Taking the employee’s perspective: Negotiating critical research and kangaroos in a psychiatric hospital – Lessons from the field

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Stream: The intersection of critical management research and organisational practice

ABSTRACT

The growing interest in critical management research reveals a complexity of potentially problematic relationships between researchers, research participants, managers and research funding bodies. This paper examines the operation of these relationships within an organisational setting characterised by multiple agendas, hierarchical structures and considerable levels of mistrust – a psychiatric hospital undergoing a program of significant organisational change, including an extensive downsizing process. In particular, we evaluate the effectiveness of specific research strategies adopted to gain the acceptance and trust of workers, while still accommodating the expectations of those who had commissioned the research – senior management.

Introduction

In this paper, after reviewing recent debates in the critical management literature, we discuss methodological and ethical questions, focusing on strategies to acknowledge both diverse sources of both voice and silence, and the competing demands of different stakeholders. Against this background, we reflect on our own experiences of conducting research on organisational change within a psychiatric hospital. We conclude that the effective negotiation of complex research relationships within such a setting requires critical management researcher to develop a pragmatic but honest approach in dealing with both research subjects and their own roles as research practitioners.

Since critical social science is about identifying and challenging the assumptions underpinning perception and action, recognising the influence of history and culture, and
exploring alternatives that may disrupt established orders (Alvesson & Deetz 2000), the relationships between researchers, participants and sponsors can become problematic (Behar 2003; Wray-Bliss 2003). In this paper, we examine tensions arising from critical research that seeks to challenge the assumptions of change management and to articulate employee voice. The research, conducted within an organisation characterised by conflicting agendas and mutual suspicion, had to gain the cooperation of different groups of employees, while meeting the expectations of senior management, who had commissioned the research. While it would be naïve to believe that such tensions can be resolved, we use literature on both employee voice and the conduct of critical management research to develop some practical suggestions to address them.

The paper begins by examining current discussions within the critical management literature on the conduct of empirically based organisational research. It goes on to provide an overview of the project, the research methods we used and how we attempted to overcome difficulties arising from a predictable mismatch between management expectations, employees' willingness to participate in the project and requirements of the chosen research techniques. Finally, we address the themes and questions emerging from our experiences throughout the project, with a view to exploring the lessons we learned and possible strategies to overcome the types of problems we encountered.

Critical management research: tensions and dilemmas

Critical management research commonly investigates relationships between research subjects, including managers, employees and the consumers of their goods and services. Recent debate in critical management literature has addressed the tensions and dilemmas surrounding relationships between the researchers and the researched, research ethics and the representation of employee voice (Fournier and Grey 2000; Thompson, Smith and Ackroyd 2001; Wray-Bliss 2002; Alvesson 2003; Collinson 2002; Wray-Bliss 2004). In this respect, the relationship between academic researchers and research sponsors raises particular problems. An option has been for those who engage in critical research to concentrate on theorizing and avoid the pitfalls of researching within an organisational context (see Myerson and Kolb 2000). However, Fenwick (2005: 32), commenting on critical management education, argues that “Without productive engagement in action, analysis is hollow and circular; without reflective critical analysis, action is empty activism”. Following this line of argument, the engagement in field research and the conduct of research within organisational boundaries appears essential to the advancement of critical inquiry.

However, contemporary research agendas are increasingly being driven by the short-term needs of organisations, placing researchers and their associated disciplines in potentially vulnerable positions (see Jacob and Hellstrom 2000; Hakala 2004). The first stage of a research project typically requires researchers to provide sponsors with a convincing case for the provision of funding. This may be rendered less likely if the research aims “to challenge the legitimacy of and counter the development of oppressive institutions and practices” (Alvesson and Willmott 1996:13). However, failure to fully outline the intent of the research may mean that the researchers face ethical dilemmas during this process.

Research sponsored by the organisation in which the research is also being conducted carries further hazards, particularly where the sponsors (as in our case) may also be research subjects – researchers are obliged to maintain the goodwill of research
subjects, within a complex, changing organisational setting (see Collinson 1992b, Schein 1997), in which the researchers, as an integral element of the research process, provide a conduit for various forms of managerial and employee voice.

In “mainstream” management literature, the term “voice” has been portrayed, in contradistinction to silence, as the articulation of information, ideas and opinions (van Dyne, Ang and Botero 2003: 1370). Much of the research on voice has drawn on the work of Hirschman (1970), which was extended by Farrell in constructing the exit, voice, loyalty, and neglect (EVLN) typology of responses to job dissatisfaction (Farrell 1983; Spencer 1986; Lewin and Mitchell 2001). Employee voice can also be seen as a right to participate in organisational decisions that impact on an employees’ life, with unions providing the main vehicle through which voice is expressed.

However, the representation of employee voice through critical management research has been the subject of considerable debate (Wray-Bliss 2002, Collinson 2002, Wray-Bliss 2004). Discussions of critical research methods have pointed out that even for those who reject positivist approaches, the principle mode of representation of “employee voice” in much of the academic literature is as described by a detached and depersonalised researcher (Wray-Bliss 2002, Alvesson, Collinson 2002). In particular, Wray-Bliss (2002: 19) is highly critical of methodological approaches that obfuscate the role of the researcher in presenting and interpreting the voices of those interviewed and observed. He states that:

A one-and-a-half-page of discussion of ‘Theory and Methodology’ employs several typical realist devices to push for the ‘authenticity of cultural representation conveyed in the text’ [his use of parenthesis] (Wray-Bliss 2002:19).

Although few critical researchers would disagree that researchers are involved in constructing the reality they present, much of the debate surrounding the representing of the voice of workers from the “shop floor” and the representation of silenced voices within power relationship inherent in contemporary organisations. Also contested is the ability of “enlightened” academic to speak for their research subjects (Wray-Bliss 2004: 105), a tendency to ‘catogerise’ and ‘pathologize’ shop floor workers (Wray-Bliss 2002), and the possibility of researchers ignoring the ambiguities, paradoxes and contradictions in employees behaviour resulting in ‘romanticizing’ worker resistance (Collinson 2002).

What is agreed, is that researchers have a responsibility to reflect critically on their own roles (Wray-Bliss 2004: 105 and Collinson 2002: 42). In our case study, it became impossible to retain any image of ourselves as detached observers. Different groups within the case study organisation, far from being passive ‘research subjects’, also revealed considerable capacities to use the medium provided by our research to assert their own voice. These capacities fluctuated with the shifting political dynamics of the change process, within which the research came to play an active role.

The case study organisation: dilemmas and downsizing

Our research project focused on the implementation of change management program at an Australian psychiatric hospital, which had accommodated approximately 2000 patients (referred to in hospital terminology as “consumers”) at its peak occupancy. A steady decline in patient numbers was accelerated during the late 1990s, under a
government policy of de-institutionalisation. Under this new mental health strategy, most patients were to be cared for in the community and the hospital was to provide specialist psychiatric treatment only for specific categories of patient, most importantly those classified as high or medium security.

This shift was accompanied by a partial rebuilding of the hospital and a process of downsizing, the magnitude of which was consistently stressed by senior magnitude, particularly since they represented it as ushering in substantial change in organisational culture – for example, less conflictual industrial relations. As staff numbers were cut rapidly from 700 to 400, many employees had their lives radically altered through relocation, redeployment, resignation or redundancy.

This process constituted the main focus of our research project, one of several interrelated projects being conducted on the broader change management program. We focused on such issues as the impact of change on the health and wellbeing of employees, the negotiation of strategies for implementation of change, and the transfer of employees’ accumulated skills and knowledge during the overall process. The research approach was multi-method, including surveys, in-depth interviews and focus groups (see Roan, Lafferty and Loudoun 2003). Gaining a sufficient degree of trust from the participants, so that they felt able to share their stories, represented a major challenge.

The characteristics of this psychiatric hospital merit some reflection in this regard. For decades, it had operated as a virtually closed community: several wards were locked, patients could spend decades within the institution, and staff were mainly recruited from the adjoining residential area – it was not uncommon for several generations of the one family to have worked in the hospital. There was a commensurate sense of ‘them’ and ‘us’ with respect to the broader community, which was frequently voiced in the research, indicating a widespread suspicion of the external world. The hospital’s provision of facilities for the project helped us in this regard, since it gave us an on-site presence, enabling us to be identified as part of the hospital.

We encountered three broad dilemmas during the research, each linked by a common theme – the articulation of voice during the practice of research. These are detailed below:

**Research Dilemma 1: The politics and ethics of funding**

*If one aim of critical research is to challenge the assumptions and perceptions underpinning a process of change, how might this be achieved when the project is funded by senior management?*

The stated goal of the senior managers who funded the project was to record their achievement in overseeing this change program. As researchers, we provided full details of the issues our research intended to explore. Indeed, a panel from the hospital decided the worthiness of the research proposals. Nonetheless, we could not know at the outset the extent and depth of those issues: in practice, the research project not only investigated but also raised several highly contentious issues – both the project and the researchers became enmeshed in the political process, and were used by several groups as a source of both legitimation and criticism, as the change process evolved.

The research commenced during a period when staff were undergoing evaluation and selection for retention, relocation, redeployment or redundancy. Consequently, they
were experiencing unprecedented levels of uncertainty. Interviews, focus groups and informal contact with staff revealed a desperate need for some groups to voice their concerns, and in many cases anger, at management and the change process. Particular hostility was directed at the selection procedures, which had been administered by external consultants and designated “commercial in confidence” – a level of secrecy reinforced by the lack of a systematic appeals mechanism. However, senior management saw both procedure and outcomes as fair and equitable and meeting organisational goals. This difference in perception was to be debated with management when we began to produce research papers.

While researchers may sometimes be seen as in positions of power, this is not a sensation we experienced, as we were constantly reliant on the goodwill of management, unions and employees to conduct the research. There were also some restrictions on the research, to some extent dictated by the operations of a psychiatric institution with a considerable number of security patients: access to various facilities had to be arranged considerably in advance, through several tiers of management, unions and shop floor workers, and was occasionally cancelled at short notice.

We should also note that senior hospital management were themselves subordinate to managerial control, in this case the health department of an Australian state. This meant that the expression of voice was mediated through a series of political relationships and vetted by gatekeepers, with various, often conflicting goals. The interpretation of both voice and silence, in their numerous forms, was a process that often was more dependent on informed guesswork than on the often partial and fragmentary empirical evidence.

This left the research methods and findings open to the positivist criticism, expressed by some health professionals associated with the project, of inadequate rigour – the researchers acknowledged that the project itself became (unavoidably) part of the political process. This recognition was incorporated in the stakeholder analysis we conducted (Roan, Lafferty and Loudoun 2003), which sought to enunciate, rather than suppress or compensate for, these political factors. That is, the operation of power within the change management process was made explicit.

**Research Dilemma 2: Representing multiple voices**

*How do critical researchers represent multiple voices? Should critical researchers attempt to represent the most vulnerable employees in organisations? Should overall patient welfare, which the change program was ostensibly designed to improve, be a guiding factor?*

Given the often emotional nature of the issues involved in the change program, we were frequently torn between, on one hand, trying to give equal voice to all people affected by the process, and on the other, giving particular voice to those people most affected by the change but with limited opportunities to express their views. Bowen and Blackmon (2003) use the concept of “spirals of silence”, first proposed by Noelle-Neumann (1974), to explain how majority opinions become dominant over time and minority opinions are weakened.

With this research in mind, we were conscious that some people within the organisation “spoke” louder than others, but that this could not be interpreted as meaning their views had broad support or that they were the people most affected by the change. We considered it important to portray the impact of the change process on all employees,
even those who remained silent for whatever reason. Van Dyne, Soon and Botero (2003) identify three different types of silence and three parallel types of voice where withholding information is not simply the absence of voice. As they indicate, silence is more ambiguous than voice and observers are more likely to misattribute employee motives for silence. Therefore, we were very cautious about making any claims regarding the causes of silence – although various explanations were produced, such as apathy or disillusionment.

Our case study organisation consisted of employees in multiple classifications, including psychiatrists, psychologists, nurses, occupational therapists, carpenters, plumbers, gardeners and kitchen hands. It soon became clear that, within these classifications, there were diverse views on the change strategy, its goals and outcomes. To further complicate the expression of employee voice, there were several, often competing, unions articulating different positions. There were also occasional disputes between the local and state levels of respective unions, with the government and other stakeholders. The research group, and indeed its individual members, had different views on these various positions and perspectives, and these undoubtedly influenced both the conduct of the research and its outcomes.

With regard to the least powerful group within this psychiatric hospital – the patients – their voice was conspicuously absent from the entire process. The distinctive categorisation of the psychiatric patient (a term which covers a host of individual situations) permitted their exclusion from any active participation in the process. Yet all groups claimed to be acting in the patients’ best interests: appeals about “the good of the consumers of mental health services” were often made to the researchers by both those who supported and those who did not support the changes. Power relationships operated very effectively in this regard – and only a few staff members identified the absence of patients’ voice as an evident deficiency in this process. The research project itself did very little to provide an avenue for this voice – a significant shortcoming with the project.

Research Dilemma 3: Travellers in a different world

What impact did navigating this somewhat alien environment have on our research process?

The change situation was emotionally charged, with many people’s lives being altered in a manner that they did not desire or accept. Although for some the research seemed to give them voice, others resented the intrusion. It was not uncommon for staff to turn their backs on researchers or to place research documents directly in the rubbish bin when approached. Many workers were unwilling to speak up and be involved in the project because they were angry, disillusioned or saw little point in voicing their opinion and experiences. At one stage, the research was suspended temporarily following the reaction of an angry staff member. Therefore, the maintenance of a strict ethical regime became essential to the project – we had to minimise any possibility of misinterpretation or miscommunication, through ensuring that all interview and survey protocols were followed strictly. In particular, the silence of those who wished to remain silent had to be respected.

Although one of the researchers had some experience in a mental health environment, the others did not. This meant that it was difficult for us to help employees to articulate their stories, as we lacked a deep understanding of their world. Furthermore, conducting
the research meant visiting wards including forensic wards where security precautions and alarms were necessary. As the change was based on a controversial approach to improving mental health delivery, we became forced to confront our own views on mental health issues.

Although the researches made frequent visits to the hospital we were guests and at times felt like intruders. The grounds in which the hospital were set were surrounded by bushland which was inhabited by numerous kangaroos. Kangaroos are nocturnal animals that come out to feed at dusk. Leaving in the evening often meant negotiating a few ‘big reds’ in the car park, an experience which we found somewhat symbolic of three years engagement with this research landscape.

Conclusion

One debate within the critical management literature that we have not engaged in thus far is whether critical researchers should engage with management at all (see Anthony 1998; Burrell 1996; Fournier and Grey 2000; Watson 1994). Burrell (1996: 650) argues that to engage with management practitioners and theorists carries with it the risk of corrupting critique. We would suggest, however, that to avoid entering organisations is to deny voice – in this case, the only way of gaining access to the organisation was with the agreement of its managers. Therefore, we sought to adopt a position of ‘pragmatic honesty’ – that is, maintaining a relationship with management while allowing sometimes-controversial issues to service. This at least permitted the expression of previously unvoiced emotions, opinions and perceptions.

Still, the researchers in this project were caught in a virtually constant state of ‘bad faith’ (Sartre, 1964), adopting a series of roles in order to accommodate the expectations of various managers, groups of employees and union officials, groups who were often in conflict with each other and who also had various internal conflicts. While we initially sought to maintain some degree of objectivity, this denial of our own involvement in the process, in itself a form of self-deception, became increasingly unsustainable. Eventually, members of the research team had to acknowledge their own differing sympathies and allegiances, in order to produce collaborative outcomes for the research – possibly also reducing our own levels of self-deception.

From a critical perspective, perhaps the most glaring deficiency of the research, however, lay not in its representation of the voice or silence of managers, unions and employees, but in its inability to provide any avenue for the voice of those in whose name the change process was conducted – the patients. In this respect, the research was insufficiently critical.

References


