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**HIGH PERFORMANCE  
WORK SYSTEMS AND  
EMPLOYEE WELL BEING**

# Presentation Outline

High performance work systems

Findings from our research

Policy and practice gap

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# High Performance Work Systems (HPWS)

- Positive correlational relationship between bundles of HRM practices and organisational performance (Delaney & Huselid 1996, Guthrie 2001, Youndt et al 1996 etc)
- Increasing evidence for similar relationships in health care (Harmon et al 2003, Aiken et al 1994, West et al 2006, Harley et al 2007)
- Works by increasing employees' performance by providing them with the competencies, information and discretion, while building commitment to the organisation (Preuss 2003, Guthrie 2001, Huselid 1995)

# HPWS (Zaharatos, Barling & Iverson 2005)

- Job security
- Selective recruitment
- Training & development
- Teams & decentralised decision making
- Sharing information
- Job quality (defined as appropriate workload, role clarity, and employee control)
- Transformational leadership
- Reduced status distinctions (not as important in health care)

# Exploring relationship of HPWS to:

## Clinical Outcomes

- Perceptions of quality of care by nurses (modified patient satisfaction scale)

## Employee Attitudes

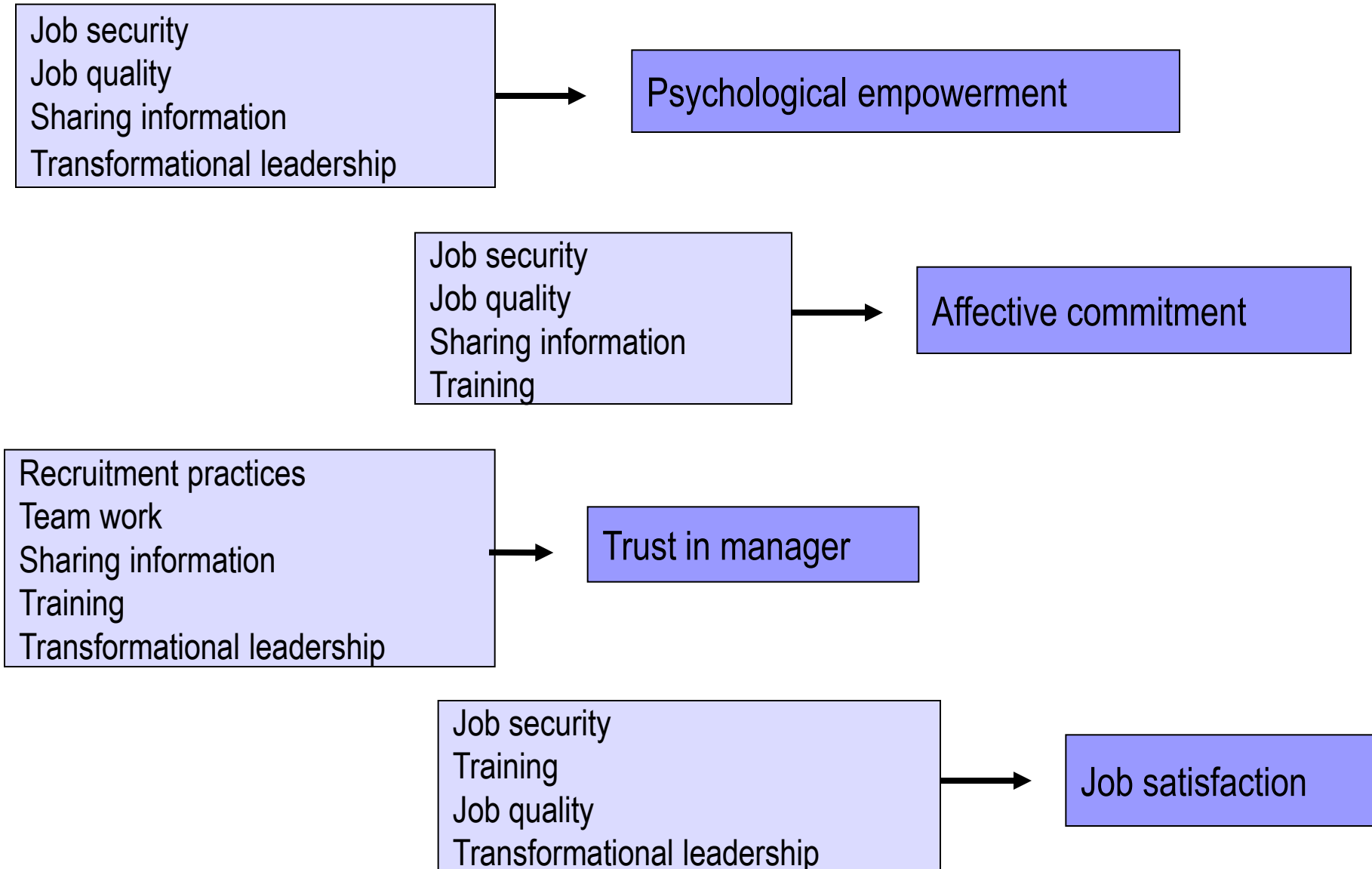
- Affective commitment
- Psychological empowerment
- Trust in immediate manager
- Job satisfaction
- Intention to leave
- Burnout
- Social identity

# Mixed method studies over past 8 years

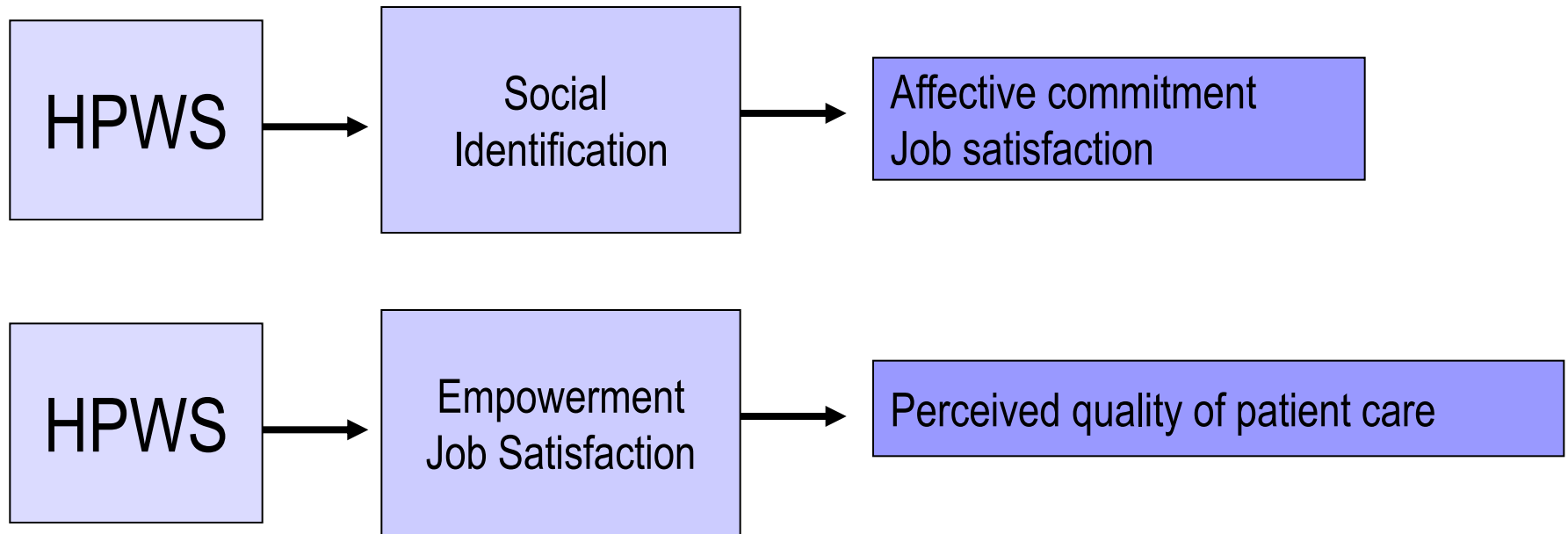
- Surveys of:
  - CEOs, HR Managers, other senior managers
  - Staff within a rural hospital (30%) and regional hospital (32%)
- Case studies comprising interviews & focus groups of:
  - 2 smaller rural hospitals
  - 1 large regional hospital
- Patient satisfaction data

# Aspects of HPWS

# Outcomes



# Mediation effects



Young S, Bartram T, Stanton P & Leggat SG (2009) High Performance Work Systems and Employee Well-being: A Two Stage Study of a Rural Australian Hospital. *Journal of Health Organization and Management*

Leggat, Sandra G., Bartram Timothy, Casimir, Gian & Stanton, Pauline (2010) Nurse Perceptions of the Quality of Patient Care: Confirming the Importance of Empowerment and Job Satisfaction. *Health Care Management Review* (accepted)

# Do health services have HPWS?

## Study of all Victorian health care organisations

- Differences in perception of HPWS from CEOs, HRDs and Senior Managers
- The larger organisations had the biggest differences
- Those organisations that said they had HPWS reported better HRM outcomes
- Community health services had more consistency in HPWS than hospitals
- Despite the confidence of CEOs & hopes of HRDs, ops managers were not engaged in HPWS practices
- Of concern, a narrow focus on recruitment of new staff, rather than on the retention & development of existing staff

Bartram T, Stanton P, Leggat SG, et al (2007) Lost in translation: making the link between HRM and performance in healthcare. *Human Resource Management Journal* 17(1): 21-41.

# Case study insights

- The clear differentiator in each case study site was the behaviour of the CEO - CEO's understanding and commitment to HRM was crucial to perceptions of HPWS
- Within-group, in this case, senior management agreement also appeared to be critical
- If the CEO got it and the senior managers were in agreement, the middle and front line managers were 'given' the tools to make it happen.

Stanton, P. Young, S. Bartram, T and Leggat, S. (accepted)  
Singing the Same Song: translating HRM messages across  
complex organisations. *IJHRM*

# Middle managers have a critical role

Systems, policies & procedures are important; how they are used is just as important. Need to be:

- consistently applied
- consistently interpreted
- well communicated

Role of line managers in HRM is crucial

- Distinctiveness
  - Visibility
  - Understandable
  - Relevance
- Consistency
  - Instrumentality
  - Validity
  - Consistent HR messages
- Consensus
  - Fairness
  - Agreement

Bowen, D. and Ostroff, C. (2004) Understanding HRM-firm performance linkages: The role of the 'strength' of the HRM system” *Academy of Management Review* 29(2): 203-221.

# Policy/practice gap

- There is a link between people management and quality of care
- Largely acknowledged, but in the Australian hospitals we have been working with has been largely ignored (it costs too much money to train our managers; good clinicians are inherently good managers; lack of role models at senior levels; government directives.....)
- Middle managers have a critical role in this process, but have limited skills and do not feel supported

# Simple solutions

- Value sets of CEOs (and Boards?)
- Senior management teams (not pseudo teams)
- Assist middle and front line managers to do their jobs:
  - Performance appraisal and feedback
  - Team building and Social Identification
  - Information sharing
  - Defending job quality (appropriate workload, role clarity, and employee control)