Employee Participation: Case Studies in the Australian Health Care Industry
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This paper explores employee participation in public healthcare in the State of Victoria, Australia. The aim is to investigate key aspects of employee participation, particularly the extent to which it is practiced and what facilitates or inhibits this practice. This paper introduces a model derived from the literature that comprises eight pre-conditions of employee participation, which if present would predict its presence (O’Donoghue, Stanton and Bartram 2007). These are management commitment, union presence, perceived benefit, supportive policy, employment security, trust, participatory ethos and size. The pre-condition, ‘participatory ethos’, is a feature of the community health system in Australia (Swerisson 2006; Brown 2000) and may be unique to Australia.

This paper analyses three case studies in different public healthcare organisations. The aim was to assess the extent of employee participation in each organisation and the factors that facilitated or inhibited its practice. This provided the opportunity to explore an organisational view of employee participation and assess the model of eight pre-conditions in different settings. Earlier research had provided an industry perspective based on management and key informants views of employee participation in Victorian public healthcare. This identified the pre-conditions of management support, union presence, perceived benefit, trust and supportive government policy. In each case study, a mix of the pre-conditions was evident. Despite their presence, the paper argues that the pre-conditions of management support and management perception of a benefit were most critical.

Employee participation has been a topical subject in industrial relations and human resource management practice and research (Ackers 2007; Markey and Hodgkinson 2003; Poutsma, Hendrickx and Huígen 2003; Cappelli and Neumark 2001). A major reason for this interest is the purported link between participatory processes and improvements in productivity, performance and organisational efficiency (Gollan and Davis 2001). Employee participation involves employees and their representatives exercising influence in decisions made by their managers that affect their work and their workplace (Monat and Sarfati 1986). Participation comes in many different forms, is mostly tailored to the specific context of the organisation, and may be informal or formal in nature.

The performance of the health sector is a significant public policy concern and policy makers seek new methods to address challenges (Duckett 2007). There is potential for improvement in labour productivity through human resource management, including employee participation (Bartram, Stanton, Leggat, Casimir, Fraser 2007; Brown, Geddes and Heywood 2007; Duckett 2007; Pyman, Cooper, Teicher and Holland 2006). Despite this policy concern and the interest in alternative approaches to managing healthcare, the literature on employee participation and workplace change suggests that only limited research has been conducted in public healthcare in Britain, Canada, USA and Australia (Cortvriend 2004; Stanton 2002; West et al 2002; London, 2001). This is a gap in research on an important industry. Research could provide lessons to public healthcare from the application of participatory processes and the purported benefits in other industries and countries.

Employee Participation in Victorian Healthcare
The election of the Labor Government in Victoria, 1999, introduced a number of changes that, according to literature, are propitious for the implementation and maintenance of participatory processes in public healthcare. The Government injected large investments in capital (Australian Labor Party (ALP) 2002a; Department of Human Services 2004; Department of Human Services 2001) and adopted industrial relations policy that encouraged a partnership approach between management and unions in (ALP 2002b; Industrial Relations Victoria 2004). Healthcare has strong unions, high levels of employment security and is highly professionalised (Braithwaite 1997). Thus, with the presence of unions and employment security and other pre-conditions of management support, perception of benefit, trust and supportive policy, healthcare could be the ideal environment for employee participation to flourish.

Methodological Approach
The initial conceptualisation and model of eight pre-conditions were deducted from the literature. It is possible to aggregate the separate observations and their salient features; such as, management support, employment security and perceived benefits, into an overall model (Glaser and Strauss 1967).

The case study as a process of inquiry is useful when researching a particular situation in depth or testing a theory in a real life situation (Berg 2004). They can provide insight to the real nature of relationships in the field and are ideal where there are small numbers of cases and the subject is affected by a large number of variables, as is the case of employee participation in public healthcare (Berg 2004; De Vaus 2001; Stake 2000; Patton 1990). Case studies were completed in three different healthcare services – the emergency department in a large metropolitan hospital, a mid-sized regional hospital with a large aged care function, and a community health service. The organisations were purposively selected for feasibility of access to sites, interviewees and archival material. Interviews were conducted with some executive managers and focus groups of non-management employees at each service.

Line of Analysis
By consolidating the case studies analysis, it is evident that where the pre-conditions of management support, compliance with government policy and regulation and perceived benefit exist, each organisation had a formal occupational health and safety committee. Further, where unions were active and supportive, formal participatory committees were established. However, it was evident that managers were the strategic actors with respect to the adoption of government policy and the establishment of participatory practices. In essence, this made the management the sole decision maker and the existence of participation was at the prerogative of management when it perceived there was a benefit.

In the case of the research model, management support and perceived benefit are the eminent pre-conditions. The perception of a benefit by management and their willingness to institute participatory practices is critical if employee participation is to become a reality. While other pre-conditions can facilitate employee participation, they are not necessary pre-conditions and are subordinate to management support and perceived benefit.

Given the recognition of the importance of management support in earlier research, it is likely that this conclusion from the case studies could be generalised to Victorian healthcare. This has application for policy and in the workplace.
Bibliography


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