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Management in Healthcare: The Frontline Management Initiative in Victoria*

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Introduction

The present study emphasises that the effectiveness of a Frontline Management Initiative (FMI) program in particular enterprises depends on the misfit or match between the user organisation, the training provider and the individual participants.

The FMI programs examined in this study varied substantially, but they were generally supported as a useful development by the eleven user enterprises, the eleven education and training providers, and the sixty-nine individual participants. The three stakeholder groups each noted a number of strengths in the FMI programs. Nevertheless, there were also significant criticisms from each group of stakeholders. It was clear that the programs could be improved significantly. There were even a few user enterprises, which had been using the FMI as part of their development activities for frontline managers, but had decided to cease using it.

The study also revealed unsatisfactory aspects of the funding, costing and charging of these FMI programs – although few providers were willing to talk openly about these matters, which were generally regarded as commercial-in-confidence.

- The costs (in terms of money, time and opportunities foregone) are shared between users, providers and participants in varying proportions in the different programs.

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- Access to these FMI programs was much greater when the provision by education and training providers was funded through profile hours rather than commercial fee-for-service arrangements.
- Access was also greater for enterprises with larger numbers of participants
- It was suggested by the education and training providers that the patient/client orientation of the CS&H industry mitigates against support for management training.

Background

Recommendation 11 in the Industry Task Force on Leadership and Management Skills (Karpin Report) was that “there be established a national training program for frontline managers” (Karpin Report, 1995, Volume 1, page xli). TAFE was expected to be a major deliverer of the FMI program, supplemented by industry associations and private providers. The Committee recommended that the course materials be competency based, that delivery be through a variety of mechanisms, and “preferably on site”. The training course was to be integrated into the national qualifications framework in order to ensure articulation with other programs. The Task Force envisaged that there would be provision for the organisations delivering the training to customise their program to meet enterprise requirements and to undertake assessments of competence.

The first critical Australian study, by Barratt-Pugh and Soutar, was funded in 1999 by the National Research and Evaluation Committee to study the impact nationally of the Frontline Management Initiative at individual, organisational, business and strategic levels (Barratt-Pugh and Soutar, 2002). Another recent evaluation has been undertaken of FMI initiatives in the Victorian Department of Natural Resources and the Environment (Owen, Mayer and Lazenby, 2001).

Each industry has its own characteristic features; and the CS&H industry is no exception. The CS&H industry is large (>10% of GDP) and diverse. It includes a substantial private sector, nearly a third of total health expenditure, although it is largely funded publicly and the proportion varies widely between different parts of the health care system. It is a contested area between the different levels of government, with the Commonwealth government’s share of total health expenditure approaching half, compared to just under a quarter for State and local governments. Also, community services and health is an industry where labour is the critical input, representing between two-thirds and three-quarters of total cost. Staff do not share all the characteristics of those working in other industries: the great majority are female, many work part-time, disciplinary perspectives are strong and varied, a high proportion of staff hold formal educational qualifications and there is a tradition of continuing education and training. Each of the industry characteristics has implications for management practice and training.

The Study

The study consisted of four elements: a literature review, interviews with eleven user organisations; interviews with eleven education and training providers; and a

questionnaire to which sixty-nine individual FMI participants responded. The study related to one industry (CS&H), one State (Victoria) and was conducted in 2000-02. Of the eleven *user organisations* that agreed to participate, eight were located in the Melbourne metropolitan area, one was in a major regional centre and two were located in rural centres. They included paramedical, nursing, teaching hospital, specialist hospital, welfare agency, disability service and aged care. In terms of size the organisations varied substantially: three large public hospitals, a medium-sized private hospital, two small and two medium providing services to disabled people, a large organisation operating across the metropolitan area, and two large providing welfare services. Some of the areas in the hospitals were directly concerned with patient care, whereas others were concerned with other services, such as catering, or included participants from a variety of different areas within the institution. There were four public enterprises, seven private, including three church run, organisations. The public user organisations tended to be substantially larger than the private user organisations.

Eleven *education and training providers* to user organisations were interviewed. These training providers also proved to be quite diverse. Five of the providers were located in Melbourne and the other six elsewhere in the State. The six non-metropolitan providers covered five different areas of Victoria. They included two providers in a large non-metropolitan city and three in smaller country centres. There were providers located throughout the State: north-west, west, north-east and east of Melbourne. The providers also varied greatly in size. There were some large providers with >30 FMI courses in the year of the interview with participants numbering in the hundreds. Others, especially those in the country, were much smaller. There were six public providers and five private RTO's, of which two and four respectively were located outside Melbourne. All of the six public providers were TAFE colleges. Of the five private RTO's two were in adult and community education; one was a major metropolitan provider of management training which operated throughout the State and also outside, one was a community based organisation in a major non-metropolitan centre; and one was providing FMI for a particular organisation in the CS&H industry. Three providers were undertaking FMI programs primarily for themselves but nine of the providers, (six public, three private) were primarily delivering FMI training for frontline managers in other organizations. Most of these were in the metropolitan area. One large organisation in the CS&H industry was registered as an RTO and was its own provider. About a third of the providers had used FMI initially for the management development of their own staff and then proceeded to offer it to external organisations. These were generally smaller organisations located outside Melbourne.

The funding arrangements varied. Some public providers were using profile hours, while others were using a fee-for-service approach through their commercial arm. There were also cases where both approaches were employed.

The interviews suggested that there were two main pathways by which providers came to offer FMI training. There were training providers whose FMI activities were an extension of management education activities in which they had been involved previously. Alternatively, organisations perceived a need for change and saw FMI as a part of the process for achieving it using FMI for their own staff development and

organisational change processes. Once they had undertaken the process of management development using the FMI internally, five of them saw the opportunity to provide FMI training in other organisations.

The sixty-nine *participants* on the seven FMI programs, which agreed to participate in the survey, were also diverse. 51.5% of the respondents were males and 48.5% were females. 3% were aged less than 25 years, 19.4% were aged 25 to 34 years, 34.3% were aged 35 to 44 years, 35.8% were aged 45-54 years and 7.5% were aged 55 to 64 years. Thus, 70% were aged 35 to 54 years and very few participants were under 25 years or over 55 years. In terms of employment status 90% were employed full-time and only 10% were employed part-time (of whom most were employed more than half-time). 62.1% were mainly working on a day shift, 36.2% were working mixed shifts, including multiples of day, evening or night shifts, but only one respondent was working mainly evening shifts.

In terms of the type of work the respondents were employed to perform, it varied substantially according to the organisation in which they were employed. The main types of work identified were: aged care, ambulance and disability workers; nurses; managers and administrators. However, there was a broad range of staff, including a pastoral counsellor, a fundraiser, a quality assurance and staff training officer, a librarian, a psychologist, an occupational therapist, a caterer, employment consultants, a physiotherapist, and a community project development officer. No single type of worker represented as much as a fifth of all respondents and most categories were less than that.

In terms of formal education, 21% had achieved a postgraduate qualification, while 6% had no formal education beyond secondary school. Most participants had achieved a TAFE Diploma (27%) - this was defined to include a hospital based nursing qualification and applied to thirteen respondents - or a degree level qualification (25%), or held a TAFE certificate (27%). Those who had no formal education beyond secondary level were evenly spread between those who had completed school after years 10, 11 and 12. Those who had a postgraduate qualification predominantly held either a graduate diploma or a postgraduate diploma, although two respondents had a Masters degree and one of these was enrolled for a PhD. The predominant occupations amongst those with postgraduate qualifications were ambulance/paramedic or nursing.

In terms of the level of FMI program being undertaken, 60% were studying at Diploma I, 7% at certificate III and 33% at certificate IV level. There was a positive correlation, significant at the 0.01 level (two-tailed), between age and the level of FMI, suggesting that it was the more senior people who were undertaking the FMI at Diploma level.

It was established workers who were being given the opportunity to undertake the FMI. 69% of the FMI participants had been with their current employer for more than five years and the remaining 31% had been there for between one and five years. None of the respondents had been with their present employer for less than a year. In 73% of cases the decision to participate appeared to be a joint initiative of management and the participant: 38% management had invited participation by

interested staff, 35% their supervisor or another manager had suggested they participate. 20% of the participants had initiated the request themselves, while 7% had been told to participate by management.

Stakeholder Views

Despite the widespread support for the FMI, which was expressed by the user organisations, the training providers and the individual participants there were also a range of weaknesses identified and a number of suggestions made to improve the existing programs. In general, it was evident that, where there was a good strategic fit between the approaches preferred by the stakeholders, weaknesses were less evident and improvements were perceived as less necessary. Interestingly, while some of the changes proposed could be implemented by individual users or providers themselves, others would require action at a more systemic level by the health department and by State and national VET authorities.

User Enterprises

These organisation expressed concern about unsatisfactory delivery of their FMI program, including the lack of training for mentors and coaches, unsatisfactory orientation processes, the lack of a sufficiently clear differentiation between programs at the different AQF levels and the lack of satisfactory articulation arrangements from the FMI into more advanced management development programs.

They criticised the (inadequate) extent of management theory and discussion of general principles in their FMI program, the (insufficient) integration between context and overall principles which sometimes occurred, the limited time available for reading and reflection, and the extent to which some programs concentrated on the processes by which competencies are assessed rather than the education and training provider attesting themselves to the competencies having been achieved and their application in the workplace demonstrated. They noted that there was little formal evaluation of what additional outcomes had actually occurred as a result of their staff participating on the FMI program. There was general agreement that the FMI can provide a high quality program of frontline management training, but some users expressed concern about whether all of its variants necessarily did so. Generally, users were concerned that FMI training be seen as high quality.

User organisations expressed some concerns about assessment and its variability. The largest public and the largest private provider of FMI took responsibility for assessment. However, there were cases where the FMI provider, while taking responsibility for ensuring the processes by which competencies were demonstrated were adequate, saw it as primarily the responsibility of the user organisation to assess participants.

User commented that there were few FMI programs in which CS&H participants from more than one organisation were involved. Only one instance emerged in this study where the FMI program of the provider enrolled participants from the CS&H industry and also from another industry. Many of the users who were interviewed thought it would be a positive experience “to put groups together more, with a greater variety of experience and background”. Only in four large organisations were people from differing backgrounds undertaking the FMI program together. The interaction

between participants also reflected the learning style of the program, with, in some of the less formal programs, little discussion between participants as they rarely met as a group. Users expressed a desire for greater contact with other similar organisations undertaking FMI programs in the industry. Interestingly, a number of the users saw a role for the State Department of Community Services and Health in fostering such interaction. Consistent with our findings Barratt-Pugh and Soutar discuss the need for an agency that networks FMI users “Such an agency could also play a major role in promoting the effective validation and moderation of FMI assessment practices” (2002, p.13).

It was noted that an effective FMI program generally requires a considerable contribution from the enterprise and from individual participants (in time, money and opportunities foregone). Often staff just carried the additional load. Barratt-Pugh and Soutar have emphasised that “the FMI has greater impact where it is actively managed by the enterprise, viewed as an investment and given symbolic and substantive support to build a developmental program.” (2002, p. 13). FMI courses were often provided through the commercial arm rather than through profile hours in TAFE colleges, so that the extra costs for provision of FMI to small and even medium sized enterprises were not always available; and servicing less accessible clients and locations did not generally receive a high priority from providers. A number of the users looked for an FMI funded through profile hours, if possible. The costs to training providers of delivering a satisfactory FMI course tended to be perceived indirectly by users and the extent to which some education and training providers were, subsidising the provision of FMI programs to clients in the CS&H industry was not widely known or appreciated.

Contextualisation and transferability of their FMI program was a concern for user organisations. Some involved their own staff in presenting parts of the course, particularly for occupational health and safety or regulatory requirements. For one user the language used in their FMI program was not the language that people spoke in the CS&H industry. While some providers were successfully tailoring the FMI to the special needs of the CS&H industry and the individual clients within it, there remained considerable concern regarding the extent to which the necessary contextualisation was being provided. However, contextualisation also raised questions about the transferability of the training to other work contexts.

Training Providers

Provider organizations were generally supportive of the FMI developments in which they had been involved, although they also identified some weaknesses and suggested various improvements. Their comments were consistent with those of user organisations, but three other matters were raised. First, the training providers commented that their FMI participants were overwhelmingly from large enterprises, such as hospitals. There were some participants from small and medium-sized enterprises, but not many. It appeared to the education and training providers that this was partly for cost reasons, partly because of the organisational culture in such SME's and partly because of the greater difficulty they faced in releasing staff from pressing operational tasks. The training providers noted that they find this is a problem for many industries.

Secondly, the training providers generally supplemented the FMI modules and used the package of materials as a platform for frontline management training rather than as a fully self-contained program. Thus, there was a competitive advantage for those, generally large providers, who could supplement their FMI material with other material available from their suite of management education and management development programs.

Thirdly, the training providers expressed concern about assessment. The largest public and the largest private provider of FMI programs emphasised that they took responsibility for ensuring that, to be certified as competent, participants had to demonstrate to the satisfaction of the training provider that they possessed the competencies at the appropriate level and that they could perform them on the job to the required standard. However, in some cases the provider of the FMI training, while taking responsibility for processes, saw assessment as primarily the responsibility of the workplace and the managers. Some training providers were critical of the lack of an agreed approach by a “community of professionals”. Training for coaches and mentors, as well as for the participants in the FMI program itself, was argued to be necessary for ensuring a quality program.¹

In terms of what they would change, in the light of their experience, the training providers emphasised four matters:

- the importance of the industry contribution to an effective FMI program and that it could be strengthened in many cases;
- few participants were being drawn from small and medium sized enterprises, and where the participants and user organisations were also geographically disperse;
- more interaction would be beneficial, including interaction between participants in a program, interaction between FMI participants in different enterprises and industries, and interaction between different FMI programs; and
- the provision of further teaching and learning materials would be helpful. Even the largest (private) RTO in Melbourne, which specialised in management education and management development, said they would welcome more material.

FMI Participants,

Participants were generally supportive of the FMI programs in which they had enrolled, but identified weaknesses and areas for improvement. There appeared to be considerable scope to improve the FMI programs on which they had participated. It was disturbing that 21% of the respondents felt that the FMI course material and its presentation had not been made relevant to their workplace. Many believed (42%) that the FMI assessment varied between their employing organisation and other

¹ Most providers undertook some formal evaluation of their FMI programs, and there was a range of informal feedback from students, past students, user enterprises, potential users and colleagues in other programs. However, few providers gathered information systematically from their FMI students or user organisations some time after graduation to assess what difference the course had made to managerial competencies and performance.

organisations with 18% believing it varied even within their own organization. A significant minority (22%) felt they had not learnt new ways of managing by attending the program and 37% believed that their job did not enable them to demonstrate all the FMI competencies and for less than half of such cases were appropriate arrangements for participants to demonstrate them. More material would have been appreciated by 54% of all the respondents and 25% were dissatisfied with their mentor or coach.

It was also of concern that 31% of the respondents stated that they had had no formal teaching sessions as part of their FMI program; 48.5% had had no individual instruction; 21% had not had to prepare a portfolio; and 18.5% had not undertaken any project based on their workplace learning needs. 97% of the respondents stated that they would have liked to have had more involvement in their FMI program of people from other areas in their own organisation and from other organisations. There were also substantial variations in the extent to which facilities and services were provided by their employer (with 58.5% apparently getting nothing in this regard); in the total duration of their program in months; and in the hours of study they spent on their FMI outside working hours.

Overall, 41% of the respondents believed that the FMI would not help them gain a future promotion with 22 – 24% indicating they did not think their skills were transferable within the organization or industry.

More than half the participants who responded to the questionnaire made suggestions for improvement to the FMI programs. These suggestions covered a wide range of matters, including: improvements in the management, organisation and presentation of the programs by the training providers; changes by employing organisations and changes in the content of the FMI program, its assessment and its customization. Three specific suggestions are noted: 87% of the respondents said they would have liked to have learnt more about different ways of managing. While 53% were happy with the theoretical content, 42% felt there should have been “more”.

Conclusions

The effectiveness of an FMI program in a particular enterprise depends on the misfit or match between the user organisation, the training provider and the individual participants. User enterprises can have a range of organisational styles, ranging for example from an organic structure (or organic unit within a larger structure) to a formal mechanistic bureaucracy, which influence their preferred learning style. Training providers tend to have a preferred mindset regarding the way in which they structure learning and thus the delivery mode they tend to adopt. Similarly, there are individuals within organisations – and in the CS&H industry there is a very wide range of individuals – who have varied learning styles. Unless these match, then there will be a misfit in the delivery of the training.

The FMI programs were generally supported as a useful development by the providers, user organisations and the individual participants in this study. The users and providers noted a number of strengths, such as its flexibility and industry focus; the strengthening of assessment and contextualisation compared with the management

development programs with which they had been involved previously; the increased opportunity for workplace competencies to be assessed and formal educational qualifications achieved; and the contribution of their FMI program to wider individual and organisational objectives. Similarly, the individual participants generally viewed their FMI programs positively. It was also noted that some user organisations had decided not to use the FMI, while others who had ceased doing so.

There were also significant criticisms from each group of stakeholders.

- User organisations made a number of criticisms, including significant weaknesses in delivery performance, inadequate mentoring and coaching arrangements, insufficient management theory and discussion of general principles, a focus too often on assessment processes rather than actual achievement of competencies and the ability to apply them in the workplace, variability in assessment procedures and standards, the lack participants from different organisations and or organisational units in many FMI programs, and the extent to which contextualisation (which they valued) might restrict the generality of FMI training and its transferability to different contexts.
- Among the training providers, similar concerns were expressed, particularly by the larger organisations. These providers noted that the FMI participants were overwhelmingly drawn from larger enterprises, that a considerable enterprise contribution was required for a successful FMI program, that users were often focused on the short-term, that there was little co-operation between programs or support for their development of a collaborative professional community, the need to develop additional materials, and the variability in assessment standards. It was noted that there was virtually no evidence of mechanisms for accumulative learning; or of efforts to gather information systematically some time after graduation for individual participants and user enterprises to assess what difference the FMI course had made to individual or enterprise performance. Particular comment was made about the difficulties facing providers in delivering satisfactory FMI programs to smaller organizations and to those which are geographically dispersed. A number of providers saw a role in this for the State health department.
- Among the FMI participants, there was a persistent minority, sometimes a substantial minority, who were dissatisfied in relation to various matters. For example, 35% of them received no time off from work for study, 26% had to pay part of the financial costs of participating themselves and time pressures were frequently noted as inhibiting the opportunities to gain full benefit from their participation. A significant minority of participants had reservations about the beneficial effects for themselves or their employer from having undertaken the FMI. There appeared to be considerable scope to improve the FMI programs on which these respondents had participated; and to investigate how the variations between participants (and between user organisations and training providers) could be reduced.

Finally, there are important aspects of the funding, costing and charging of these FMI programs which warrant further attention. Few providers were willing to talk openly about these matters, as they were commercial-in-confidence. Nevertheless, it was

clear that access to FMI programs was much greater when they were funded through profile hours rather than through commercial fee-for-service arrangements, for those in larger rather than smaller user organisations, and where the user was prepared to make a contribution to the overall program. The total costs were shared between users, providers and participants (in terms of money, time and opportunities foregone), but in varying proportions in different programs. The services delivered by providers also varied significantly. It was suggested that the patient/client orientation of the CS&H industry mitigates against support for management training activities and the CS&H industry is not as willing to pay for frontline management training as some other industries. Smaller organisations in the CS&H industry (and non-profit organisations) also face particular difficulties in funding training (especially when they are also dispersed geographically). The current funding, costing and charging arrangements for FMI training in the CS&H industry can have significant implications for both efficiency and equity and warrant more attention than they have so far received.

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