervision and control by a reduction in hierarchy and to permit the workers greater latitude and discretion.

Argyris (1999) follows a similar conceptual process when distinguishing between single-loop and double-loop learning. Learning takes place under two conditions:

- clxxiv. when an organisation achieves what is intended i.e. there is a match between its intention and what has actually been achieved.
- clxxv. when a mismatch between intention and actual outcomes is identified and corrected i.e. turned into a match.

It is individuals acting as agents of organisations that produce the behaviour that leads to learning. However, it is the organisation that can create conditions to significantly influence how individuals structure the problem, develop a solution and the necessary action to address the problem. Individuals may also bring constraints and biases to the learning situation that are somewhat independent of the organisation's requirements e.g. an example of constraint is the limited capacity of the human brain for processing information, while an example of bias could be the theories of action with which people are socialised and necessarily bring to the organisation. Such theories have a significant bearing on the way individuals make choices and solve problems.

Whenever an error is detected and corrected with questioning or modifying the underlying value of the system the learning is single-loop. Single-loop learning occurs when matches are created or when mismatches are corrected by changing actions. Double-loop learning, however takes place when mismatches are corrected by initially examining and modifying the governing variables and then the actions. In other words single loop learning is a response to a problem that is carried out in the context of the existing assumptions and structure and double-loop learning connects the problem to the very structure and assumptions that guide the organisation. It involves the evaluation of the assumption. Both single-loop and double-loop learning are required by all organisations. Single-loop learning is more appropriate for routine and repetitive issues, whereas double loop learning is more relevant to complex, non-programmable issues.

The overall research brief is to:

*explore topics concerning the promotion of a management culture responsive to the implementation of ongoing change issues. The aim is to develop change strategies and models for managing the transition from a professionally driven, hierarchical/ bureaucratic managed organisation model, to an organisation that fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and promotes innovation and change*

It is therefore important that the organisation under review will need to be encouraged to work “*Towards developing the capability to draw valid and useful inferences from experience and observation and to convert such inferences to effective action.*” (Argyris 1999, p.14)

As individuals confront different circumstances or events, during the course of normal experience, internally maintained rules are solicited in response. Rules, in this context, mean knowledge. Business processes, for example, are nothing more than codified procedural knowledge, that is, business rules that inform workers of what to do in defined situations (McElroy, 1999). As individuals are exposed to differing scenarios and ‘learn’ of these events in the single-loop, sensory-perception sense they select responses in accordance with what their business rules tell them to do.

By contrast, double-loop learning not only references the rules themselves, but constructively challenges the single-loop reflex to invoke responses. In the human brain such double-loop thinking leads to the construction of

differing scenarios in which the individual plays out possible future outcomes i.e. promising ideas can be tested and individuals able to override the prescribed response and temporarily replace it with a new rule. Contingent upon the success or otherwise of the new rule, in practice, the old rule can either be reinstated or replaced. The point here is that living “agents” e.g. individuals maintain active rule sets that are variously invoked from one moment to the next as warranted by conditions or events encountered. Furthermore, the composition of the rules is constantly changing - evolving in response to the existing ones. As organisations innovate by experimenting with new rules, in practice older, less effective rules are replaced by more successful habits and rules evolve accordingly. The extent to which an organisation engages in healthy rule-making and knowledge innovation, to a large degree, determine its success in life. A business whose approach to the marketplace, or whose operating processes are rarely revised, will tend towards ossification and closure. On the other hand, companies that engage in healthy levels of rulemaking are inherently more adaptive and capable of adjusting to spontaneous changes in the marketplace as organisational agility depends, to a very large extent, on just how well its learning system is working. The principal aim of double-loop learning is helping organisations, not just individuals, learn.

A number of writers on learning organisations e.g. Senge, Schein, and the school of socio-technical theorists, have made significant contributions in the way they offer prescriptions that are useful as guides to the kinds of organisational structures, processes and conditions that can promote productive organisational learning, e.g.

- clxxvi. flat, decentralised organisational structures
- clxxvii. information systems providing rapid and public feedback on the performance of the different components of the organisation as well as the organisation in total
- clxxviii. systems that promote organisational learning
- clxxix. a management philosophy that encourage such measures as total quality management, excellence, openness, the crossing of professional boundaries and continuous learning.

Schein (1992) highlights the links between organisational cultures to the ideal of a learning organisation. He argues that in a world of rapid and uncontrollable change, organisations have to learn even faster. This in turn calls for a learning culture that performs as a “*perpetual learning system*” (p.372). The primary task of the leader in such organisations is to create, develop, nurture and sustain such a culture, “Which then in turn, especially in mature organisations, feeds back to shape the leader’s own assumption,” (Argyris 1999) p.5). Leadership, as defined by Schein (p.374) is “The attitude and motivation to examine and manage culture;” a pattern of basic assumptions shared by the group and acquired through solving problems of adaptation and integration. The assumptions work well enough to be considered valid and as such are taught to new members of staff as the correct approach to perceive, think and feel in relation to these problems.

In organisational learning, basic assumptions are open to review and it is the role of the leader to encourage and promote such reviews by stimulating staff to accomplish insight and develop motivation to change. Argyris (1999) suggests the leader must therefore assess the adequacy of the organisation’s culture, detect its dysfunctionality and work towards promoting the required transformation. Initially the leader must make his/her

own basis assumptions into “learning assumptions” and then foster the assumptions within the culture of the organisation. In essence, the process of learning must be an integral part of the organisation’s culture.

In view of the above, a primary function of the research will be to examine if and how the Chief Executive, of the organisation under review, expresses and demonstrates a leadership role in the challenge of moving the organisation towards a more “learning” approach to managing change. The second reflective paper will express this specific issue in greater detail while the third in the series of reflective papers will analyse the role of leadership, of senior management, in the success or otherwise of the research programme.

## Reflective Paper 1 Bibliography

1. Argyris, C. (1982) *Reasoning, Learning and Action*. San Francisco, Jossey-Bass
2. Argyris, C. (1993) *Knowledge for Action: A Guide to Overcoming Barriers in Organisational Change*. San Francisco, Jossey-Boss
3. Argyris, C. (1999). *On Organisational Learning* (Second edition). Oxford Blackwell Publishing Ltd.
4. Bateson, G. (1979) *Mind and Nature*. New York, Bantam
5. Becker, F. (2000) *Offices That Work: Balancing Cost, Flexibility, and Communication*. New York: Cornell University International Workplace Studies Program (IWSP)
6. Billsberry, J. (ed.) (1996). *There's Nothing so Practical as Good Theory: How Can Theory Help Managers Become More Effective?* In the *Effective Manager: Perspectives and Illustrations*, Thousand Oaks, Sage
7. Bohm, D. (1990) *On Dialogue*, Ojai, CA: David Rohm Seminars
8. Burns, T. and Stalker, G.M. (1966). *The Management of Innovation* (2<sup>nd</sup> edn.). London, Tavistock
9. Craine, (1996) The Rise of Guru Scepticism, *Management Today*, No. March 1996 pp48-52
10. Dawson, S. J. N. D. (1996). *Analysing Organisations*. Hampshire, Macmillan
11. Dougherty, D. and Corse, S. (1995) "When it comes to product innovation what is so bad about Bureaucracy?" *Journal of High Technology Management Res.*, 6: 55-76
12. Grey, C. (2005) *A Very Short, Fairly Interesting And Reasonably Cheap Book About Studying Organizations*. London. Sage
13. Hosman, C.H.M. (1996) *Enhanced Mental Health Promotion and Prevention in Europe*. Stafford. The Clifford Beers Foundation
14. Hosman, C.H.M. and Engels, C.L.J. (1999) The Value of Model Programmes in Mental Health Promotion and Mental Disorder Prevention. *The International Journal of Mental Health Promotion* 1. 3 4-17
15. Fritz, R. 1989) *(The Path of Least Resistance: Learning to become a Creative Force in your own life*. New York: Ballantine
16. Jaffee, D. (2001) New York, KDDH *Organisation Theory: Tension and Change*. Singapore. McGraw-Hill
17. Jones, A.M. and Hendry, (1992) *The Learning Organisation: A Review of Literature and Practice*, Coventry. Warwick Business School, University of Warwick
18. Handy, C., (1993) *Understanding Organizations* (4<sup>th</sup> edition). London; Penguin
19. Kanter, R.M. (1988) "When a thousand flowers bloom." in *Research in Organisational Behavior* Greenwich, CT JAI Press. pp169-211

20. Lawrence, P. R., and Lorsch, J.W. (1967) *Organisation and Environment*. Cambridge, MA. Harvard Graduate School of Business Administration
21. Lee, R.A. (1990) There is Nothing so Useful as an Appropriate Theory, in Wilson, D.C. and Rosenfield, R. H. *Managing Organisations: Text Readings and Cases*. New York. McGraw Hill
22. Lipshitz, R., and Popper, M. (2000) Organizational learning in a hospital. *Journal of Applied Behavioral Science*, 36, 345-361.
23. McElroy, M.W, (1999) *Double-Double-Loop Knowledge Management: A White Paper* IBM Knowledge Management Consulting Practice, August, 1999 (v.3)
24. Merkle, J. (1980) *Management and Ideology*. Berkley, CA. University of California Press.
25. Miller, B (1999) *Australian Journal of Management & Organisational Behaviour*, 2(10), pp 9 -18.
26. Morgan, G (1997) *Images of Organisations*. Thousand Oaks. CA. Sage
27. Mullins, L.J. (2000) *Management and Organisational Behaviour* London. Financial Times Management
28. Senge, P. (1993) *The Fifth Discipline: The Art and Practice of the Learning Organisation*. New York, Doubleday
29. Schon, D. (1983), *The Reflective Practitioner: How Professionals Think in Action*. New York. Basic Books
30. Sorge, A. and van Witteloostuijn, A. (2004) *Organizational Studies* 25(7):1205-1231 Thousand Oaks, CA, Sage
31. Van de Van, A. (1986) Central problems in the management of innovation *Management Science*, 32 590-608
32. Weber, M (1947) *The Theory of Social and Economic Organization*. New York. Free Press
33. Weick, K. and Westley, F. (1996) Organisational Learning: Affirming an Oxymoron in Stewart Clegg, Cynthia Hardy and Walter R Nord eds. *Handbook of Organisational Studies*. Thousand Oaks, CA. Sage
34. Weinberg, G. (1975) *An introduction to Systems Thinking*. New York. John Wiley



## Reflective Paper 2

### **A review of organisational issues to help analyse the context of a proposed setting for organisational learning**

*“To build a most likely model describing the causes of organisational performance and change... We must understand more thoroughly how organisations function,” (Burke and Litwin, 1992, pp 523)*

Innovation and change are now a central part of today's business environment (Henry and Mayle, 2000). People and how we manage people are becoming much more important (Pfeffer, 2002). Organisations face unprecedented pressures to respond quickly to unpredictable and rapid changes in virtually every aspect of their business, including the economy, marketplace, and technology and agility has become more a matter of survival than choice (Becker, 2000). The business world, it is said, is now infected by a virus that induces a permanent need for organisational change (Sorge and van Witteloostuijn, 2004).

The management of organisational change has become an essential part of the manager's role; change is regarded as the norm and periods of stability are often considered to be the exception for many organisations (Millet, 2000). Millet also asserts that although there is a general assumption that managers know the answers, most do not possess the competence and understanding to manage change, because they have not been exposed to the wider range of concepts and organisational models that provide a more useful framework for dealing with contemporary challenges they face when attempting to manage change.

For example, the implementation and adoption of change is achieved through integrating the new with the older established and already known (Clegg et al, 2006). Politically, the new will not be accepted in full by all because some people will have committed resources to the status quo and “Evolution and integration, not revolution appears to be the keys to success,” (Clegg et al, pp. 394). When change is achieved it is either implemented or rejected as managers assess whether the change was a failure or a success. However, the criteria against which management assesses the success or otherwise of the change is often inappropriately biased towards short term financial indicators. Consequently, it is important to focus on monitoring and evaluating the change process. This process challenges usual management evaluation, which rarely incorporates all the organisational competences that are required to bring about successful change.

To achieve coherence in this mound of short-cycle tasks, managers experience the need for an integrating vision and more consolidated bundles of what supposedly are best practices. Managers typically develop a strong interest about insights and recipes that are punchy, succinct, explicit and plausible (Sorge and van Witteloostuijn, 2004). Whenever they feel they can, they will therefore prefer to contract out reflective thinking that is separate from the direct execution of their job. (Sorge and van Witteloostuijn, *ibid*). Management generally involves abstract and/or generalised calculations and with such calculations it is difficult to harness

novelty and uniqueness. Managing change means the manager must ease the tension between determination and emergence to link change to the organisations resources and strategy (Clegg et al, 2006).

In relation to how managers function Stacey (1991) explains there are two comprehensive explanations that illustrate managerial thinking in the western world. The first of these is the rational approach, which prescribes decision-making and control, which is based upon clear, well-defined organisational structures, analytical techniques and the motivation of people. On the other hand the entrepreneurial approach prescribes a much looser form of decision-making based upon far less clear cut organisational structures, job definitions, inspirational motivation and experiment.

Such explanations are useful, but limited. If managers are to effectively manage the change process they must continually clarify the underlying assumptions held about the organisations they manage. This is not only what learning is about but is also an integral component of organisational learning i.e. the way organisations are able to adapt to challenges and changes in their environments (Miller, 2000). But in real life most organisations utilise powerful defensive practices. Such practices are called into action to prevent managers from experiencing threat and/or embarrassment and in such a way as to make it difficult to identify and reduce the cause of the said threat. The practices are overprotective, anti-learning and counterproductive (Argyris, 1999). Managers create these routines because they believe they are necessary for their own survival and for the survival of the organisation. This creates a problem in that these defensive routines are used to hide errors, but errors need to be addressed if the organisation is to perform efficiently. The cover-ups impinge upon formal managerial guidelines because they are not brought out into the open but hidden away and seldom addressed unless they are inadvertently brought into the open or the issue becomes so big that it can no longer be hidden. When this happens managers are criticised for acting in this way. Consequently, there is a real incentive to maintain the defensive practice. Managers also intuitively act upon assumptions that are imbedded into the culture of the organisation. They also form their patterns of behaviour according to the prevailing management theories in use and the cultures they influence and are influenced by (Argyris and Schon, 1978) and often without thinking about the rationale for their behaviour.

Under conditions of unpredictable change, successful organisations are those whose leaders and members do not predict the future and control it. Rather they are able to rapidly change course, to redefine themselves and even to learn to live with uncertainty and chaos. They are confident enough to recognise that applying a 'winning formula' can be futile (Gabriel et al, 2000). In essence, such organisations recognise the gains that can be achieved from moving more towards a natural/emergent model (Chandler, 1962).

A change management approach along these lines provides a good rationale for moving towards a 'learning organisation,' thereby promoting an organisational structure and culture that is in a more effective position to deal with future change, whether imposed and/or self generated (Argyris, 1999).

Levitt and March (1998) suggest that organisational learning is about self reflection that triggers insights into organisational routines, values and beliefs and after these facets of an organisation are understood they are open to change (Clegg et al, 2006). The concept of the learning organisation emphasises the importance of developing

core competencies within the organisation to sustain a successful journey rather than reach a particular destination and learning at both the individual and organisational levels can help towards a more successful journey (Morgan, 1986). Organisational learning is best applied within organisations that are able regularly to monitor and reflect on the assumptions under which they operate in this way so that they can quickly learn about themselves and their working environment and change.

A learning organisation promotes organisational learning by supporting much more creative planning and by developing valid and useful knowledge about new products and processes. It is also important to increase co-operation and long term commitment from all involved and to improve the understanding of the criteria for effectiveness that also meets the challenge of complexity. This cannot be achieved without continuous and open access between individuals and groups to enable free and reliable communication networks that are based upon trust and interdependence for individual and departmental cohesiveness (Argyris, 1999).

It is not easy to create these conditions (Argyris, 1962) but “The structural, cultural, psychological, and leadership and policy facets of the multi-faceted model help provide a basic set of tools for analysing and instituting organisational learning. Managers can promote organisational learning by instituting organisational learning mechanisms (OLMs)\* by nurturing the five norms of a learning culture and by enhancing organisational commitment and psychological safety among their subordinates” (Lipshitz, et al 2007, pp 85)

However, such actions cannot take place within a vacuum. They are conditioned by the context in which they take place: e.g. the characteristics of the organisation and the environment. Although contextual factors are largely beyond the control of management it is nevertheless helpful to recognise them to assess the likelihood that organisational learning efforts will succeed (Lipshitz et al *ibid*). The specific contexts of different organisations vary considerably but research has shown that six contextual factors have a significant influence on organisational learning. The contexts are: organisational structure, proximity to the organisation’s core mission, environmental uncertainty, task uncertainty, and task structure (Lipshitz, et al, *ibid*). This paper will examine in turn the relationship between the context and organisational learning and consider whether this relationship provides a useful guide for managers who may wish to analyse the particular context in which organisational learning may be introduced. The aim is to not to provide an exhaustive model but a framework to offer guidance, and to provide a framework to assist the decision-making process.

(\* Organisational Learning Mechanisms (OLMs) are the fundamental building blocks of organisational learning. They are concrete observable entities that provide a means for observing and specifying where and when organisation learning occurs. OLMs are the structures i.e. roles, functions and procedures that enable the organisation’s staff to work together to collect, analyse, disseminate and apply information relevant to both their own work and to that of colleagues (Lipshitz et al 2007).

## **Organisational structure**

As discussed above, effective organisational learning is dependent upon the free flow of information and

knowledge throughout the whole of the organisation. To the extent that the organisation's structure - i.e. size and the division of labour in different departments and locations erects barriers to the free flow of information, it hinders both learning and the exchange and dissemination of information (Englehardt and Simmons, 2002, Tan and Heracleous, 2001). Size and geographical separation inhibit organisation learning in three ways. Firstly, different locations can have different goals, tasks and responsibilities. Secondly, this in turn may lead to staff in the different locations having different learning needs and so they develop different types of knowledge. Furthermore, the knowledge gained in one location may be irrelevant to staff in the others. Thirdly, different locations constrain the amount of time people can spend together, to exchange information and share issues.

However, it is possible to counteract these difficulties. One method is to create centralised OLMs that serve as hubs in which knowledge from different parts of the organisation is collected, stored and disseminated to those locations where it will help operations (Baird et al, 1997). A second method for counteracting size and location dispersion is by the development of a strong network of OLMs that promotes the direct transfer of knowledge between the different units (Barrow, 2001 and Prokesch, 1997).

### **Proximity to the organisation's core mission**

The core mission of an organisation is the task, or set of tasks, that the organisation is designed to achieve. Although some members of the organisation are employed specifically to undertake tasks directly related to the core mission there are other who have a support role. Tasks which form part of the core mission are vital to the survival of the organisation. As such they are considered to be of great importance and usually receive more attention and resources than support tasks. Consequently the core mission- related tasks are more likely to be selected for improvement. In turn, OLMs related to these tasks are more likely to attract necessary resources. In a study conducted in a hospital setting, Lipshitz and Popper (2000) identified 14 different OLMs. All were associated with the hospital's core mission.

Support tasks in an organisation are also important and can be just as important to the organisation's success as are core tasks. One way to ensure that learning receives attention in all areas of the organisation is to make developing OLMs a core task.

### **Environmental Uncertainty**

The uncertainty of a situation or task usually means that it is inconclusive, arguable or speculative. The claims that uncertainty affects learning are based upon the observation that individuals have little inclination to learn unless they are feeling a sense of doubt (Dewy 1933). Learning begins with doubt and Srikantia and Pasmore (1996) suggest that organisational learning begins with individual doubt and ends with collective consensus.

The ability of an organisation to manage its core business effectively can be affected by environmental trends, including market changes, new technologies, economic movements, political shifts and social trends. It is customary to attribute this objective uncertainty to three attributes of the environment: complexity of the

environment, rate of change and the intensity of the competition faced by the organisation (Lipshitz and Strauss, 1997)

The relationship between organisational learning and environmental uncertainty is widely accepted by researchers (Ellis and Shpielberg, 2003). Organisations must produce products of a quality and price that are more acceptable to consumers than those of competitors. Should the environment change e.g. a competitor acquire new technology and produce a superior product at a lower price, the organisation must adapt, which means it must learn. Consequently, there are few examples of organisational learning in the public sector, which until recently had little competition. The perception of environmental learning and potential strategic threats is a particularly important catalyst for learning (Stopford, 2001). For many managers, planning has been the traditional strategy in dealing with uncertainty. Planning approaches such as forecasting and risk analysis are based upon the assumption that future trends can be predicted on the basis of past behaviour. Consequently, such approaches are unlikely to stimulate learning because they are perceived to reduce uncertainty (Lipshitz et al 2007). Management is unlikely to invest resources into organisational learning unless there is perceived uncertainty about the environment within which it operates. Conversely, investment in organisational learning is more likely to happen when management realises that past experience is not necessarily a good predictor of the future and therefore will require new responses.

### **Task uncertainty**

The complexities of the tasks that have to be performed within the organisation provide a further source of uncertainty that can help promote organisational learning. Quinn (1988)

describes the development process of the IBM family of computers and in so doing provides a good example of the effects of task uncertainty on organisational learning. Although IBM dominated the computer industry in the 1960s its top managers still felt the need to undergo a major change in direction to stay leaders in the field. The change was subject to a substantial degree of task uncertainty, because of the new technologies involved. A task force composed of representatives from the different divisions and functions within IBM was charged with developing new guidelines to determine any new change in direction. This ad hoc task force constituted a temporary OLM that used IBM's available expertise to analyse the company and its major task and produced a new concept for the introduction of a new range of smaller computers.

There are also a number of empirical findings that demonstrate through examples how organisational learning has come from organisations that have faced potentially catastrophic incidents (Tucker and Edmondson, 2003). The more severe the error the more effort will be invested in learning how to prevent it (Wong and Wiener, 1981).

Although there are obvious difference between the examples cited, research by Lipshitz et al. (2007) suggest a common strategy for dealing with the uncertainty produced by complex, ill-defined and novel tasks: this is to

divide the task into discrete subtasks and design OLMs to draw upon and develop the required knowledge to execute them successfully.

## **Task structure**

The manner in which the organisation sets about achieving the tasks or activities requires for its success affects organisational learning in two ways. First of all it determines the ease with which staff receive feedback on their work and also influences their motivation to disseminate and share information with colleagues. The feasibility of vital feedback is determined by the extent to which the task is standardised and the delay that takes place between its completion and the receiving of feedback (Alder and Cole, 1993). The shorter time cycle helps in the detection of the problem while standardisation facilitates diagnosis of cause and the dissemination of information to colleagues.

Task structure can also influence the motivation to share information through the degree of interdependence that it can impose upon persons who perform the task. For example, people who depend upon others in critical situations (e.g. where team working is required for safety reasons) will cooperate out of self interest (Lipshitz et al. 2007).

## **Conclusion**

Although organisations and people can learn, people can promote or hinder these learning processes through their action or lack of action. Being a learning organisation is not a distant vision but one that can occur within the context of the normal functioning of an organisation. Organisational learning can help organisations manage more effectively in times of complex and rapid change and it provides an opportunity to tap into the knowledge and skills of employees. Organisational learning is not easy to achieve and there is no single recipe for achievement. Productive learning is difficult and requires senior managers to accept a culture that accepts change and uncertainty and threat. It places power in the hands of staff and can lead to challenges to the management status quo.

Although the factors we have discussed do not present a comprehensive list of the diverse factors that influence the development of a learning organisation they provide managers with a series of questions to consider and to help begin to analyse the particular context in which organisational learning may be initiated.

## Reflective Paper 2 Bibliography

1. Alder, P. S., and Cole, R.E. (1993) Designing for learning: A tale of two auto plants. *Sloan Management Review*, 34, 85-94
2. Argyris, C. (1962) *Interpersonal Competence and Organizational Effectiveness*. Homewood, Ill., Irwin and Co.
3. Argyris, C. (1999). *On Organisational Learning* (Second edition)
4. Malden, Mass., Oxford Blackwell Publishing Ltd:
5. Argyris, C. and Schon, D. (1978) *Organizational Learning: A Theory of Action Perspective*. Reading. Addison-Wesley.
6. Baird, L., Henderson, J.C., and Watts, S. (1997) Learning from action: An analysis of the Center for Army Lessons Learned (CALL), *Human Resource Management*, 36, 385-395.
7. Barrow, D.C. (2001) Sharing know-how at BP Amoco. *Research Technology Management*, 3, 8-25
8. Becker, F. (2000) *Offices That Work: Balancing Cost, Flexibility, and Communication*. New York: Cornell University International Workplace Studies Program (IWSP)
9. Burke, W, and Litwin, G. (1992) A causal model of organizational performance and change! *Journal of Management*, Vol. 18 No. 3. pp 523-545
10. Chandler, A.D., Jr. (1962) *Strategy and Structure: Chapters in the history of the American industrial enterprise*. Cambridge, Mass. MIT Press
11. Clegg, S., Kornberger, M. and Ptisis, T. (2006) *Managing and Organisations: an introduction to theory and practice*. London: Sage
12. Dewey, (1933) *How we think*. Boston, D.C. Heath
13. Ellis, S. and Shpielberg, N. (2003) Organizational learning mechanisms and managers' perceived uncertainty. *Human Relations*, 56 (10), 1223-1254.
14. Englehardt, C.S., and Simmons, P.R. (2002) Organizational flexibility for a changing world. *Leadership and Organizational Development Journal*, 23(3/4), 113-121
15. Gabriel, Y., Fineman, S. and Sims, D. (2000) *Organizing and Organizations (2nd edition)* pp 266. London, Sage
16. Henry, J. and Mayle, D. (eds) 2002 *Managing innovation and change* (2<sup>nd</sup> Edition) London, Open University
17. Leavitt, B. and March, J. (1988) Organizational Learning, *Annual Review of Sociology*, 14:319-40
18. Lipshitz, R., and Strauss, O. (1997) Coping with uncertainty: A naturalistic decision-making analysis. *Organizational Behavior and Human Decision Processes*, 69, 149-163

19. Lipshitz, R., and Popper, M. (2000) Organizational learning in a hospital. *Journal of Applied Behavioral Science*, 36, 345-361.
20. Lipshitz, R., Friedman, V. J. and Popper, M. (2007) *Demystifying Organizational Learning*. Thousand Oaks, CA., Sage
21. Millett, B. (2000) Understanding Organisations: The basis for managing change *Australian Journal of Management and Organisational Behaviour*, 2 (1), 9-18
22. Morgan, G. (1986) *Images of Organization* Beverley Hills, Sage
23. Pfeffer, J. (2002) Competitive advantage through people. In: Henry, J. and Mayle, D. (eds) (2002) *Managing innovation and change* (2<sup>nd</sup> Edition) London, Open University
24. Prokesch, S.E. (1997) Unleashing the power of learning; An interview with British Petroleum's John Browne. *Harvard Business Review*, 75(5) 147-168
25. Quinn, J. B. IBM 360. (1988) In: J.B. Quinn, H. Mintzberg. and R.M. James (eds.) *The strategy process* (pp189-203), Englewood Cliffs, NJ, Prentice Hall.
26. Sorge, A. and van Witteloostuijn, A. (2004) *Organizational Studies* 25(7):1205-1231, Thousand Oaks, CA, Sage
27. Srikanthia, P. and Pasmore, W. (1996) Conviction and doubt in organizational learning. *Journal of Organisational Change Management*, 9(1), 42-53.
28. Stacey, R. (1991) *The Chaos Frontier*. Oxford, Butterworth Heinemann
29. Stopford, J. M. ( 2001) Should strategy makers become dream weaver? *Harvard Business Review*, 79 (10), 165-169.
30. Tan, T.K., and Heracleous, L. (2001) Teaching old dogs new tricks: Implementing organizational learning in an Asian national police force, *Journal of Applied Behavioral Science*, 17(3), 361-380.
31. Tucker, A. and Edmondson, A. (2003) *Children's hospital and clinics (case 9-302-050)*. Boston: Harvard Business School Press.
32. Wong, P.T.P. and Wiener, B. (1981) When people ask why: Questions and the heuristic of attributional search. *Journal of Personality and Social Psychology*, 40, 650-663



## Reflective paper 3

### Reflecting on managing change: Single and double-loop learning

This paper reflects on the need for managing change and in particular the role of single and double-loop learning.

A case is made for the need to develop learning organisations and in so doing the discussion recognises the need for both single and double-loop systems in developing a learning organisation. The difficulty of introducing double-loop systems is considered and a plea made to ensure organisations have the capacity to work within double-loop learning systems before embarking upon major change in strategy.

### Introduction

Within the dynamic business environment of today, frequent changes are required in both the method organisations operate and in the way organisations are structured (Turner, (1999). Change itself is said to be a permanent function of companies if they are to survive in today's competitive environment (Horton, 1992) and in the UK the pace of organizational change since the mid 1980's has been extremely high (Geroski and Gregg, 1994). Change is endemic and has become an essential determinant in maintaining a company's competitive edge. For example, in a study of changes facing Australian corporations, 65 percent of human resource managers assessed that the extent of change their organisation had gone through during the last three years was either major or radical (Waldersee and Griffiths, 1996).

### Managing Change

The future of an organization's survival can often, also depend on how well change is managed and consequently significant resource is allocated to implementing change (Lanning, 2001). It has never been more important than the present time for companies to run successful change projects and to empower people and then examine how they improve the company's profitability (Eichelberg, 1994). Increased productivity, shorter throughput and delivery times, simpler processes, elimination of non-value adding processes and increased employee well-being are typical examples of goals in organisational changes (Järvenpää and Eloranta, 2000; Barker 1998,).

Change and resistance to it, are major issues of organisational life (Gabriel et al 2000). Furthermore, in the post-industrial era the success of an organisation lies more in its intellectual and systems capabilities than in its physical assets. When we embark today on designing, developing, and implementing complex systems that have wider impact, a new set of challenges looms even larger. Certainly, technical challenges still exist; they always will but as new systems affect larger, more heterogeneous groups of people and more organisational areas, the major challenges to systems success become more behavioural than technical (Quinn *et al*, 2002a).

Organisations are also political arenas, because people and groups develop different goals and interests, engage in conflict and compete for resources (Jaffee, 2001). The capacity to manage human intellect, and to convert it into useful products and services, is fast becoming the creative skill of the age (Quinn *et al*, 2002a ) and this is especially true for service industries. (Quinn *et al*, 2002b). To be effective organisations must be more flexible, adaptable to change, have relatively few formal, hierarchical levels of management, design loose boundaries amongst functions and departments, sensitive and responsive to the environment and concerned with stakeholders. Such organisations empower people to be entrepreneurial, reward them for contributions and help them gain in skill and “employability” (Kanter *et al*, 1992).

Established firms also face the challenge of managing entrepreneurial strategies in order to respond effectively to major environmental change (Lant *et al*, 1990). Change is the norm and a period of stability taken as the exception in for many organisations operating in the modern world of commerce and industry (Millett, 2000). Change is regarded as one of the few constraints of modern history, (Paton and McCalman, 2000) and managers are judged upon their ability to manage change effectively and efficiently (Dymowski and Saake, 1992). Organisational change therefore means the new state of things in the organisation is different from the old state of things in the organisation. According to Goodstein and Burke (1997), the need for change can originate from different sources, both from inside and outside the organisation. External forces include e.g., regulators, competitors, customers, and technology whereas internal pressure may come from obsolete services and products, new market opportunities, new strategic directions, and an increasingly diverse workforce.

Planned change, is usually triggered by the failure of people to create continuously adaptive organizations (Dunphy, 1996). Thus, organizational change routinely occurs in the context of failure of some sort. A typical storyline is “first there were losses, then there was a plan of change, and then there was an implementation, which led to unexpected results” (Czarniawska & Joerges, 1996). Organisations change primarily because of external pressure rather than internal desire to change (Lanning *et al*. 1999) while Miles *et al*, (1995) reinforce this perspective by concluding that all organisational change is triggered with the perception or experience of either environmental threat, loss or opportunity. As a result, the old bureaucratic style of management is incapable of meeting the challenges of this changing environment (Abrahamson 2000).

To summarise, change is needed when current performance and the way of operation of a business is no longer on a par with the requirements from inside the company or with the environment and the competitive situation (Lanning 2001). In the world where rapid change and transformation, are becoming the norm, organisations continue to face new challenges. Although organisations still have to plan and execute tasks in a rational and efficient manner, they also face the challenge of constant learning and more specifically, of learning to learn (Morgan, 1997).

## **Learning organisations**

Within business, learning is a conscious attempt on the part of organisations to improve productivity, effectiveness and innovativeness in uncertain economic and technological market conditions. The greater the

uncertainty, then the greater is the need for learning. Learning enables quicker and more effective responses to a complex and dynamic environment. In turn, effective learning is associated with increased information sharing, communication, and understanding, [http://nrm-changelinks.net/org\\_learn.html](http://nrm-changelinks.net/org_learn.html)

With so much riding on success, one would think that companies would be better at learning. Amazingly, it seems as if they fight tooth and nail against learning, often with disastrous results. The reasons, however, make a lot of sense (Robbins, 2003). Few of us think much about learning when not in school or in a training environment but learning doesn't just happen; it takes reflection and thought. Reflection time used to be built into the work environment. It took perhaps a week or two for a head-office communication to arrive and thereby allow ample time to ponder and rethink decisions. Now we have overnight letters, junk mail, e-mail, voice mail, fax, cell phones, 30-second-delayed stock quotes, and the expectation that responding immediately is far more important than responding thoughtfully. Organizations rarely build in time to do thoughtful learning, and when they do, that time is often the first to go when emergencies beckon. Implementing insights from a learning review is difficult. Learning means behaviour change. Organizationally, behaviour change is daunting (Robbins *ibid*).

Institutional resistance to change, much like that observed during personal development, does not necessarily indicate a communal lack of commitment to the organization's newly stated goals. It may reflect the existence of competing organizational objectives that must be addressed, before substantive advances in a new direction can be accomplished.

As a result of the work of Argyris and Schon (1996), such issues have been brought to the forefront of management attention. Conceived as the challenge of creating 'learning organisations' (Senge, 1990) and 'action learning' (Ravan, 1982), the idea of developing capacities individual and organisational learning established itself as a key priority in designing and managing organisations that can deal with the challenges presented by a ever increasingly, changing world (Morgan, 1997).

### **Single and double-loop learning**

The principles of modern cybernetics can be utilised to provide a framework for contemplating how this can be achieved (Morgan *ibid*). For example, many organisations have become proficient at single-loop learning. Such organisations develop the ability to scan the environment, set objectives and monitor the performance of systems against set, defined objectives. This organisational attribute is more-often-than-not, institutionalised within the information systems developed to keep the organisation on the set course. Examples include budgets and such-like management controls that often maintain single-loop learning by monitoring quantifiable indicators of performance e. g sales, profits, expenditure etc. to ensure the organisational activities remain within predefined limits. The widespread use of computers and other management information systems has done much to consolidate single-loop control.

However, the ability to become proficient with double-loop learning often proves to be very difficult (Argyris, 1999). Although some organizations have been successful in institutionalizing systems that review and challenge basic paradigms and operating norms, many others fail to do so (Morgan, 1997). Such failure is

especially true of bureaucratic organizations whose fundamental organization principles often operate in a way that actually obstructs the learning process. For example, bureaucracy tends to encourage and create fragmented patterns of thought and action. When hierarchical and horizontal divisions are particularly influential, knowledge and information is inhibited from flowing in free and open patterns. As a result, different departments and divisions within the organization often operate on different perceptions and understandings of the total situation and this, in turn, can encourage the pursuance of sub-unit goals as ends in themselves.

The existence of such divisions has a further tendency to emphasise the distinctions between the different parts of the organization and can encourage the development of political systems which place additional barriers in the way of learning. The bounded rationality inherent within organizational design thus leads to the creation of boundaries, within which the employee is encouraged to occupy and rewarded for so doing (Morgan, 1997). Under such circumstances, single-loop learning systems are re-enforced and may serve to keep an organization on the wrong course e.g. the continued dominance of the medical model in areas of social care. Furthermore, barriers to double-loop learning can also be created through the processes of bureaucratic accountability.

As Argyris and Schon (1978) have shown, when staff feel threatened and/or vulnerable they often engage in “defensive mechanisms” to protect themselves and colleagues. Such organisational defensive routines are taught through socialisation, as strategies to deal effectively with threat or embarrassment and are supported by the culture of the organisation. In such an environment staff can become skilled in a range of ways to make situations for which they are responsible, look better than they actually are or find ways of obscuring issues that will put them in a bad light. Deep-seated problems are often ignored or diluted and senior managers presented with over optimistic scenarios, to which they respond favourable. Such issues are systematic and universal (Argyris and Schon 1978) and are found in many different types of organizations and cultural settings. These defensive patterns can become face-saving processes to save individuals from embarrassment or threat. In the context of an organisational setting, formal structures, job descriptions, rules and conventions are convenient aids in the process of self-protection and used both consciously and unconsciously for this purpose. Such defensive routines can also become embedded in the organizational culture, generating shared norms and patterns of “groupthink” that prevent people from addressing key aspects of the reality with which they are dealing (Morgan, 1997).

Given such a range of potential pathologies, it is not difficult to be surprised that so many organizations find difficulty in learning and evolving in a fluid manner. As Senge (1990) points out, most organizations “die” before the age of forty. To survive in the tough business environment of the 21st century, organisations must, “evolve designs that allow them to become skilled in the art of double-loop learning, to avoid getting trapped in single-loop processes, especially those created by traditional management control systems and the defensive routines of organizational members.” (Morgan, 1997 p 90).

As outlined above, skilled professionals are frequently good at single-loop learning; they have spent much of their life acquiring academic credentials, mastering a number of intellectual disciplines and applying this knowledge to real world-problems. However, it may this very fact that helps explain why professionals are so

unsuccessful when it comes to mastering double-loop learning. Because many professionals are almost, always successful in what they do and because they have rarely failed, they have never learned how to learn from failure. Whenever, the single-loop learning strategies go wrong, they become defensive, screen out criticism and allocate “blame” to others and/or circumstances. In essence, they learn to shut down at the time they most need to learn: they avoid learning: they become defensive.

This defensiveness is not due to a negative attitude about change. Rather, such professionals want to work more effectively and continuously improve systems. They fail to recognize that to learn one needs to look inward at one's own behaviour (Argyris 1996). Professionals have a body of knowledge that constrains their learning. They do not know how to learn from failure. When challenged, they can become very defensive and tend to focus attention away from their behaviour to that of others i.e. defensive reasoning. The key factor, for this behaviour can be found in the way in which they reason about their own behaviour and the behaviour of others (Argyris, 1991).

It is of course impossible to reason anew in every situation. If one had to think through all possible responses to a particular question, life would become impossible. Everyone develops a theory of action- a set of rules to design and implement their own behaviours as well as to understand the behaviour of others (Argyris, 1999). In the course of everyday events, these theories of action become so taken for granted that people don't even realize they are using them. However, people consistently act inconsistently and are often unaware of the contradiction between the way they think they are acting and the way they really act i.e. theories-in-use.

Most theories-in-use rest on the same set of governing values:

1. to remain in unilateral control
2. to maximize “winning” and minimize “losing”
3. to suppress negative feelings
4. to be as “rational” as possible- by which people mean defining clear objectives and evaluating their behaviour in terms of whether or not they have achieved them

and the purpose of all these values is to avoid embarrassment or threat, feeling vulnerable or incompetent. In essence a very profoundly defensive strategy (Argyris, 1999 p 131).

Such a defensive approach encourages individuals to keep private the inferences, premises and conclusions that influence their behaviour and it helps avoid any testing of their behaviour, via an objective inquiry. Since the defensive strategies are never really tested, the situation remains a closed loop, quite oblivious to conflicting influences. Inevitably, this defensive reasoning meets with additional defensive reasoning. In such a situation, an act of encouraging more-open inquiry, may be intimidating and help foster a “corporate” defensive shield amongst senior professionals.

It is also important to recognize how double-loop learning at the individual and organizational levels also involves the important issues of competence and justice. It is not just for individuals to define certain actions as incompetence and unjust, and then act as if the incompetence and injustice do not occur when they behave in the same way. Double-loop learning must also deal with undiscussability, the undiscussability of the undiscussable, and the puzzling fact that most individuals are unaware of their causal contribution to these organizational features, yet are aware of the causal contributions of others. In order to turn the situation around managers at the top need to critically examine and change their own theories-in-use. Until senior managers become aware of how they reason defensively and of the counterproductive consequences of such action, their will be little real action. Change has to start at the top of the managerial hierarchy. Otherwise defensive senior managers are likely to disown any transformational strategies generated from below. If professionals begin to change the way they reason and act, such changes are likely to appear a threat to senior managers and in turn, generate instability.

## **The case study**

This paper discusses and reflects upon the actions of the senior management team of a local authority (LA) in England in responding to the findings of a consultancy brief commissioned to address how best to develop a healthy workplace through developing a learning organisation. In particular, the paper considers to what extent evidence supports the contention that organisations are often quite proficient in single-loop learning but very unsuccessful when it comes to mastering double-loop learning

The specific strategy of this study was to work collaboratively, with management and staff from the LA to obtain updated information on the well-being and views of the workforce on the nature of workplace stress and health at work. Furthermore, through the involvement of the workforce to use this information the aim was to develop an improved strategy for the development of a healthy workplace. Following on from this intervention it was then proposed to utilise the lessons derived from the consultancy brief to develop strategies and competences, via the development of a learning organisation, to assist the LA to meet the demands faced in meeting ongoing change; change often outside the control of the LA.

A collaborative action research programme involving participatory inquiry (Ramon and Hart, 2003), was deemed to be the most appropriate framework for the purpose of the project - the intention was to develop a shared strategy whereby management and staff could provide better control over conflict resolution and work together in developing a healthy workplace. This process of enquiry involved taking stock of the past and exploring everyday practices in the present to generate insights into the opportunities and challenges of participation. (<http://www.ids.ac.uk/ids/particip/research/oc-sida.html>). By encouraging and developing a shared strategy action research programme it was intended to address to both the practical concerns of management and staff in a problematic situation and to pursue the goals of social science by joint collaboration within a mutually acceptable framework (Rapoport, 1970), (Winter & Munn-Giddings, 2001). The aim was to involve staff and management in a process of change, based on professional and/or organisational action and free of the problem of gaps between theory and practice. The researchers joined

staff and management under study from the initial design to the final presentation of the results and discussion of their proposed actions (Hart & Bond, 1995) as people are likely to cooperate and seek help if they feel respected by those aspiring to help them (Argyris, 1999)

The research team addressed the following issues:

- clxxx. the often divisive approach to managing well-being in the workplace if the various stakeholders act as competitors rather than as partners to the same enterprise
- clxxxi. the use of dialogue and shared problem-solving to create a participatory approach
- clxxxii. the collection and collation of comprehensive information on health and well-being and the views of the workforce on the adequacy of management's response to stress via an anonymous questionnaire
- clxxxiii. in conjunction with the management and workforce under review, the recommendation and development of an improved and viable strategy by undertaking a learning organisation approach.
- clxxxiv. the establishment of the Implementation Group through a meeting between members of the research team and the organisation's senior management. The Implementation Group assisted the research team to gain access, engage with staff and assisted in the dissemination of information (Investing in Comprehensive Healthy Workplace Health Promotion, 2001).

The main strategy was to undertake a stress/satisfaction survey throughout the Council's workforce and consult with management and staff on how best the results from the survey could be utilised to develop the Healthy Workplace Strategy. Initial meetings were held with the Implementation Group to agree terms of reference and protocols to be followed. Subsequent meetings were held with Corporate Management Team (CMT), the Implementation Group and members of staff; the latter including staff-side representatives. The discussions structured around the Healthy Workplace Strategy (HWS) but were open ended in order to provide an opportunity for all relevant concerns to be raised. The end-result was an agreement about the way the project would be conducted, including the participation of staff.

All members of staff were invited to meet with the researchers, who outlined the proposed process and invited comments. The meetings were held with different groups of staff in a variety of work locations. Everyone who wished to see the researchers on an individual basis was accommodated and there was the opportunity for members of staff to contact the researchers by email, letter or telephone, and anonymously. In order to broaden out the range of those actively involved in the exercise, a questionnaire was distributed to members of staff.

The completed questionnaires were analysed and the results fed back to staff in a further series of meetings. Small focus groups encouraged staff to offer comments on the findings, in an informal environment. Members of staff and management were also invited to attend a series of more formal focus groups when issues of major importance, as identified by the results of the questionnaire, were discussed and analysed. A critical item for consideration by the focus groups was the need to highlight recommendations to CMT, as to how the project could best proceed.

Constant feedback was provided to members of the Implementation Group, about the emerging findings in order to ensure that senior management would be closely involved in setting direction for the project. The link between the researchers and CMT was through a senior manager designated by the Chief Executive (CEO).

The feedback from the research confirmed staff were appreciative that someone had come to speak to them, rather than consulting by questionnaire alone and they welcomed the opportunity to clarify issues by asking questions and making suggestions. Discussions and meetings took place in a very positive atmosphere and there were positive comments about the process of the project.

The main points to emerge were:

- clxxxv. there was a general willingness by staff to be involved in the process;
- clxxxvi. staff felt that the initiative was to be commended;
- clxxxvii. a substantial degree of scepticism existed regarding management's commitment to implementing recommendations that might be forthcoming;
- clxxxviii. there was an agreement that the results of the questionnaire addressed relevant staff issues;
- clxxxix. a number of senior managers appeared to be defensive about the results;
  - cxc. certain senior managers appeared to have quite different perceptions, from the general workforce about the organisation's ability to manage effectively;
  - cxc. focus group discussions highlighted the knowledge and expertise of staff to contribute to the decision making process;
  - cxcii. senior managers appeared to be very willing to promote the project aims and objectives.

## **Reflection**

Up to this stage in the consultancy brief the CEO and members of the Corporate Team had taken a supportive if uninvolved position in the process. This approach to the project was viewed by the CEO and CMT as being a rational/functional approach and one in which they as senior managers had control through single-loop learning, even if they did not consider the concept of single and double-loop learning. Since they had control of the project and could extend or curtail the consultancy brief there did not appear, at least in their eyes, to be a challenge to authority or status quo. Furthermore, there was the opportunity to take advantage of any benefits that may occur within the organisation.

In meetings with staff the CEO encouraged participation in the research process but delegated decision making to senior manager who had been appointed as the link person between the researchers and the CEO. Other members of the CMT had had taken a "polite" relationship position with the researchers but none had agreed to a personal meeting. In these circumstances, senior management were not taking a lead and providing a clear vision as to the future. Instead different departments within the organisation started to address the change process from varying perspectives and as a result there were different approaches from departmental managers. For example, a number of middle managers were under the impression that senior managers at CMT level were



very much in favour of the proposed changes. Consequently, they fully co-operated with the research team and had little idea that their views were not shared by all at senior management level.

Despite numerous requests from the senior researcher to appraise the CEO of progress and to outline difficulties that might be encountered in implementing any recommendations from the research i.e. the development of a learning organisation, the researchers were informed by the senior manager/link person that the CEO was satisfied with progress and as such a meeting was not required. The senior researcher requested a one to one meeting with the CEO to outline the results of the research prior to any formal presentation to the CMT. The concern from the research team was that the support from the CEO might be changing (Hunt, 1992) and it would be difficult to bring in any changes without the support of the CEO. This request was refused and against the advice of the senior researcher, a copy of the Final Report of the project was also distributed to members of the CMT, via the CEO, a few days prior to the meeting with the research team and the CMT. At this stage it was becoming much clearer that the CEO and the CMT were feeling threatened and they became more defensive to protect themselves and their colleagues. The culture of the organisation i.e. role culture, made this defensive strategy quite feasible. By controlling lines of communication, to both Council Members and staff, the CMT were able to deal with the threat of embarrassment of the consultancy brief highlighting their deficiencies and putting their work in a bad light, while at the same time they could dilute deep-seated problems.

At the meeting with the CMT, the report from the staff survey was reported and the results accepted by members of the CMT. This was to be expected as the CEO and his team had been kept fully apprised on findings throughout the research process. There were no major surprises in the results and this part of the meeting highlighted the capacity of CMT to effectively manage single-loop learning. Furthermore, through the period of research, the researchers undertook formal and informal discussions as to how best to:

- cxciii. prepare an operational plan detailing how the process could be taken forward and monitored;
- cxciv. assist the CMT and other relevant participants in developing processes for implementing and developing the HWS.
- cxcv. review the management process in action and consider the impact of the existing policies, procedures and culture on the process;
- cxcvi. support CMT in developing organisational capacity to manage on-going change.

It was suggested that such an approach would enable the HWS to be implemented but developing organizational capacity to manage on-going change would still be required:

- cxcvii. a shared vision among management and staff on the role of the Organisation;
- cxcviii. encouragement and respect of individual ideas and thinking geared towards achieving the vision;
- cxcix. a greater understanding of the different processes and interactions between management and staff and between different departments

- cc. establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships.
- cci. external advice and counsel and ongoing management consultancy support.

As the meeting progressed into discussion regarding the development of a learning organisation with the implications that would incur, the CMT became more defensive, screened out criticism, allocated blame to the senior researcher and closed the meeting without any meaningful change being agreed. It was clear that the CMT did want change to occur but not if they were to lose unilateral control. The CMT were not prepared to countenance the review of existing management practices and procedures and refused to accept the recommendation to seek external advice and training. The CMT agreed to move towards addressing specific issues raised by the survey e.g. improving environmental concerns but only via the existing management systems and structures; these being the existing channels that had failed to identify the reported failings. Essentially the CMT repudiated the need to move to a process of developing change strategies and models for successfully managing the transition from a professionally driven, hierarchical/bureaucratic managed organisations model to an organisation that fosters effective participation from multidisciplinary and inter-professional groups, encourages organisational development and fosters innovation and change; the underlying aim of the research proposal. Throughout the meeting, the CMT refused to discuss and debate their theories-in-use and they disowned any of the transformational strategies proposed. It was clear that the individuals had become a very powerful grouping, from which no dissent would be forthcoming. The most positive attribute of the group was the manner in which they remained so collegiate in the defensive stance.

Although the initial aims of the change process had not been fulfilled the senior researcher received permission to meet with the CEO to discuss the reasons behind reactions of the CMT to the proposals to seek methods to encourage organisational development. However, the CEO secured an appointment outside the organisation and the senior manager who had acted as the link between the research team and CEO was appointed as the new CEO. Nonetheless, the meeting took place.

The meeting and reporting of the findings used an intrinsic qualitative case study (Stake 1995) approach supported by literature to develop criteria and questioning method. In general, case study research supports the deployment of a variety of methods (Gummesson, 1993). The underlying objective for conducting the study was to gain a better understanding of complex phenomena of the refusal of the CMT to follow up on the recommendations of the research to undertake a fundamental review of the organisation's capacity to manage on-going change. Case study was considered particularly applicable because a "why" question was being asked about a contemporary set of events, over which the investigator has little or no control. Yin (1984) and Ellram (1996) also note that case studies have a special role in evaluation research because case studies can help explain the causal links in real life interventions that are too complex to be analysed by surveys or experimental strategies.

Since the resistance from the CMT had been in response to the proposals to review organizational capacity and managerial systems and procedures it was agreed between the senior researcher and the newly appointed CEO that the limited time available for the meeting should be directed towards a review of organisational issues. The meeting was confined to the CEO and the senior researcher and it was agreed the discussions would remain confidential. Notes were taken by the senior researcher in order to review and reflect upon the discussion and form conclusions (Kolb *et al*, 1995).

The following outlines issues discussed and the reflection/analysis of the senior researcher.

- ccii. encouragement and respect of individual ideas and thinking geared towards achieving the vision;
- cciii. a greater understanding of the different processes and interactions between management and staff and between different departments
- cciv. establishing the basic foundations for a learning organisation to help promote the transition from a hierarchical, professional-led structure to an organisational culture established on more participation, team working and partnerships.
- ccv. external advice and counsel and ongoing management consultancy support.

During the initial discussions the CEO was keen to confirm agreement and acceptance of the factual parts of the report as outlined above in 7 above. For example, environmental issues would be addressed in turn, management training would be introduced and staff would be encouraged to participate in future decision making but the management structure and policies would remain in place for the foreseeable future. These are single loop or first order changes. This type of strategy is very reminiscent of “Futureblock” (Morgan 1993) and reaffirms the work of Argyris and Schon (1978) and Miller (1990) in which organizations engage in change after change but are not really doing anything very differently; one can generate hundreds of new insights without substantial impact (Morgan 1993). In essence, the CEO was in “getting stuck” in the existing mode of practice and becoming trapped by the existing culture and politics of the organization. In some respects this is only to be expected. The CEO is responsible to the Council who are in turn accountable to central government, both of which are highly centralized bureaucracies (Mullins 1999). Although perhaps unaware of the logic of the strategy, it could be argued that the CEO was undertaking a contingency approach in trying to achieve a “good” fit between the organization and the environment (Lawrence and Lorsch, 1967; Pugh and Hickson, 1976). Morgan, 1986). However, this is a good example of structural inertia theory (Hannan and Freeman, 1984) and would do little to help prepare the organization to meet the demands to manage on-going change; the reason for the research in the first place! This also serves to emphasise and consolidate a managerial ethic which presumes to solve through social engineering and flexible organizational design (Giddens, 1984), the fundamental political and institutional problems of modern organizations (Galbraith, 1969).

When the discussion moved to the question of a move towards a more “open/learning environment,” the CEO stated that it was better to fail with existing systems and processes rather than to fail by trying something new. This “defensive” mode is one of the most powerful ways people deal with potential embarrassment is to create organizational defensive routines i.e.

*“any actions or policy that prevents human being from experiencing negative surprises embarrassment or threat and simultaneously prevents the organization from reducing or eliminating the causes of the surprises, embarrassment and threat. Organisational defence’s routines are anti-learning and overprotective.” (Argyris, 1999 pp141).*

Again this should not be surprising because as (Schein,1985) suggests, that when people are subject to outside intervention there interpretive facility comes in to play and they will interpret meaning to what they experience according to their expectations. This in turn can challenge their taken for granted beliefs and assumptions about jobs, work, careers etc. and can create justifiable or unwarranted fear. When faced with such challenges people find ways of deflecting or obscuring issues and problems that may put them in a bad light and become skilled in making things look better than they are in reality (Morgan 1993). Defensive strategies discourage reflection. We practice them most of our life and become highly skilled at carrying them out. They become second nature and as such something we rarely reflect upon but take them for granted (Argyris,1993). In this case the CEO became embarrassed and felt threatened by the prospect of critically examining the performance within the organization. Whereas executives are often very comfortable when discussing single-loop change there is usually a radical shift in position when discussions of a double-loop nature are introduced (Argyris, 1993). This in no small way is due to a manager’s ability to interpret events, conditions and history to his or her advantage. Individuals often see what they have seen in the past or what they want to see rather than what is or can be (Schermerhorn *et al* 1997). As Argyris (ibid pp 236) succinctly puts it.

*“Over the past five years, I have come into contact with any number of companies struggling with this transition from command-and-control hierarchy to employee empowerment and organisational learning and every one is its own worst enemy. Management embrace the language of intrinsic motivation but fail to see how firmly mired in the old extrinsic world their communications actually are.”*

## **Conclusion**

This paper has not been primarily concerned with a reflection on the difficulties of implementing of introducing double-loop learning and creating a learning organisation. The CMT were content to accept proposals of single-loop nature but gelled as a group to completely reject proposals that would engage them and the organisation in the creation of a learning organisation.

What is clear is that there is a place for both single and double-loop learning when managing change. However, when a radical change in strategy that requires the capacity for double-loop learning is contemplated it is essential that capacity is in place

In every change that involves the introduction of a new technical theory of action whose correct implementation could be embarrassing or threatening, the advocates, sponsors, change agents and targets who use the generic

implementation approach will still face the challenge of dealing with the defensive reasoning of organizational participants including themselves (Argyris and Kaplan, 1994).

## Bibliography

1. Abrahamson, E. (2000). Change without Pain. Harvard Business Review, July-August 2000: 75-79.
2. Argyris, C. (1982) Reasoning, learning, and action: Individual and organizational, San Francisco: Jossey-Bass
3. Argyris, C. (1991) Teaching smart people how to learn. Harvard Business Review, May-June.
4. Argyris, C. (1999) On Organisational Learning (Second edition).Oxford: Blackwell Publishing Ltd.
5. Argyris, C., and Schon, D. (1974) Theory in Practice. Reading, MA: Addison-Wesley
6. Argyris, C. and Schon, D. (1978) Organisational Learning: A theory of action perspective. Reading: Addison-Wesley.
7. Argyris, C. and Schön, D. (1996) *Organizational learning II: Theory, method and practice*, Reading, Mass: Addison Wesley
8. Barker, B. (1998). The Identification of Factors Affecting Change towards Best Practice in Manufacturing Organisations. Management Decision 36/8: 549-556.
9. Czarniawska, B, and Joerges, B. (1996). Travels of ideas. In Czarniawska, B, Sevón, G, (eds.) (1996). Translating Organizational Change. New York:
10. Dunphy, D. (1996) Organisational change in corporate settings. Volume: 49 Part/Issue: 5 Page Ref: 541-542
11. Dymowski, E.V. and Saake, P.H. (1992) "Strategic planning," The Internal Auditor, Vol. 49, No. 6: pp 18-23
12. Eichelberger, K. A. (1994). Leading Change through Projects. Quality Progress, Vol. 27, No. 1: 87-90
13. Ellram, L. M. (1996). The Use of the Case Study Method in Logistics Research. Journal of Business Logistics, Vol. 17, No. 2: 93-137. Urban Dynamics. Massachusetts, The M.I.T. Press.
14. Gabriel Y. (2000) Storytelling in Organizations, Oxford: Oxford University Press
15. Geroski, P. and Gregg, P. (1994) Corporate restructuring in the UK during the recession', Business Strategy Review, 5 (2) Summer: 1-19
16. Giddens, A. (1984), The Constitution of Society. Cambridge: Polity Press
17. Goodstein, L. D. and Burke, W.W. (1997). Creating Successful Organization Change. In Carnall, C. A. Strategic Change: 159-173. Oxford: Butterworth-Heinemann
18. Gummesson, E. (1993). Case Study Research in Management: Methods for Generating Qualitative Data, Second revised version of unpublished preliminary script. Stockholm University, Department of Business Administration
19. Hart, E. & Bond, M. (1995) Action Research for Health and Social Care: A Guide to Practice. Buckingham, Philadelphia: Open University Press.

20. Horton, R.B (1992) "Surprise Governance 2," Directors and Boards, 16 (3) Spring:9-11
21. Hunt, J.W. (1992) Managing People at Work: A Managers Guide to Behaviour in Organizations (3<sup>rd</sup> Ed.) London: Institute of Personnel Management
22. Kanter, R.M., Stein, B. A., and Jick, T. D. (1992) The Challenge of Organizational Change: How companies experience it and leaders guide it.. New York: Free Press
23. Kolb, D. A. (with J. Osland and I. Rubin) (1995) Organizational Behavior: An Experiential Approach to Human Behavior in Organizations 6e, Englewood Cliffs, NJ: Prentice Hall.
24. Lanning, H., Roiha, M. and Salminen, A. (1999). Guide Book to Change – How to Develop Organisations in an Effective And Controlled Manner. Helsinki: Kauppakaari Oyj
25. Lanning, H. (2001) Planning and Implementing Change in Organisations- A construct for managing change projects. PhD Thesis. Helsinki University of Technology (HUT) Finland.
26. Lant, T.K., Stephen J. Mezias (1990). Managing Discontinuous Change: A Simulation Study of Organizational Learning and Entrepreneurship. *Strategic Management Journal*.
27. Miller, B (1999) Australian Journal of Management & Organisational Behaviour, 2(10), pp 9 -18.
28. Millett, B (2000) Understanding Organisations: The basis for managing change Australian Journal of Management and Organisational Behaviour, 2 (1), 9-18
29. Morgan, G. (1997) Images of Organization Beverley Hills: Sage
30. Paton, R. A., and McCalman, J. (2000) Change Management. A guide to effective implementation. London: Sage 2<sup>nd</sup> edit.
31. Quinn, J. B, Anderson, P., and Finkelstein, S. (2002a) Managing Professional Intellect. In: Henry, J. and Mayle, D. eds. Managing Innovation and Change. Sage, London 86-98.
32. Quinn, J. B., Baruch, J.J., and Zein, K. A. (2002b) Intellect, Innovation and Growth. In: Henry, J. and Mayle, D. eds. Managing Innovation and Change. Sage, London, 5-22.
33. Ramon, S. and Hart, C. (2003) Promoting Mental Wellbeing In the Workplace: A British Case Study. International Journal of Mental Health Promotion 5 (2) pp 37-44
34. Rapoport, R.N. "Three Dilemmas in Action Research," Human Relations, (23:4), 1970, pp. 499-513
35. Robbins, S. (2003) Organizational Learning is No Accident. Working knowledge for business leaders. 19.5.2003 Cambridge, MA: Harvard Business School
36. Schermerhorn, J.R., Hunt, J.G. and Osborn, R.N. (1997) Organizational Behavior 6<sup>th</sup> Edition New York: John Wiley and Sons Inc.
37. Senge, P. (1993) The Fifth Discipline: The Art and Practice of the Learning Organisation. New York, Doubleday
38. Stake, R. (1995) The Art of Case Study Research. San Francisco: Sage
39. Turner, R. J. (1999) The Handbook of Project Based Management, 2<sup>nd</sup> edition. London: McGraw-Hill.
40. Waldersee, R. and Griffiths, A. (1996) The Changing Face of Organisational Change. AGSM, University of New South Wales, Working Paper No.065, pp.1-17.

41. Winter, R., Munn-Giddings, C. (2001) *A Handbook for Action Research in Health and Social Care*. London: Routledge
42. Yin, R. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage Publishing