Strategic Goal Orientation and Workplace Change and Development
Evidence from Canadian Nursing Homes

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Abstract

Change and development initiatives may be conditioned by the choice of goals that organizations choose to pursue. Workplace development efforts often focus on structural as well process changes and vary from planned changes in the size and composition of a workforce to design changes in how work is to be accomplished. While organizations pursue a variety of workplace change and development activities and usually do so in a concurrent fashion, the choice of which particular workplace change to conduct is influenced, in part, by their strategic goal priorities. The aim of this study is to investigate the relationship between organizational strategic goal priorities and the choices of workplace change and development activities.

Data for this study was collected from 473 Canadian nursing homes. Chief nursing officers were asked to estimate the degree of change that their facilities had undergone in the previous two-year period for nine specific areas of workplace and employee development. For each facility, respondents were asked to assess the degree to which their organizations place a higher priority on pursuing high operating efficiency (G1), a strong reputation in the community (G2), high employee satisfaction (G3), and outstanding resident care quality (G4). After controlling for facility size, location, and for-profit status, partial bi-variate analysis was run with each of the four goal-orientations and perceptions about the degree to which these facilities had engaged in discrete workplace change activities.

Nursing homes in the sample that state they have a strong *operating efficiency* goal orientation were found to be less likely to have increased the deployment of part-time nurses, while those placing a high priority on *community reputation* are less likely to have increased their use of contract and contingency staff and more likely to have reduced or eliminated bureaucracy, in the preceding two year period. Nursing homes valuing *employee satisfaction* are found to be less likely to have downsized their workforce and less likely to have increased the use of contract and contingency staff in the previous two years. They are also more likely to have increased nurse cross-training, decentralized decision making to nurses, introduced new programs and services, and much more likely to have reduced or eliminated bureaucracy and excessive paperwork. Long-term care organizations that value high *resident care quality* are less likely to have downsized their workforce, and more likely to have reduced or eliminated bureaucracy and to have introduced new programs and services.

The strategic and operational goals that are valued are found to be related to the choice of particular workplace change and development activities. Nevertheless, it is unclear if the choice of these change initiatives helps these organizations in attaining their diverse goals.

Introduction

In the world of today, organizations face many real challenges and threats yet also have a wealth of opportunities to pursue. They must be able to achieve high levels of efficiency in the use of their resources and, at the same time, be able to find new ways to guarantee their long-term effectiveness. This requires an ability to know and possess the right kind of products and services to offer the marketplace, the right kind of technology to exploit, the most appropriate organizational processes and structures to utilize, and the ability to identify, recruit and retain people with the right skills and aptitudes. It also requires an ability to adapt and change so that it can successfully address these challenges [1]. Organizations also need to have talented leaders, an appropriate culture, and engaged employees to successfully navigate the change process [2].

Planning, implementing and coping with change has been, and is very likely to remain, a seminal challenge confronting all organizations, whether they operate in the private-sector or the exclusively in the public-sector [3, 4]. Indeed, in manufacturing, banking, education, and in healthcare, change is becoming the new norm. Increasing competition, privatization, and deregulation have led many organizations to train and develop their employees to have a greater concern for the demands of customers and the needs of the marketplace, as well as making great effort at enhancing quality and improving operating efficiency.

Organizational change is expressed in a multitude of ways. Indeed, as Cawsey, Deszca and Ingols [5] inform us:

> "*Changes come in many shapes and sizes: mergers, acquisitions, buy-outs, downsizing, restructuring, outsourcing the human resources function or computer services, departmental reorganizations, installations of new incentive systems, shutting particular manufacturing lines or opening new branches in other parts of the country, and the list goes on.*"

Organizational change has been characterized in a number of ways. Nadler and Tushman [6] contend that change has two fundamental dimensions: anticipatory versus reactive change, and incremental versus radical change. Change can occur in a proactive, planned, and programmatic fashion in response to external events and in the pursuit of coherent goals and strategy. This type of change occurs when managers anticipate events and shift the organization as a result. Alternatively, changes in the external environment or marketplace can lead to a reaction by the organization. Reactive change is not always based on the coherent expression of a designed strategy, but often arises out of a need to respond to unpredictable and uncontrollable external forces. Organizational downsizing and restructuring are often (but not always) a result of extreme environmental forces which require organizations to implement a counterbalancing change activity. Change can also be radical or revolutionary versus incremental or evolutionary. Under dramatic or episodic change, organizations are seen as having significant inertia. In such an instance, change is infrequent, discontinuous, and 'frame-breaking.' Business process reengineering is an example of this form of change. Yet, organizational change can be much more gradual, emergent, continuous, and be constantly evolving over time. The introduction of total quality management (Kaizen) is an example of continuous, incremental workplace change. This form of workplace change tends to be more democratic in its design and expressed at all levels of the hierarchy because of its association with new forms of job design that require employee participation and engagement in decision making. It often proceeds at a much slower pace because it requires the transformation in the dominant values and beliefs that constitute an organization's culture [7]. Summarizing Nadler and Tushman, change that is anticipatory and

incremental requires 'organizational tuning' while change that is anticipatory and discontinuous requires 'organizational restructuring.' Change that is reactive and incremental requires 'organizational reorientation,' while change that is both reactive and radical requires 'organizational overhauling.'

The origin of change activity can come from forces that arise outside the organization and are embedded in external social, political and economic forces, as well as internal dynamics that reflect the core competencies and goals of key stakeholders. Because the forces for change arise from both external as well as internal forces, organizations must strike a balance between the need to respond to a sometimes unpredictable external environment and to the multiple and often competing demands that are placed upon it by its many and varied stakeholders [8].

Daft and Armstrong [9] contend that managers focus their attention on four types of change within organizations: product and service change, strategy and structure change, culture change, and technology change. While all organizations must operate as a natural and open system, there is the imperative that they will do so while concurrently pursuing their goals and objectives under optimal norms of efficiency and rationality.

Viewing organizations ostensibly as 'systems of rationality,' Scott [10] contends that organizations pursue logical goals in part because their articulation and pursuit reflects a concern for acquiring broader social legitimacy and support from key stakeholders, indispensable for their continued survival and prosperity. With respect to the rational character of organizational goals, Etzioni [11] puts it succinctly when he states that:

> "*Organizations are collectivities oriented to the pursuit of relatively specific goals. They are 'purposeful' in the sense that the activities and interactions of participants are centrally coordinated to achieve specific goals. Goals are specific to the extent that they are explicit, are clearly defined, and provide unambiguous criteria for selecting among alternative activities.*"

The appeal to rationality in goal-seeking and in goal-setting is demonstrated by the choice that organizations make with respect to conducting planned and intended organizational change—whether that change be reflected in additions and deletions to its product and service lines, deliberative changes in its structures and processes, changes in culture or leadership, or to planned changes to its technology.

It follows that under norms of rationality, organizations will pursue change and development actions (means) that closely align with their goals and objectives. While all organizations pursue a large number of goals concurrently, most do under a requirement of higher operating performance that stresses attaining customer and market objectives while maintaining and enhancing internal efficiencies and employee satisfaction. Figure 1 casts this process as consisting of competing goal propositions [12].

The concurrent pursuit of each of these broad goals domains requires prioritization and trade-off—pursuing one domain is often only done at the expense of pursuing others. For instance, when organizations enhance their internal operations efficiencies, and chose to do so through broad workforce restructuring and downsizing, they may end up reducing employee satisfaction. While all organizations pursue objectives in each of these four domains, they do so under norms of rationality through a deliberation of forced choices. In this way, each organization can be characterized with respect to the emphasis it places on the pursuit of some goals, and the de-emphasis by consequence it places on others. It follows that the choice of organizational action taken is thus strongly conditioned by the goals it chooses to pursue.

Figure 1: Four Domains—A Competing Goals Approach

Internal Operations Goal Domain	*Customer Focus Goal Domain*
Employee Focus Goal Domain	*Market Focus Goal Domain*

It is therefore proposed that *for organizations operating under a norm of rationality, its choice of which change and employee development activities to pursue is conditioned by its stated goals*. In order to test this proposition, it is necessary to examine the independent effect on each goal orientation for selected change and development activity.

Methods

Ethics approval to conduct this research was received from the University of Alberta Health Research Ethics Board. Data from this study was collected through the use of a mail questionnaire sent to 2241 Canadian hospitals and long term care organizations (nursing homes) with more than 25 beds operating in all ten provinces and three territories. The database of participant organizations was found in the *Guide to Canadian Health Care Facilities* [13]. A questionnaire and cover letter were sent to the site administrator for each facility and asked to forward it to the individual responsible for the resident nursing care function. Approximately six weeks after the initial mail out, the questionnaire was resent to those facilities that did not respond to the first request for participation. The data for this study is derived from 473 nursing homes who agreed to participate. Non-response bias was examined by comparing early responders (from the first wave) and later responders (from the second wave) according to facility size (natural log of number of beds) and location (rural to urban). Early responders were not found to show statistically significant differences with respect to these characteristics when compared with latter respondents.

Study Measures

The objective of this research study is to investigate the role of strategic goal orientation on the choice of planned workplace change and development activities that are undertaken. Conceiving organizations as operating predominantly under '*norms of rationality*' where organizations normatively should pursue a logical course of action that optimizes their internal efficiency and their overall effectiveness in the marketplace, it is proposed that organizations in the pursuit of their strategic goals will be more likely to select and implement unique change and employee development activities that assist them in achieving these goals and objectives.

Of course, organizations pursue many and diverse goals and serve multiple stakeholders who place competing demands that act to shape and direct organizational efforts. In this study,

four different types of strategic goal orientations (domains) were chosen: operating efficiency goal orientation, community reputation (market) goal orientation, nurse (employee) job satisfaction goal orientation, and resident (customer) care quality goal orientation. The orientation for each of the four strategic domains was assessed for each nursing home by asking the manager responsible for the nursing care function to respond to a set of normative statements concerning their facility's strategic goal preferences. Using a 7-point scale where 1=strongly disagree to 7= strongly agree, respondents were asked to respond to three statements corresponding to each goal-orientation. Appendix 1 includes a list of the statements used to construct the scales for each goal-orientation. Of course, no strategic goal-orientation is by itself inherently better than any other. Indeed, nursing homes concurrently pursue multiple goals. A blind, unrelenting pursuit of one particular goal may undermine the attainment of others.

We are interested in examining how workplace change and development activities are related to various organizational goal preferences. Chief nursing officers were asked about the degree to which their facilities had undertaken a number of organizational change activities or employee development initiatives in the preceding two-year period. In order to have a basis of comparison for subjectively assessing and comparing the degree of change for a diverse portfolio of organizational changes, a five point scale was constructed where 1=none to 5=a lot. This rather crude measure for assessing the degree of change was adopted because of a lack of a suitable objective measures for assessing (and comparing) the 'degree of change' for diversely varied change activities. Nurse managers were asked to respond to the degree to which their facilities had, for instance, increased the use of part-time nurses and cut nursing jobs and downsized their nursing care staff, in the preceding two-year period. A variety of commonly encountered change initiatives were examined in this study including those that are more typically implemented in an autocratic fashion as well as those that are more democratic or participatory in nature. For instance, organizationally-sponsored '*top-down*' change initiatives were included for evaluation in this study (such as downsizing of the nursing workforce, and increasing in the use of contract and temporary or contingent nursing staff), in addition to more grass roots, '*bottom-up*' employee development initiatives (including decentralizing decision-making to nursing staff, and engaging nurses in voluntary cross-training opportunities).

Analysis

We are interested in examining the proposition that, when operating under existing 'norms of rationality', organizations' choice of change and development activities will align with their strategic goal preferences. In order to examine the independent effect for each goal orientation, partial bi-variate correlations were conducted between our variables of interest, while controlling for a number of establishment factors. This form of analysis was chosen because of the high degree of confounding associations found among our change and goal orientation variables. Establishment size, measured as the natural log of the number of staffed beds, establishment location, and 'for-profit' status were controlled because of their potential to be associated with the strategic goals that are valued and pursued as well as the organizational development activities that are undertaken. The statistical analysis was conducted using SPSS-PC for Windows (SPSS Inc., Chicago), version 7. Internal reliability of scales for three of four goal orientation scales proved to be satisfactory, with Cronbach's alphas ranging from .76 to .93, all greater than the .60 threshold recommended by Nunnally [14], while the Cronbachs alpha value of .56 for the operating efficiency scale falls only slightly below this threshold.

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Results

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Some characteristics of the organizations in the study can be found in Table 1. About one-half of the nursing homes in the study are deemed 'for-profit', with an average of 111 beds per facility. Approximately 40 percent of the facilities are located in small towns and in rural settings. Nursing homes report that, in the past two-years, they are more likely to have added new programs and services and to have decentralized decision making to their nursing care staff, and less likely to have either downsized their nursing workforce or to have increased the rate of nursing work outsourcing through their replacement with contingent and contract staff. With respect to the four strategic goal-orientations, facilities were more likely to report that they are pursuing a nurse satisfaction and resident care quality orientation and less likely to report an operational efficiency and community reputation orientation. Many nursing homes in our study appear to place a high value on the goal of delivering high quality services to residents, yet many also focus on the needs of their nursing care staff, perhaps as the means to achieve this goal.

Table 1: Characteristics of Nursing Homes

	LTC Facility Mean /STD
Establishment Characteristics (n=473)	
Establishment size (#beds)	111.0 / 105.0
For-profit status[a]	0.49 / 0.50
Location (as valid percentage of establishments)	
Rural (<1000 residents)	13.0
Town (1,000 to 10,000 residents)	29.0
Small city (10,000 to 100,000 residents)	24.8
Large city (100,000 to 500,000 residents)	18.1
Metropolitan (>500,000 residents)	15.1
Degree of workplace change and development activity (in preceding two years)[b]	
Downsized nursing workforce	1.51 / 1.06
Increased use of contract/temporary staff	1.61 / 1.11
Increased nurse cross-training	2.01 / 1.14
Reduced or eliminated bureaucracy	2.17 / 1.13
Automated nursing paper work	2.38 / 1.41
Redesigned nursing jobs	2.51 / 1.30
Increased use of part-time nurses	2.58 / 1.38
Decentralized decision making to nurses	2.87 / 1.15
Introduced new programs or services	3.11 / 1.29
Strategic Goal Orientation[c]	
G1: Operating efficiency	5.52 / 0.95
G2: Community reputation	5.80 / 1.13
G3: Nurse satisfaction	6.19 / 0.79
G4: Resident care quality	6.47 / 0.77

[a]1=yes 0=no;　[b]1=non to 5=a lot;　[c]1=low goal priority to 7=high goal priority

The results of the partial bivariate correlational analysis are found in Table 2. Because of a high degree of autocorrelation among the change variables being investigated, this type of data analysis is appropriate when examining relationships between strategic goal preferences and the

various workplace change and development initiatives undertaken. After controlling for nursing home size, location, and for-profit status, organizations in our study pursuing operating efficiency improvement goals are less likely to have increased the use of part-time nurses (p<.01), while nursing homes that seek to enhance their reputation in their local community are less likely to have increased to use of contract and temporary nursing staff (p<.05) and to have reduced or eliminated bureaucracy and paperwork (p<.05). Nursing homes that focus on the goal of improving nursing satisfaction are less likely to have downsized their nursing workforce (p<.05) and less likely to have increased the use of contract, temporary and contingent staff (p<.05). These facilities are more likely to have engaged in 'employee-focused' change inasmuch as they are more likely to have decentralized decision making to their nursing staff (p<.05), and much more likely to have reduced paperwork and bureaucracy (p<.001). They are also more likely to have increased nurse cross training and multi-skilling (p<.01) and to have introduced new programs and services (p<.05). For facilities placing a high priority on resident care quality, they are more likely to have reduced and eliminated bureaucracy (p<.05) and to have to have introduced new programs and services to their residents (p<.05). They are also less likely to have downsized the nursing workforce who provide their care (p<.05).

Table 2:   Goal Orientation and Workplace Change and Development in Nursing Homes[a]

Degree of Workplace Change and Development	Goal Orientation			
	Operating Efficiency	Community Reputation	Nurse Satisfaction	Resident care Quality
Increased use of part-time nurses	-.15**	-.05	.04	-.02
Decentralized decision making to nurses	-.05	.06	.14*	.08
Increased nurse cross-training	-.03	.08	.20**	.10
Increased use of contract/temporary staff	-.02	-.13*	-.11*	-.07
Downsized nursing workforce	-.06	-.11	-.14*	-.14*
Redesigned nursing jobs	-.02	.02	.05	-.03
Automated nursing jobs	-.01	.04	.05	.04
Reduced or eliminated bureaucracy	-.05	.15*	.24***	.14*
Introduced new programs or services	-.07	.10	.14*	.14*
Total workplace change score (α=.71)	-.09	.02	.12*	.03

*p<.05 **p<.01 ***p<.001   [a]partial bi-variate correlation controlling for facility size, location and for-profit status

A total workplace change score is composed of a composite of all nine change activities. With a Cronbach's alpha of .71, this score provides a measure of the total degree of change and organizational development that a facility has undertaken in the previous two-year period. Nursing homes pursuing the greatest degree of workplace change and employee development are found to be more likely to have a strong nurse satisfaction goal-orientation. The other three goal-orientations did not demonstrate statistical significance with our measure of total workplace change. Interestingly, nursing homes with a strong operational efficiency goal orientation may be less likely to have invested in planned organizational change (in general). Nevertheless we are unable to confirm with sufficient certainty that this assertion is true, as it did not demonstrate statistical significance in the analysis presented here.

Discussion and Conclusion

The results of the research reported here suggest that an organization's strategic goal orientation is related to their adoption of unique change and development activities that are, in general, somewhat consistent with that the rational pursuit of that goal. Consistent with expectation, nursing homes in our sample actively pursuing employee satisfaction goals are found to be less likely to engage in workforce reductions and terminations, or to engage in the substitution of contingent employees for permanent staff. They are also more likely to have reduced unneeded paperwork and bureaucracy, as well as decentralized decision making to their nursing staff. These (change) actions are fully consistent with the goal of strengthening nursing job satisfaction and do not appear in violation with organization acting fully rational in pursuit of this goal.

Yet, not all associations of change activity with expressed goal orientations seem to suggest a simple logical explanation. Part of the reason why there may not be a rational explanation between a stated goals and presence of change programs that aid in this pursuit, is that organizations concurrently pursue multiple goals and purposefully choose change programs and activities that facilitate the attainment of some higher priority goals but sometimes do so at the expense of pursuing other (less) desired goals. Another cogent reason to explain the disconnectedness between stated goals and chosen change activity may be due to '*goal displacement*'—an organization's stated goals are not always the goals that are being actively pursued. In some instances, the attainment of more complex goals may not always produce a simple, logical course of activity to facilitate attainment. In some instances, the link between goal preference and change activity may not be apparent. For instance, unlike the pursuit of employee and customer satisfaction goals, it is not readily apparent which organizational change activity conceptually aligns best with a goal of improving the reputation of a nursing home in the community. Temporal lags may also confound. Some change programs have immediate impacts on goal acquisition, while other changes (such as organizational culture change or reputation building changes for products and services) may take many years to achieve. In some instances, a single change program can assist in the attainment of multiple goals—sometimes in a linked or cascading fashion. For instance, a simple, discrete change activity such reducing nursing paperwork and bureaucracy may very well have the impact of enhancing employee job satisfaction, given that nurses generally prefer direct patient care to doing paperwork. When nursing job satisfaction is increased, this may very well translate into better customer service (resident care quality), which over a period of time, may assist in helping the nursing home achieve a better reputation in the community.

While there is some evidence provided here to suggest that the choice of a particular change and development strategy may demonstrate coherency with stated goal preferences, we are unable to say anything about whether these change activities assist organizations in attaining their stated goals. Since at any one time, an organization pursues a multitude of goals and strategies, it is entirely possible that when it actively chooses to implement any particular change activity, that it does so because of the potential of this change activity to achieve multiple objectives. While the purpose of this research design is to 'disentangle' the concurrency of multiple change strategies and to relate each with stated goal orientations, this effort is underscored by two basic assumptions that are inherent in an organization's pursuit of their goals.

First, we are guided by the belief that organization's decision makers are rational planners. In truth, organizational decision makers are never entirely driven by rational choices. Personal preferences, value-laden choices, and a host of situational specific factors conspire to make organizational change choices anything but rational. Second, we are committed to an overly simplistic assumption that there is a 'one-to-one relationship' between goal preference and particular change activities. In truth, neither of these assumptions is on firm ground. Because organizations never pursue a single goal in isolation to other goals, in practice it is the overall contribution of the collectivity of these goals (rather than concern for achieving any one particular goal) that might actually condition the choice of a particular change activity. These choices for change are not done in isolation--an organization's culture, strategy and degree of teamwork are considered keys to undertaking organizational change [15]. Nevertheless, results from this research do show some limited support for the link between goal orientation and the rational choice of change activity. Much more research is needed to better elucidate the nature of this very complex relationship.

Limitations and Further Research

There are significant limitations in the design and administration of this study that need to be identified. The data collected reflects the subjective assessments of nurse managers and captures their innate biases. Because the dataset is assembled from a single source, common method bias has the potential to confound results. Our measure of organizational change and development activity is entirely subjective and crude. While objective measures of change are very difficult to obtain, our aggregate measure remains inexact because of the difficulty of crafting a more robust measure that can comparably assess the degree of change attained across a highly diverse subset of organizational and employee development activities. Furthermore, the conceptualization of formal change and development programs is problematic. For instance, nursing officers in our study may have very different understanding as to what constitutes, for instance, nurse cross-training or redesigned nursing jobs entails. No attempt was made to asses these workplace change programs from the perspectives of more diverse stakeholders, or with respect to how successfully or extensively they were implemented. Finally, the design of this study is retrospective and merely reflects a snapshot in time. We are unable to demonstrate causality between our variables of interest. It cannot be confirmed that a specific change program was selected because it assists in the attainment of a preferred goal, only that it may be associated with it. Indeed, even if it was possible to infer causality, it is impossible to know anything about directionality. Perhaps having a particular change program allows us to identify goals that we might now be able to pursue (a form of means-ends reversal).

Although tentative and exploratory, the results of this research give some limited degree of support to existence of a rational and logical relationship between goal orientation and choice of a particular change program. Much more research is needed to elucidate the conditions under which this relationship is real.

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Appendix 1:   Scales for Strategic Goal Orientation

The following statements describe types of goals and objectives you believe your establishment is pursuing. On a seven-point scale from 1=strongly disagree to 7=strongly agree, indicate the extent to which you believe each statement describes your organization.

G1: Operating Efficiency (α=.56)
This organization really values high productivity and operating efficiency.
This organization pursues the goal of minimizing its operating costs.
This organization seeks to never spend more money on its programs than its budget allows.
G2: Community Reputation (α=.76)
This organization really values its reputation in the community.
This organization pursues the goal of meeting the health and social needs of the community.
This organization seeks to deliver services that are highly regarded in the community.
G3: Nursing Satisfaction (α=.93)
This organization really values providing a great working environment for its nurses.
This organization pursues the goal of improving the morale of nursing staff.
This organization seeks to maximize nurse job satisfaction.
G4: Resident Care Quality (α=.92)
This organization really values delivering outstanding services to its residents.
This organization pursues the goal of maximizing the quality of resident care.
This organization seeks the best possible outcomes for its residents.