MINING THE MANAGEMENT LITERATURE TO IMPROVE HEALTHCARE

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Staff Seminar
School of Management

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OVERVIEW

- Professional Background
- Current Challenges
- Innovative Responses
- Research Sampler
  - Turnover Intentions of Hospital Administrators
  - Horizontal Bullying in Nurses
  - Mining the Management Literature for Insights into Evidence-Based Change in Healthcare
- Closing Thoughts
SUFFERING
ORGANIZATIONAL INJUSTICE
HEALTHCARE MANAGEMENT
ORGANIZATIONAL BEHAVIOUR
KNOWLEDGE TRANSLATION
ORGANIZATIONAL CULTURE
QUALITATIVE AND QUANTITATIVE RESEARCH METHODS
INTERPROFESSIONAL COLLABORATION
ORGANIZATIONAL INJUSTICE
EMPLOYEE SILENCE
EMPLOYEE VOICE
COMPLAINT SYSTEMS
CONFLICT RESOLUTION
OBJECTIVES OF HEALTH CARE SYSTEM

Improve health through services that:

- meet public needs
- quality
- equitable
- efficient
- good governance
CHALLENGES

- geographic
- clinical
- financial
- demographic
- legal
- organizational
CHALLENGES

- **organizational**
  - fragmentation
    - system - organizational culture
    - workforce - diverse values within and across major professional groups
    - treatment - physician to non-physician ratio
      - early 1900s $\rightarrow$ 1:3
      - early 2000s $\rightarrow$ 1:16 (Shine, 2002)
  - interdependence
  - dispersed authority - different/competing norms and expectations across professional groups
  - deterioration of working conditions - e.g., staff shortages, low morale, high turnover, burnout (Harlos & Axelrod, 2008, 2005; Shamian & El-Jardali, 2007)
INNOVATIVE RESPONSES

- Think **organizationally** (Ramanujam & Rousseau, 2006)
  - individuals/teams ↔ work environment
  - multiple causes, feedback loops
  - health organizations as high performance organizations

*But no cherry coke!*

- Integration
  - virtual
  - vertical
  - horizontal
    - university-health authority partnerships
    - healthcare management research (eg operations, orgl behaviour)
INNOVATIVE RESPONSES (cont.)

- Teamwork
  - Interprofessional collaboration
  - Interdisciplinary treatment teams
- Leadership development
- Organizational change
- Health human resources
- Healthy workplaces
- Knowledge translation
Anger-Provoking Events and Intention to Turnover in Hospital Administrators


Knowledge Gaps

- well-being and work conditions of health administrators → impact on turnover (Castle, 2006; Harlos & Axelrod, 2005)

- **significant negative work events** ← turnover in health employees (Cusp-catastrophe model)

- theorized but no empirical evidence that **anger** from events → turnover (Affective events theory)
BACKGROUND

- **health workforce turnover** key concern
  - cost
    - pan-industry: ≈ ½ lost employee’s salary (Abelson, 1990)
    - health care: high turnover rate AND high costs
      - annual turnover cost across job categories ≈ 5% annual operating budget (Waldman et al., 2004)

- **hospital administrator turnover** especially important
  - strategic focus of work
  - turnover rates >managers/professionals in other industries (Castle, 2006)
  - turnover-related productivity loss costs second only to physicians (Waldman et al., 2004)
METHODS

*Measures*

- Negative work events
  - Person-related (hostile): 48%
  - Policy-related: 52%
- Validity of interpretation as negative
  - Hostile
  - Unjust
    (next slide)
### Appendix A

**Summary of Factor Loadings for Oblimin Two-Factor Solution for items**

**Evaluating Work Events (N = 104)**

<table>
<thead>
<tr>
<th>Factors and Items</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1: Hostility (α = .90)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peaceful - Hostile</td>
<td>.927</td>
<td>-.110</td>
</tr>
<tr>
<td>Abusive - Supportive*</td>
<td>.799</td>
<td>.037</td>
</tr>
<tr>
<td>Polite - Rude</td>
<td>.755</td>
<td>.061</td>
</tr>
<tr>
<td>Malicious - Well-intentioned*</td>
<td>.751</td>
<td>-.003</td>
</tr>
<tr>
<td>Respectful - Offensive</td>
<td>.692</td>
<td>.239</td>
</tr>
<tr>
<td>Harmful - Helpful*</td>
<td>.634</td>
<td>.010</td>
</tr>
<tr>
<td><strong>Factor 2: Injustice (α = .84)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Just - Unjust</td>
<td>-.084</td>
<td>.994</td>
</tr>
<tr>
<td>Unfair - Fair*</td>
<td>.028</td>
<td>.687</td>
</tr>
<tr>
<td>Acceptable - Unacceptable</td>
<td>.237</td>
<td>.598</td>
</tr>
</tbody>
</table>

### Factor Correlations

<table>
<thead>
<tr>
<th>Factor</th>
<th>Factor Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td>- -</td>
</tr>
<tr>
<td>Factor 2</td>
<td>.64</td>
</tr>
</tbody>
</table>

*Note. Boldface indicates highest factor loadings.*

*reverse-scored items.

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**Mean Full 13 items:** 5.88/7.00  
(sd = .88; α = .91)

**Mean Hostility factor:** 5.53/7.00  
(sd = 1.10)

**Mean Injustice factor:** 6.10/7.00  
(sd = 1.01)

\[ r_{Event\ Type\ x\ Hostility} = .43 \]
MODEL AND RESULTS

Negative Work Events
- Person
- Policy

\[ \checkmark \text{H1} \]

Anger

\[ \checkmark \text{H2} \]

Intent to Leave

Affective Commitment
- Age
- Satisfaction with Supervisor
- Verbal Abuse
- Work Obstruction
- Work Satisfaction

PRACTICE IMPLICATIONS - insights into controllable sources of anger for targeted interventions
Blackstock, S., HARLOS, K., MacLeod, M., Hardy, C. (2012, October). *Examining* horizontal workplace bullying behaviors in nursing. 3rd International Conference on Violence in the Health Sector, Vancouver BC.
METHODS

- Web-based survey (cross-sectional design; pilot tested)
- All registered nurses (RNs) at same hierarchical level in a western Canadian hospital ($n=477$)
- 103 RNs responded (22% response rate)

Participants

- Female (85%) and Caucasian (89%)
- Avg age 42 years (range 26-60)
- Avg organizational tenure 12 years
- Avg term licensed as RN 16 years
Role stressors as an outcome of horizontal workplace bullying.
HARLOS, K., Blackstock, S., MacLeod, M., Hardy, C. (2013, March).
Western Academy of Management Conference, Santa Fe, NM.

Knowledge Gaps
- Horizontal workplace bullying generally, among nurses in particular
- Multidimensional model of antecedents and consequences
METHODS

Measures

*Workplace Bullying*: 9-item scale; frequency-based (1=never to 5=daily) of behaviors over last 12 months (e.g., “publicly humiliated”, “work excessively scrutinized”)

*Role Ambiguity*: 6-item scale (1=very false to 5=very true) (e.g., “know exactly what is expected of me”)

*Role Conflict*: 7-item scale (1=very false to 5=very true) (e.g., “receive incompatible requests from two or more people”)

*Role Overload*: 3-item scale (1=very false to 5=very true) (e.g., “I have too much work to do, to do everything well”)

Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964
Rizzo, House, & Lirtzman, 1970
Beehr, 1995
Kelloway & Barling, 1990
MODEL

Negative affect
Organizational tenure

Role Stressors
Role Ambiguity
Role Conflict
Role Overload

Workplace Bullying
KNOWLEDGE GAPS REMAIN

- **Research** - more work on workplace bullying-role stress linkage

- **Practice** - codify and enforce anti-bullying policies
  - foster positive coworker relations

*Much to be gained from uncovering how and why bullying erodes the clarity, configuration, and capacity of work environments*
Mining the Management Literature for Insights into Evidence-Based Change in Healthcare
Open Access http://www.longwoods.com/content/23016

Knowledge Gaps
- healthcare managers tend to ignore management literature
- change principles based on evidence often fail to be translated into practice or policy in healthcare organizations

Kiefer, Frank, Di Ruggiero et al. 2005
Davies, Walker, Grimshaw 2010
Dopson, Bennett, Fitzgerald et al. 2013
Many definitions of KT => what they have in common:

“about turning research into action. It is about closing the gap between knowing and doing. It's about accelerating the capture and practical application of the knowledge uncovered by research.”

Knowledge to Action: A Knowledge Translation Casebook, CIHR 2008
Figure 1. Overview of the Synthesis Process

Abstracts screened for inclusion (n = 3091)

Studies reviewed for detailed evaluation (n=108)

Studies included in the final analysis (n=100)

Data abstractions completed and independently reviewed by 2nd researcher

Data abstractions checked by original author

Preliminary synthesis using tabulation and groupings

Critical reflection on synthesis process and preliminary results

Preliminary conclusions

Excluded after abstract and initial text review for failure to meet inclusion criteria (n=2983)

Excluded after full-text review for failure to meet inclusion criteria (n=8)
and other organizational conduits for translating knowledge into action. Both institutional- and individual-level networks feature prominently as pathways through which knowledge can be conveyed within and across healthcare organizations. These results are broadly consistent with past work highlighting the importance of multilevel networks in healthcare, such as that by Dopson (2007), who conceptualized networks as a contextual feature. The majority of studies on intervention messages, links and networks, and training were regarded as highly relevant to knowledge translation; only a few had either intermediate relevance (n=2) or secondary relevance (n=3).

**Table 1.** Change-related organizational factors, key concepts and implications for knowledge translation from studies of primary relevance to knowledge translation

<table>
<thead>
<tr>
<th>Organizational Factors</th>
<th>Individual Studies [Intervention Readiness]</th>
<th>Key Concepts</th>
<th>Implications for Knowledge Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailoring the Intervention Message</td>
<td>Allen, T.D., I.T. Eby and E. Lentz. 2006. “Monitoring Behavior and Mentorship Quality Associated with Formal Mentoring Programs: Closing the Gap Between Research and Practice.” Journal of Applied Psychology 91(2): 567-78. [2]</td>
<td>Support for innovation</td>
<td>Effective knowledge translation in healthcare organizations relies on planned tailoring and delivery of messages that account for the challenges of individuals (e.g., knowledge broken, influence agents and other members), organizational climate and structural features, as well as hierarchical power patterns in initiating change (i.e., top-down vs. bottom-up)</td>
</tr>
<tr>
<td><strong>Institutional Links/Social Networks</strong></td>
<td><strong>Intra-organizational and inter-organizational linkages, coordination mechanisms, integration and networks</strong></td>
<td><strong>Knowledge translation capacity in health organizations is built by coordinated institutional and individual networks of knowledge users within and across organizational units, which can aid in dissemination vehicles.</strong></td>
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<tr>
<td>Quality of Work Relationships</td>
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<tr>
<td>Fit to Organization</td>
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</tbody>
</table>

*Intervention readiness: 1 = high; 2 = medium; 3 = low*
### Table 2. Citation analysis of first authors of studies with primary relevance to knowledge translation

<table>
<thead>
<tr>
<th>First Author</th>
<th>Management</th>
<th>Business</th>
<th>Public Administration</th>
<th>Psychology</th>
<th>Social Science and Behavioral Research</th>
<th>Health Services and Policy</th>
<th>Health Policy and Services</th>
<th>Nursing</th>
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<tr>
<td>Allen</td>
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<td>8</td>
<td>12</td>
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<tr>
<td>Dukach</td>
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<td>22</td>
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<td>1</td>
<td>4</td>
<td>8</td>
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<td>Edmondson</td>
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<td>Ferlie</td>
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<tr>
<td>West</td>
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<td>62</td>
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</table>

is the potential for bias in all syntheses. In this instance, it is possible that conclusions might vary if a different set of target journals were used. However, the sampling approach here is intended to be a comprehensive, rather than an exhaustive, search for high-quality management knowledge grounded in the contemporary realities of healthcare settings. At the same time, feasibility concerns precluded systematic searching beyond the pool of 3,091 studies across the 10-year time frame of five journals with full issue reviews. Our synthesis process of hand-searching each issue over the sampling period, abstracting data from each study, confirming the accuracy of abstractions with authors, and preparing the database is labour intensive and
IMPLICATIONS

- reinforces prominent role of social relations in knowledge exchange (Rynes et al. 2001), affirming Rogers’ (1995) observation that KT fundamentally is a social process

- multiple features of healthcare organizations should inform effective responses to organizational challenges through change and KT processes

- need for cross-disciplinary collaboration

- need for intervention studies to test theory-informed explanations and practice-driven solutions
CLOSING THOUGHTS

- Organizational challenges, including unhealthy workplace and HHR problems, still with us
- Employment relations roots
- Need intervention studies to test theory-informed explanations and practice-driven solutions
- Need broad-based collaborations among management and health researchers, practitioners and policymakers to design and implement improvements – locally and beyond
THANKS FOR LISTENING

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