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The Development and Implementation of Strategy in a University Faculty: A Strategy-as-Practice Study

Submitted to the University of Dublin for the degree of Doctor of Philosophy (Ph.D)

2010

Eilish McAuliffe

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Summary

Political demands for universities to develop closer links with industry and society (i.e. an enhanced utilitarian focus) has resulted in reduced autonomy and increased scrutiny of their impact on society. The advent of the new managerialism or new public management has led to professionalisation of institutional management and governance structures in university environments and has resulted in the harnessing of managerial tools and techniques to assist in managing the modern university. There has been a considerable level of criticism of attempts to apply strategic planning in professional or non-mechanistic organisations such as universities. Universities can be described as pluralistic organisations characterised by multiple objectives, diffuse power and knowledge-based work processes that present a complex challenge for strategy researchers and strategy practitioners.

This research began from a desire to understand the process of strategy formulation and implementation in a complex environment. The case under study is a university faculty of health sciences. The faculty has three overlapping missions or a *tri-partite* mission of teaching, research and service delivery/clinical practice. This thesis is the study of strategising within the context of this faculty. It explores strategy formulation and implementation through the analysis of data collected from multiple sources and actors within a single case study. The case is of interest, not just because it is a pluralistic organisation, but also because it presents the opportunity to explore micro-level processes within the macro-level changes taking place within the organisation and the university sector as a whole. The study deliberately adopted a strategy-as-practice framework to explore strategy formulation and implementation. The main research questions are:

What are the factors (both internal and external) that shape strategy?

What are the critical facilitators and barriers to the implementation of strategy?

The study therefore attempts to explore the role of strategic practices, and actors in continuity and change within an academic environment. Strategic or praxis episodes (situated, time-bound events that are strategically consequential for the direction and survival of the organisation and in which different organisational rules and communication structures apply – in this case: a) a strategy review, and b) development of a partnership between the university and hospitals), practices (routinized, stable and institutionalized features of social systems, coordinated and

adapted to construct practice – in this case committees) and practitioners (actors who shape the construction of practice through who they are, how they act and what resources they draw upon – in this case faculty staff) form the main units of analysis. Data was collected before, during and after the episodes and practices from multiple sources using a variety of methods. Although the study focuses primarily on the micro, throughout the research there is constant linking of the macro and micro, to identify patterns in the organisation's praxis and practices. As such it allows a deep exploration of how strategies are formulated and implemented in practice.

This exploration of strategy at different levels of the organisation through the s-a-p lenses of praxis (strategic episodes), practices and practitioners has generated rich insights on the factors that influence strategy development as well as those that facilitate or hinder the implementation of strategy. The findings provide support for the strategy review as a mechanism that can harness the views of staff in a fairly democratic manner and enable the issues that are concerning staff to shape change and development of the faculty. There is also evidence of the role this participatory process plays in building trust and commitment – essential elements of strategic engagement. The study also highlights the limitations of the strategy review (a commonly used strategic tool) in generating a coherent strategic direction, supporting s-a-p scholars assertion that deliberative strategic tools may have less utility in pluralistic organisations such as universities and hospitals.

An exploration of the practices and practitioners engaged in strategizing highlights some of the key influences at the more micro-level. The role of the leader is critical and regular changes of leadership pose particular problems (past experience of poor leadership being a pertinent influence within this study). This study suggests that the leader is both a macro and a micro-level influence, as the leader serves as a bridge between the external and the internal and between the organisation and the individual. Selection of an independent leader with appropriate managerial and leadership expertise is critical to good governance of medical schools and academic medical centres

The influence of sub-unit power, manifested here in the dominance of the medical school over other schools in the faculty, is a particularly powerful force that shapes

strategy itself, but also influences the degree to which, and the way in which, other players are willing to engage in strategising. This power also impacts on the routinized organisational practices (committees) that serve as the main vehicle for strategy implementation. The ability of organisational routines to re-configure strategic decisions about structure is evident within the faculty, but also at the level of the university.

Moving from the level of the group or sub-unit to explore the influences on the practitioners engaging in strategic activity, the influence of power and leadership style on trust and engagement in strategising activities is evident. Power and sub-unit dominance engenders feelings of injustice. Organisational procedures, particularly ones that relate to priority setting and decision-making, if perceived as unjust or unfair can lead to the erosion of previously built trust. The absence of trust helps to explain concerns about representation and involvement in decision making that reverberate through the organisation. It is argued therefore that, for strategists, an understanding of the interplay between procedural justice and trust is critical to engendering greater commitment and engagement in strategising. .

This thesis also makes methodological contributions to strategy research. The simultaneous study of macro and micro-levels has enabled patterns in strategising to emerge from this organisation that would not have been visible within a more confined study. The decision to study strategic episodes at micro and macro levels has been particularly fruitful in this regard. Including strategic episodes, practices and practitioners within the same study, although perhaps limiting the depth of the study, has added a richness of understanding that grounds the strategic episode within the overall direction of the organisation. Finally, the s-a-p approach in this study has clearly highlighted the futility of studying strategy formulation and strategy implementation as two separate processes. This separation has contributed to organisational strategy scholars and organisational change scholars working in isolation from each other (with few exceptions), something which has hampered progress in our understanding of organisations over the past decade.

Acknowledgements

I deeply appreciate my supervisor's (David Coghlan) contribution to this thesis. His support, encouragement and friendship were invaluable to me. I am most grateful to my colleagues in the Faculty of Health Sciences and in the University more broadly for giving so generously of their time during my data collection for this thesis. I am especially thankful to Derry Shanley for having such faith and trust in my abilities.

I also thank my work colleagues in Health Policy and Management and in Global Health for tolerating my periodic absences during some intense and furtive writing spells.

Finally, I thank my family: my husband Mac for his unstinting intellectual and emotional support during this journey, and my wonderful daughters Lara, Tess and Anna for their love.

Dedication

I dedicate this work to my mother for ensuring that we were afforded the educational opportunities that were denied her because of circumstance.

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CHAPTER ONE: Introduction

1.1 The Study

This thesis is the study of strategy formulation and implementation within the context of a university faculty. It explores strategy formulation and implementation through the analysis of data collected from multiple sources and actors within a single case study. The case is of interest, not just because it is a pluralistic organisation, but also because it presents the opportunity to explore micro-level processes within the macro-level changes taking place within the organisation and the university sector as a whole. The study deliberately adopted a strategy-as-practice framework to explore strategy formulation and implementation. The main research questions are:

What are the factors (both internal and external) that shape strategy?

What are the critical facilitators and barriers to the implementation of strategy?

This study therefore attempts to explore the role of strategic practices, and actors in continuity and change within an academic environment. Strategic or praxis episodes, practices and practitioners form the main units of analysis with data being collected before, during and after the episodes from multiple sources using a variety of methods. Although the study focuses primarily on the micro, the macro contextual changes in the environment are also factored into the research. Throughout the research there is constant linking of the macro and micro, to identify patterns in the organisation's praxis and practices. As such it allows a deep exploration of how strategies are formulated and implemented in practice.

1.2 Origins of the Study

This research began from a desire to understand the process of strategy formulation and implementation in a complex environment with multiple functions and targets for members' identity, commitment and performance. My underlying assumption was that strategy is evolutionary in nature and therefore could be difficult to direct through a formal planning process. The 'organisation' being studied is a university faculty of health sciences, which has three overlapping missions or a *tri-partite* mission of teaching, research and service delivery/clinical practice. Because of the nature of its mission it is immersed in and influenced by three distinct environments, the education system (teaching), the health system (service delivery) and the research system (research) each of which intersects with the other

two, as well as all three intersecting. The primary focus of the action or strategic development under study was to create an appropriate governance and management structure for the delivery of this tri-partite mission, and to create an environment in which members would be committed to achieving excellence in all aspects of the mission.

As a member of this faculty, with an initial remit to assist in the strategy formulation, my role was very much that of an insider researcher/internal consultant or a *participant observer.* My involvement in the development of the faculty therefore provides an interesting case study in which it was possible to explore the development and implementation of strategy at the different organisational levels and to understand in particular how evolving human interaction and behaviour in this complex environment competes with the implementation of planned strategy to guide the direction of the organisation.

1.3 The Case

The Faculty of Health Sciences at the time this study began was one of six faculties in the university. The faculty has 6 schools: medicine (with several departments), nursing and midwifery, physiotherapy, occupational therapy, clinical speech and language and radiation therapy; a number of units such as nutrition and dietetics unit, health policy and management (in which I am located); and a growing number of research centres. The school of medicine is the oldest school in the faculty (being almost three hundred years old), with the therapy schools all being more recently established.

The governance structure of the faculty is that each department is governed by a department head, a voluntary rotational post being held by a senior academic from that department for a term of three years, renewable for a further three years. The faculty dean, who is the de facto leader of the faculty, is also voted in on a three year term, again renewable for three years. The dean is supported in the running of the faculty office by a faculty secretary (a senior administrative post) and a small administrative staff. The dean chairs the Faculty Executive Committee (representatives from the various schools of the faculty are elected to serve on this committee), the official decision making body for the faculty, and also chairs the full-faculty meetings which take place termly and are open to all staff and students in the faculty.

The faculty has grown substantially over the past decade. With this development has come increasing complexity as the faculty tries to balance its activities in education, research and clinical practice. It is very dependant not just on the university, but also on its teaching sites which comprise two major academic teaching hospitals, a number of specialist hospitals and a myriad of clinics and care settings in the health regions throughout the country.

In a discussion paper (Sept 2002), the dean of the faculty raised a number of concerns regarding the development of the faculty.
"While some areas and schools constitute international reference centres the faculty has outgrown its own infrastructure. There are serious deficiencies in its physical, fiscal and personnel resources. Success in biomedical research has not been matched by the quality of its educational programme in medicine. This has been the subject of a critical report from the Irish Medical Council." (2002: 3)

A review of financial and reporting structures in the faculty further reinforces the difficulties faced by the faculty "its personnel numbers, electronic communication facilities and business ethos has failed to reflect a €45.8m funds flow organisation in a 21st century competitive market place". (2003:26).

Until relatively recently the faculty was unique in Ireland in providing education to a wide range of health professionals. This situation is rapidly changing as several of the other universities within Ireland have expanded beyond the provision of medical education to include courses for other health professionals. These developments in other institutions create increasing competition for the faculty, not just in terms of attracting students, but also retaining staff and securing supervised clinical placements for students from all the health disciplines. Faced with these problems and challenges, the dean recognised the need to take a more strategic approach to the future development of the faculty. In October 2002, the dean initiated a major strategic planning process to develop a 5-10 year plan for the faculty. This seemed an opportune time to research the key components and influences on the formulation and implementation of this strategy, particularly as I had been asked by the dean to assist with the process of formulating a strategy for the faculty.

The faculty offers a unique context for this research. Firstly, the complexity of its tri-partite mission of teaching, research and service delivery means that strategy formulation must involve a variety of stakeholders, from the hospitals where the clinical services are offered, to the accrediting bodies for the various health professionals' training, to research funders (see figure 1.1).

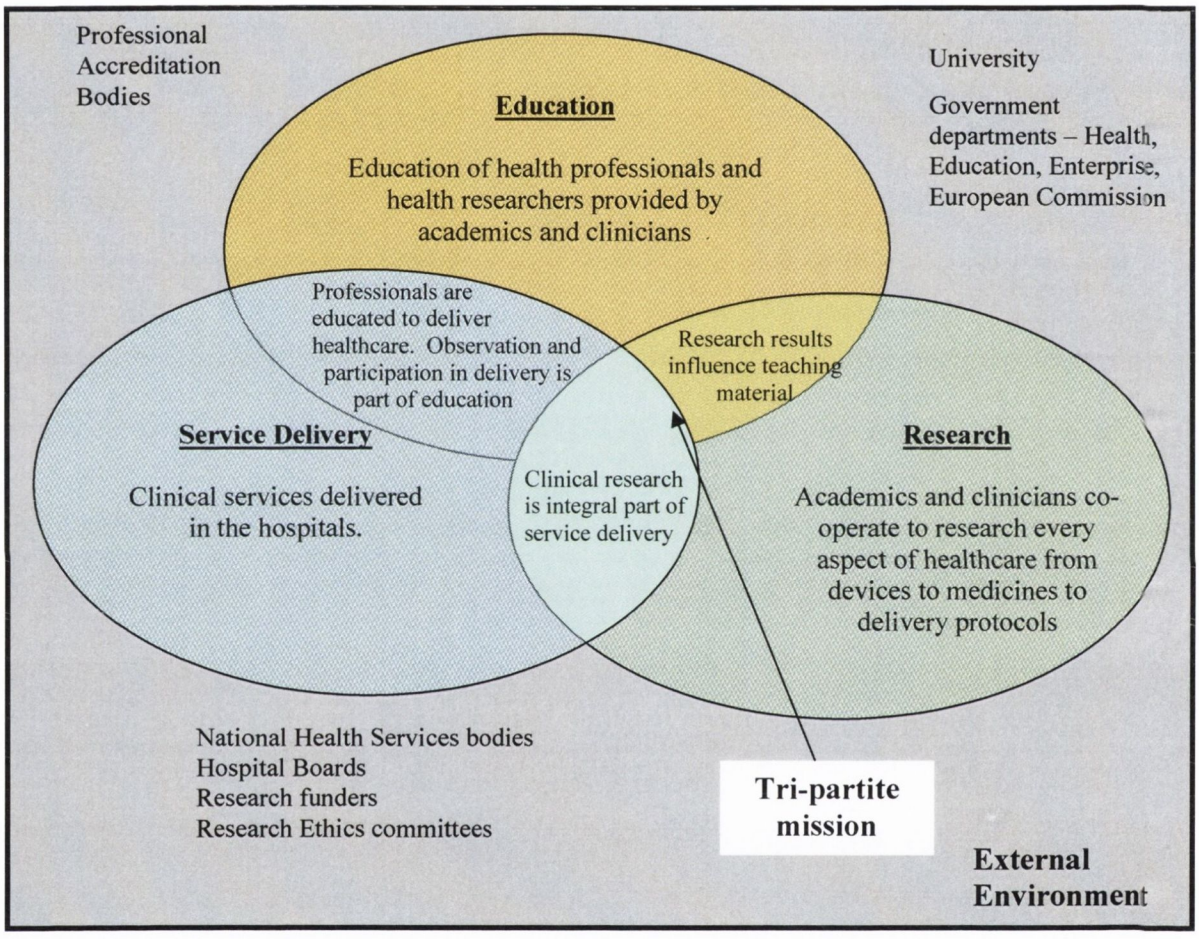

Figure 1.1. External Stakeholders in the Tri-partite Mission of the Faculty

1.4 Associated Hospitals

The faculty has two major academic teaching hospitals associated with it as well as several smaller specialist hospitals. One of the hospitals is a long-established public voluntary hospital, whereas the other is a more recently established (1996) amalgamation of 3 smaller religious hospitals in the city that were moved onto a greenfield site in the outskirts of the city. The more established hospital is geographically much closer to the university and the faculty office than the newer hospital. There is a considerable degree of rivalry between these

two hospitals. During the term of office of the dean who served from 1993-1999 a number of significant developments took place in terms of the relationship between the faculty and these hospitals. Firstly, major building projects took place in each of the sites providing classroom accommodation for students, office space for staff etc. A number of schools were then relocated into these buildings. There was considerable resistance to these moves.

Secondly, it was perceived that there was a need to create closer relationships between the university and the two major teaching hospitals, and following discussions between the Provost (Head of the University) and the CEOs and Boards of Management of the two hospitals, a new entity was established in 1998 in the form of an Institute with a governing board made up of representatives from the three organisations. Its main objectives as set out in its Memorandum of Association were:

1) "To promote and assist in the provision, organisation and co-ordination of graduate education, training, research and consultancy work in the health sciences (including medicine, surgery and related sciences together with such other disciplines, practices and professions and subjects as are developments thereof or are relevant thereto, or to health or the treatment of illnesses or disabilities.)
2) To promote and organise such education, training, research and consultancy work in co-operation with universities, colleges, institutes of learning, hospitals and similar and to organise courses, studies, projects, research and similar in connection with such education and the validation thereof.
3) To seek and facilitate various forms of academic or professional validation of the courses and training schemes offered by the Company and to seek and facilitate the granting of certificates, diplomas, degrees, fellowships and similar in connection therewith.
4) To promote or endow activities (including the funding of fellowships, academic appointments, professorships, lectureships and similar) in the members hospitals and health science schools in furtherance of the above objects of the Company". (Memorandum of Association, 1998)

This Institute was to become a major focus of the dean's attention at the time of the development and implementation of the faculty strategy. Concerns raised about its relationship with the university and the faculty led to a redefinition of its role and also to discussions on a new partnership between the teaching hospitals and the university. This

development provided the opportunity for this research to explore strategic development at a macro as well as micro level and its influence on the strategic development of the Faculty.

1.5 The University

The University[1] was established in 1592, over 400 years ago, and has an established reputation, having produced many notable scholars in the intervening period. It now ranks amongst the top 50 universities in the world (THES, 2009). It has a particularly strong tradition in the field of medicine. It is run very much along collegiate lines, with decisions being for the most part taken by Board and Council whose members are elected from amongst the academic and administrative staff. The Provost is also an elected position held by an elected academic for a period of ten years. The Provost appoints the senior officers who assist in the running of the college. The senior officers serve a term of three years. There are a number of permanent senior administrative posts such as the College Secretary and the Head of Human Resources.

1.5.1 Changes in the University

The University began its first strategic planning process in 2002 with a five-year plan for 2003-2008. During the discussions to develop this plan, the two issues of resources and structures were a key focus. The Provost established a working group on Structures, Management and Systems and during the period between 2004 and 2009 the College implemented a new academic governance structure. Twenty three schools and one aspirant school have been formed from sixty four academic departments. Commencing in January 2008 a three faculty structure was implemented (reduced from 6 faculties). The roles of the faculties also changed substantially, with the schools as the primary budget holders and decision makers and faculties playing a more supportive/advisory role. In 2004 the university also began designing a new "model for resource allocation that follows activity, provides stronger incentive, and that is transparent" (Communication from Provost 8th September 2004). These major environmental changes had considerable impact on strategy implementation in the faculty of health sciences. Although this study does not attempt to analyse these broader strategic initiatives, they are explored tangentially within this study in terms of their impact on the strategic developments within the faculty.

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[1] The terms university and college are used interchangeably – a practice which has been retained in the writing of this thesis.

In 2002, when this study began a new dean had just taken up office in the Faculty of Health Sciences. The university Provost had been in position since August 2001. The university was facing similar pressures to most other European universities - to develop a more business-like approach and to secure additional private funding in a climate where government were cutting the funding for third level education. A 6% cut was announced in 2003 and another in 2004. The first strategic plan in 2003 emphasised among its priorities "meeting the challenges of establishing and applying knowledge in health sciences and health management" with the stated aim of having "a cadre of excellent scientists and healthcare experts in the areas of biology/medicine, neurosciences and bioengineering as well as in the delivery and management of health services" (2003:15).

1.6 Rationale for Undertaking this Study

In the summer of 2002, I was approached by the incoming dean of the Health Sciences Faculty and asked if I would assist him in developing a strategy for the faculty. As a senior lecturer within the discipline of health policy and management I have published on the subject of health strategy (McAuliffe & Joyce, 1998; Coghlan & McAuliffe, 2003). I have considerable experience of facilitating strategy development in a variety of health sector settings. In addition my employment experience has afforded me the opportunity to work in all three contexts contributing to the tri-partite mission, (i.e. clinical settings, research settings and teaching settings). I have worked in hospitals as a clinical psychologist where my role was solely service delivery. I have worked in a third-level institution purely in a teaching and training capacity, and I have worked in a research organisation that had no involvement in teaching or service delivery. My current role within the faculty, means bringing these three elements of my past experience together to work within an environment with a tri-partite mission that combines all three elements. This experience and skill set, no doubt influenced the dean's decision to invite me to assist in the development of a strategy for the faculty.

My experience in strategy development and organisational change and my desire to develop a deeper understanding of how strategy moves an organisation forward is largely influenced by my research and practical experience to date. My early career in clinical psychology involved me in helping individuals and families to change their behaviours. Although trained in a classical behaviourist school, early in my clinical practice I recognised the role of cognition

and emotion in shaping behaviour and also the critical role that motivation plays in achieving any type of lasting change in behaviour. Moving on to work with organisations and teams (as opposed to individuals), I was struck by the frequency with which elaborate strategic plans imposed by management failed to make any meaningful improvements in organisations. I also saw first hand the frustration experienced by managers whose organisations made it difficult for them to implement their learning. Through many years working on change projects in healthcare settings, I became convinced that organisation development in particular and participatory approaches more generally led to more lasting and meaningful change in organisations Whilst researching and writing about organisation development in healthcare (Coghlan & McAuliffe, 2003), I developed an interest in the role of agency in change and began exploring people's own accounts of why they had been successful/unsuccessful as strategists and change agents (McAuliffe & McKenzie, 2007; Coghlan, McAuliffe, & Pathe, 2003). Analysing the accounts of senior managers and policy makers on their roles in strategising highlighted for me the importance of understanding organisational politics and the critical contribution that intra-and extra-organisational relationships play in shaping strategy. This work lead me to the conclusion that "it is the *interplay* between the actors and the environment that is critical" (McKenzie & McAuliffe, 2007:210) to understanding successful strategy making.

My experience over the past decade or more as a facilitator of strategy and change processes within primarily public sector organisations, my experience of engaging with managers in such organisations and my own research to-date in a variety of such organisations has contributed to my curiosity about the formulation and implementation of strategy in such pluralistic organisations. I was inherently interested in this project because of the faculty's position at the interface between education and health. The broader universities debate about utility and increasing market-orientation (discussed in chapter two) is also of interest in a context where such utility issues are a permanent feature and are now raising questions of ownership and involvement from "the market" as well as investment of resources and value for money. The pressures from a myriad of external stakeholders; government, regulatory bodies, hospitals etc. coupled with the diverse agendas of different internal professional groupings and the need to fulfil a complex mission make such a faculty a rich pluralistic organisation. The opportunity to investigate the micro-strategizing at the faculty and sub-faculty level with the broader change environment of this university and the changes in the

third level sector as a whole was appealing. It also provided the opportunity to link micro and macro, something that strategy-as-practice researchers have been calling for for some time.

The disconnect between strategy and change, as evidenced in the strategy documents that sit as dust collectors on the shelves of so many CEOs' offices, the seemingly spontaneous radical changes occurring in organisations that bear no semblance to their strategic plans, or the autopoietic processes that are at best questionable in terms of their ability to produce change, seems at least in part to be paralleled by a disconnect in the management and organisational literature with some researchers focusing on strategy and strategy formulation and others focusing exclusively on change in organisations, without any obvious attempt to link this to strategy. The practice turn and the strategy-as-practice approach discussed in detail in chapter four may provide the impetus to address this shortcoming. This research provides an opportunity for me to bridge the strategy-change divide by exploring strategy within the context of everyday practices. My aim is not so much to explore the parallels and overlaps in the separate bodies of literature on strategy and change, but to utilise the strategy-as-practice approach to explore strategy as an everyday organisational activity rather than a stand-alone time-limited event. It is hoped that this will contribute to a deeper understanding of how everyday practices contribute to strategy formulation and implementation that changes and develops the organisation.

Having reflected on the potential negative impact on my workload, the potential career implications of success or failure, the impact on my relationships with my work colleagues (of whom the dean was one) and the opportunity that close proximity to the development and implementation of strategy in this pluralistic environment would afford me in terms of enhanced understanding and learning, I agreed to lead the design and facilitation of the strategy review on the condition that I be allowed to study the process over the three years of his deanship. This agreement meant that I was permitted to attend faculty management committee meetings as an observer and it entitled me access to all documentation relating to faculty activities. The Dean also sought my advice in informal one-to-one meetings, something he did with a number of other faculty members whose expertise and opinions he valued. Although I was aware that these one-to-one meetings had the potential to critically influence strategy for the faculty, I had no access to their content, other than what the dean chose to share with me. Essentially this meant that the study would, in the main, focus on

deliberative strategy events and my analysis of informal processes and communications would be limited to what faculty members chose to share with me during interviews and discussions. My study of the process was endorsed by the dean and communicated to all members of the faculty seeking their cooperation with the study.

1.7 The Structure of this Thesis

This thesis is the study of strategy formulation and implementation within the context of a university faculty. In recognition of the importance of the broader context and the potential influence of environmental changes on the development and implementation of strategy, the study attempts to develop an understanding of the environment in which the faculty is situated. This chapter explained the origins of the study as well as the institution and the context in which the research was undertaken. Chapter two explores the changes in the form and functions of universities in order to understand the key challenges facing universities at the present time. Chapter three explores the development of strategy research from the influences of the key paradigms and dominant logics over the past several decades to the more recent contributions of strategy writers exploring the paradoxes inherent in some of these logics. Chapter four describes the practice turn and the influence this has had on more recent strategy research. The strategy-as-practice movement, which has been a critical inspiration in the design and conduct of this study is explored fully in this chapter. In addition chapter four explores research with pluralistic organisations (universities being one example of such organisations) with complex missions that provide rich environments for strategy research. Chapter five describes the research approach, the methodology and the procedures involved in conducting the study. Chapter six presents an account of the faculty strategy review utilising data from several sources to build a rich picture of strategy formulation. Chapter seven is focused on strategy implementation and the role of faculty committees in this process. In chapter eight the voices of the strategy practitioners, from different hierarchical levels but all playing a role in strategy formulation and implementation, are presented. External as well as internal practitioners' views are included, with the aim of gaining a better understanding about how strategy practitioners influence strategic action. Chapter nine describes and analyses the evolution of a structure jointly governed by the university and its teaching hospitals, with the aim of exploring the parallels between the more micro-level strategising within the faculty and this macro-level strategising at the level of the

university. Chapter ten discusses the contribution this study has made to strategy research and to strategy-as-practice as a theoretical approach and makes recommendations for strategising and for future strategy research.

CHAPTER TWO: The Changing Form and Function of Universities

2.1 Introduction

This chapter briefly describes the history of the development of the form and function of universities from the medieval or first generation university, to the Humboldt or second generation to the third generation or present day universities. It discusses how political demands for universities to develop closer links with industry and society (i.e. an enhanced utilitarian focus) has resulted in reduced autonomy and increased scrutiny of the impact of universities. It explores the impact of globalisation and the changing research landscape. The advent of the new managerialism or new public management and the ensuing professionalisation of institutional management and governance structures in university environments is also considered. The recent changes in Irish universities, in line with government policy and influenced by an OECD review of third-level institutions in Ireland, are briefly considered. Finally, in an attempt to understand how universities change, the chapter concludes with common patterns in the changing cultures and internal re-organisation of universities that have emerged from studies of university reform.

2.2 History of Universities

Universities have played a key role in the transformation from industrial traditional societies to our current knowledge and information-based society. Universities are seen as institutions that serve a multiplicity of functions such as education, cultural integration, political socialisation, patient care and innovative adaptation to economic and social problems (Braun and Merrien,1999). This may in part account for the relatively high status afforded to universities and the long-held (until recently that is) autonomy and freedom from performance assessments or other types of government scrutiny and control.

The early universities arose because individual academics were given a licence by the city magistrates and the church authorities to give public lectures (Wissema, 2009). The universities then emerged step by step with individual lecturers attracting students and other lecturers until a *studium* or school was founded. These became sanctioned by civil or church authorities who became their patrons or protectors. *Studiums* grouped together and eventually became universities. Wissema notes that these early universities were supported by civil

authorities because of the status they added to their land and because of the wealth foreign students brought in and they played a key role in helping consolidate the existing powers of the Church and state. In these early universities, the basic unit of organisation were the *nationes* – self-organised student groups according to country of origin or language. The second level organisational building blocks were the faculties corresponding to different branches of knowledge. The Faculties were Theology, Law, Medicine and Arts. Our current faculties of Arts and Science are derived from the original Arts faculties; the faculties of Theology, Law and Medicine have survived and are a feature of many universities today. The main objective of these medieval universities was not the generation of new knowledge. Instead they focused on "the protection of the wisdom of the past and the teaching of obedience of the doctrines of the church" (Ruegg, 2004, cited in Wissema (2009).

The period Wissema labels the "first transition period" (Figure 2.1) for universities corresponded with the advent of Humanism, a new intellectual movement that emerged during the 14th century. Through its emphasis on human dignity, freedom and the value of the individual it shifted the focus from the learned professor and the ignorant student to the concept of a common quest for learning. The evolution of universities was further influenced by the great revisions to the foundations of theology that took place in the sixteenth century and also by the invention of the printing press. During the seventeenth century the emergence of the great mathematicians such as Galileo and Descartes dominated university development. The emergence, through the work of great scientists such as Newton and Boyle, of the experimental method that became the basis for scientific work gradually paved the way for the erosion of the influence of the church over universities. Traditional structures began to change and more specialisation was introduced. Polytechnics also emerged during this period. Jarausch (1983) characterised the development of universities in the eighteenth century using the words 'expansion', 'differentiation' and 'professionalisation'.

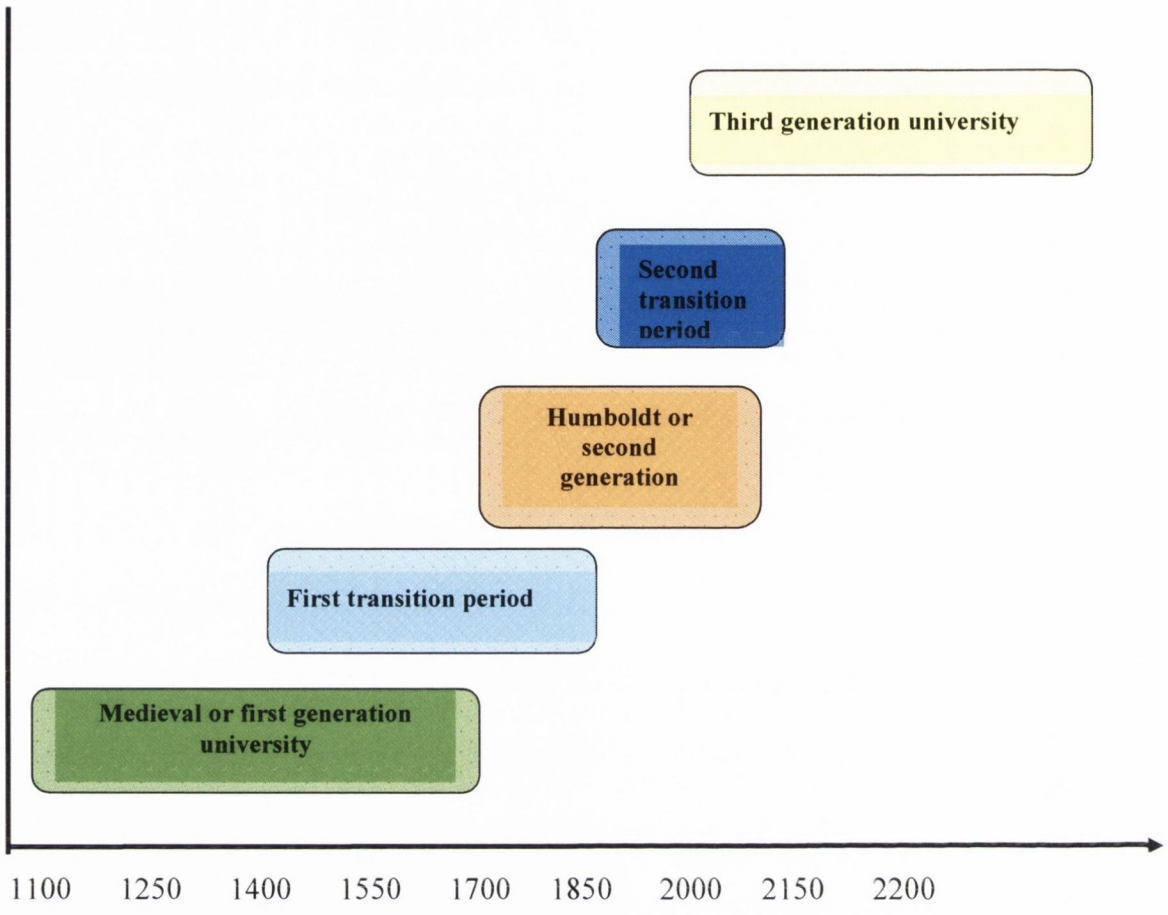

Figure 2.1: History of Universities

Source: Wissema, J.G. (2009:4) Towards the Third Generation University.

Wissema asserts that during the changes that took place during the periods of Humanism, Renaissance, Reformation, Counter-Reformation and Enlightenment the universities were challenged, but tried to maintain the status quo by not accepting new disciplines and methods of research and by preventing new universities from being established. At the end of the eighteenth century, universities finally began to accept the "modern scientific method" and modern science and technology were born. One of the most prominent writers on the cultural institutions belief system, van Humboldt (a Prussian diplomat and founder of modern linguistics) claimed that universities need a certain independent room for manoeuvre in order to fulfil their functions and that their performance could not be measured in market terms. The characteristics of such institutions include the value placed on academic liberty, the organisation as a community of academics with the leader typically being selected as a *primus inter pares*. The role of the state within this belief system is to protect the academic

community and provide it with the means to carry out its mission - the creation of science and knowledge and contributing to the cultural development of society. Humboldt persuaded the Prussian king to found the university on the basis of the liberal ideas of the philosopher Schleiermacher, who believed that:

"the function of the university was not to pass on recognised and directly usable knowledge such as the schools and colleges did, but rather to demonstrate how this knowledge is discovered, in order to stimulate the idea of science in the minds of the students, to encourage them to take account of the fundamental laws of science in all their thinking" (cited in Ruegg, 2004:ch1)

Thus was born the Humboldt university with a focus on research using the 'modern method'. Education was integrated with research. Monodisciplinary faculties were the main unit of organisation (by this time the nationes had disappeared). Sub-specialisations gradually began to develop within the faculties, for example, economics and social sciences. Faculties in theology, law and medicine remained as such. Faculties were very much the dominating structures of the universities, these faculties being led by a part-time dean (usually a senior professor) for a fixed term – usually four years.

During the twentieth century specialised universities for agriculture and food sciences also emerged (Wissema 2009). Universities became very popular in Europe doubling in number from 98 to 200 during the period 1850-1950 (Wissema 2009). In the 1930s, there were about 200 universities in Europe and 300 institutes of higher education in the military, polytechnic, commercial, medical, veterinary, agricultural, educational, political and musical fields (Ruegg, 2004). The focus of universities during this time was very local with limited exchange of students or staff between universities.

Many pressures came to bear on the Humboldt university and many would claim that these pressures have pushed universities into a second transition phase. The era of Enlightenment with its liberalist and socialist ideas has heralded an age of equal opportunity. Governments have responded to this by opening up universities through increased grants and the abolition of entrance exams. This has led to a rapid increase in student numbers and has resulted in education becoming a 'commodity' with "fewer contact hours with academics and with

multiple-choice exams" (Wissema, 2009:17). Governments increased spending on universities and with this came an increase in regulation and bureaucracy together with demands for greater efficiency and effectiveness.

The mushrooming of third level educational institutions has reduced the near monopolistic position in the provision of third level education. Political demands for universities to develop closer links with industry and society has resulted in reduced autonomy for academics. The shift from global government funding to more targeted or earmarked funding has influenced priority setting within universities. Policy makers are much more than heretofore focused on what universities do and the impact this has society.

Braun and Merrien argue that the rise in neo-liberal policies led not only to a reduction of financial resources allocated to universities but also led to a profound change in governmental strategies. They believe that the change in governmental philosophy or in the belief system of governments "evoked new strategies affecting the mode of governance in higher education and research" (1999:10). The shift in belief systems they describe as being from one that considered universities as cultural institutions contributing to the social cohesion and economic development of societies but without concrete or specific purpose to one that regards universities in a more utilitarian light as public service institutions subject to concrete social, political and economic goals.

Globalisation has brought its own pressures to bear on universities. The advent of the internet has promulgated the English language as the new universal language, compelling universities to deliver courses in English. Students are thus able to shop around for the best opportunities resulting in greater mobility in the market. Staff have also become more mobile. This has inevitably led to increased competition between universities. In Europe, the Bologna process which modularises Bachelors and Masters programmes to encourage comparison and recognition of degrees from other universities has further facilitated mobility and increased competition (Crosier et al, 2007).

The research landscape has undergone significant changes in recent decades. The rising costs of research have put pressure on universities to seek funding to supplement that which they receive from the state. There is a move away from unidisciplinary research towards

multidisciplinary research (where several disciplines work together in complementary but distinct ways) to interdisciplinary research (where scientists, engineers and designers of many disciplines work together). Wissema (2009) argues that the structure of the Humboldt university is not geared for this type of research and hence we have seen the emergence of cross-faculty teams but "these are often at odds with the faculties, which are still all-powerful" (2009:19).

Universities reluctance to address their historical lack of interest in playing a role in applied science has resulted in alternative structures emerging to meet the demands of industry. In the US several universities spawned new information technology companies, for example Massachusetts Institute of Technology and Stanford. Specialised research and development (R&D) Institutes were established outside universities e.g. NASA, CERN etc, and created additional competition. A recent report of the Centre for European Reform, a UK-based think tank, finds that European universities do not cooperate sufficiently with companies in comparison with universities elsewhere and concludes that:

"Europe's universities, taken as a group, are failing to provide the intellectual and creative energy that is required to improve the continent's poor economic performance. Too few of them are international centres of research excellence, attracting the best talent from around the world. Their efforts in both teaching and research are limited by a serious, and in many cases desperate, lack of resources" (Lambert and Butler, 2006).

Table 2.1 provides a summary of the changing form and function of Wissema's three generations of universities. The modernisation of the Humboldt model and hence the beginnings of the third generation university started with the realisation that state funding was insufficient to keep universities at the forefront of scientific and technological developments. The move from pure science to the concept of creating value through cooperation with industry has been facilitated by the competition created by university league tables.

Although third generation universities are very much a work in progress it is possible to speculate as to the characteristics that will distinguish them from their second generation ancestors. Amongst these the strong utilitarian focus towards application of knowledge generated is a key difference. This has led to the need for the creation of entrepreneurs as

well as scientists and professionals. The increasing globalised nature of education means that third generation universities must operate in an international market and compete for the best academics and students. These new universities are open systems that actively network and collaborate not only with other universities but with industry, private R&D companies, financiers, etc. Research is no-longer a unidisciplinary activity, but has moved onto an interdisciplinary or transdisciplinary stage, at least for many. Today's universities can be said to be truly multicultural and pluralistic organisations with a diverse range of students and academics.

	First generation university	**Second generation university**	**Third generation university**
Objective	Education	Education plus research	**Education and research and know-how exploitation**
Role	Defending the truth	Discovering nature	**Creating value**
Method	Scholastic	Modern science, monodisciplinary	**Modern science, interdisciplinary**
Creating	Professionals	Professionals plus scientists	**Professionals and scientists plus entrepreneurs**
Orientation	Universal	National	**Global**
Language	Latin	National languages	**English**
Organisation	Nationes, faculties, colleges	Faculties	**University Institutes**
Management	Chancellor	(Part-time) academics	**Professional management**

Table 2.1: Characteristics of the Three Generations of Universities.

Source: Wissema (2009:23).

Wissema (2009) also suggests that most third generation universities cannot avoid becoming mass universities as governments pursue equal opportunities policies. Such policies have led to a huge increase in the percentage of students entering third level. An additional evolution that Wissema predicts is a greater disconnectedness between the state and universities as direct financing is replaced by more indirect financing. This is unlikely to result in greater academic freedom however, as research financing is always accompanied by conditions.

2.3 Recent Changes in the Governance and Management of Universities

Since the 1990s it seems as if reform has become a permanent feature of university activity. Maassen in his sceptical view of reform alludes to it as a "self-justified activity" (2003: 45-47). He argues that national and supranational (within Europe) white papers and other policy documents have contributed in many respects to this development by calling on universities to be more responsive, more effective and more efficient. He and others argue that a more direct and dynamic interaction between universities and their environments is necessary, and an important condition for this to be realised is the professionalisation of institutional management and governance structures (Clark, 1998; Olsen and Maassen, 2007). The more recent utilitarian or service-oriented view of public institutions certainly places more demands for responsibility and accountability on universities. States have an expectation that universities will produce useful applicable results that assist in reaching social, political and economic goals. This is operationalised through contractual relationships between state and universities where universities are expected to reform their governance structures, develop strategic plans and quantify their outputs. Maassen (2003:32) defines governance as being "about the frameworks in which universities and colleges manage themselves and about the processes and structures used to achieve the intended outcomes – in other words about *how* higher education institutions operate". (2003: 32) Larsen et al interpret this as meaning that governance is a "relational concept that can be considered to incorporate leadership, management, and administration" (Reed et al., 2002, pxxvii;cited in Larsen et al, 2009).

The utilitarian view of universities is in keeping with new *managerialism* or *new public management*, which should help governments to incorporate the new belief system within universities (Merrien and Monsigny, 1996). New public management (NPM) is a phenomenon that has swept the world. Essentially it attempts to apply to the public sector managerial values and techniques that have their roots in the private sector (Pollitt and

Bouckaert, 2000). Hood (1995) has identified several elements of NPM that have swept across OECD countries in a shift from 'progressive public administration' to 'a greater element of accountability in terms of results'. These include enhanced competition, tighter resource management, cultural re-engineering, and greater hands-on management, alongside the use of measuring instruments to monitor behaviour and outcomes. Barry, Berg, and Chandler believe that the prime mover in this process of change is economic, "with fashion and political considerations also evident as governments seek to satisfy electoral desire for probity and austerity in public affairs through the managerialisation of politics and administration". (2006:2). Concerns for good governance and improved accountability are also evident in the increased emphasis on environmentalism and human rights.

This change in management philosophy and the new utilitarian belief system has demanded a change in university governance systems.

"Over the past decade governance, and more recently the nexus between leadership, governance and management, has emerged as a common theme of the managerialist critique by policy elites throughout the OECD, who argue that traditional collegial governance is no longer an appropriate means of steering contemporary universities" (Verrall and Creagh, 2008).

Several studies have attempted to develop typologies in order to explain the university governance systems that have arisen as a result of the shift in governmental attitudes towards universities. Governance refers to structures and processes for decision-making. Braun (1999) describes a governance model which is classified along three dimensions: the predominance of the cultural belief system; the university's autonomy in substantive matters; and the role of the state in the regulation of internal procedural matters. Figure 2.2 sets out the three models that he believes could be used to classify European and North American universities in the early 1980s.

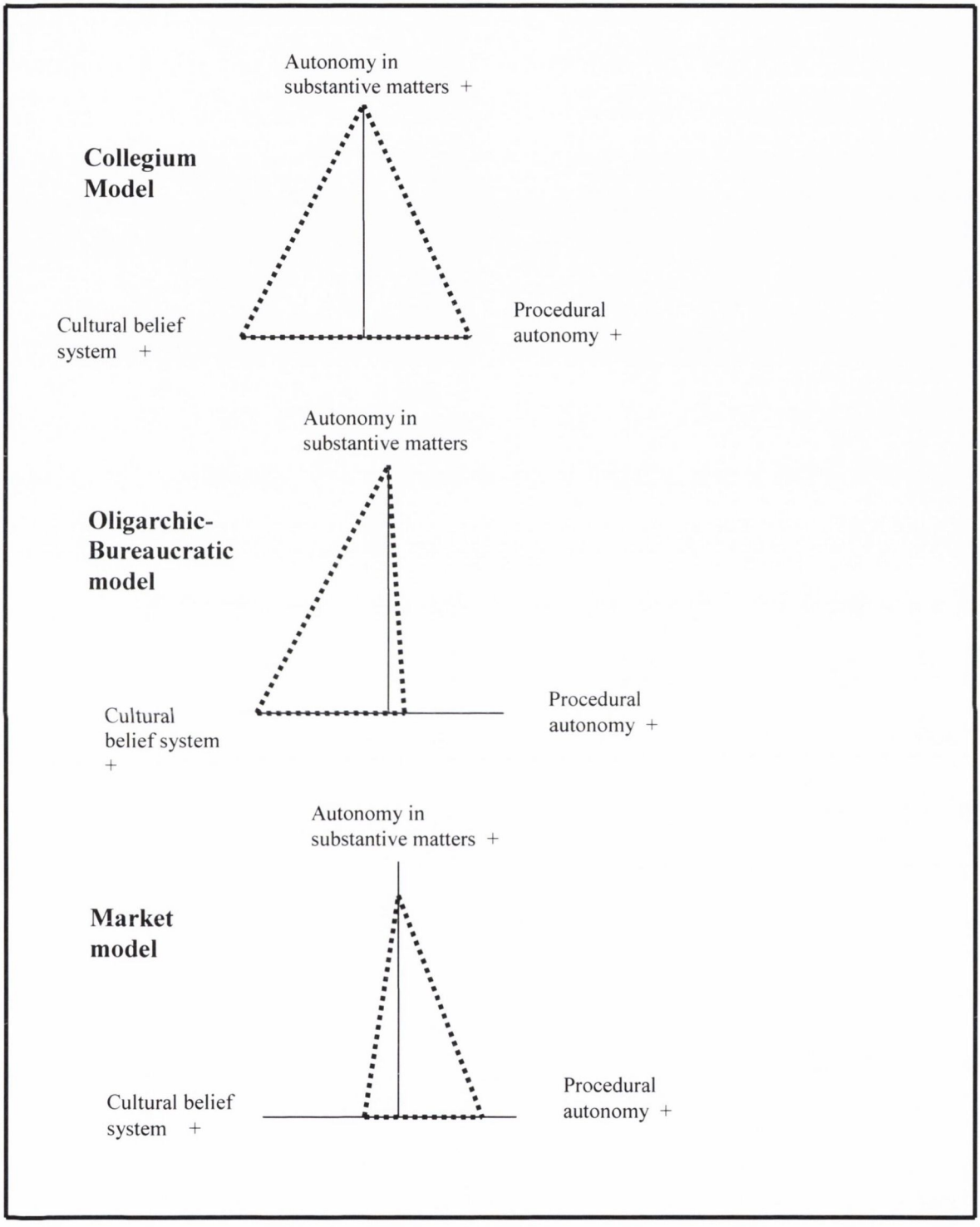

Figure 2.2: University Governance Classification Models in the 1980s

Source: Adapted from Braun (1999).

Note: The "+" sign indicates a higher degree of autonomy or freedom at the outer ends of the axes

The collegiam model, of which UK universities are an example, gives the most freedom to universities. The oligarchic-bureaucratic model is characterised by less freedom from state involvement and Braun (1999) gives Germany, France, Italy, Switzerland and the Netherlands as examples of countries where there is a high degree of state involvement in the regulation of internal procedural matters in universities. The third model is the Market model which predominates in the US and is characterised by a strong utilitarian focus. While substantive autonomy is lower in these universities, their procedural freedom is considerable greater than that in the European oligarchic-bureaucratic models

New managerialism with its emphasis on the application of private sector principles to the public sector has put further pressure on university governance systems, and as a result new models are emerging. Continuing with the three-dimension classification system, Braun identifies two dominant governance models that are emerging in response to new public management pressures. These are delineated in Figure 2.3.

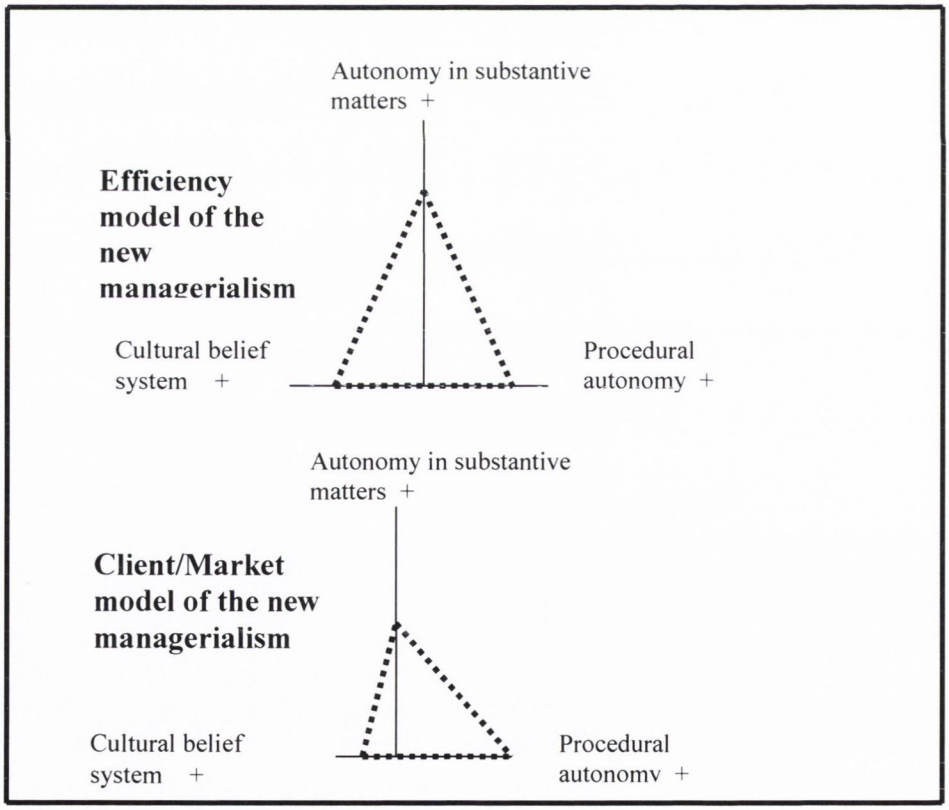

Figure 2.3: Newer Models of University Governance Classification

Source: Adapted from Braun (1999).

In the efficiency model the shift is towards a more utilitarian belief system with a reduction in substantive autonomy. As Braun argues that this model emerges from the oligarchic-bureaucratic model, the major shift is in the increase in procedural autonomy. However, none of the oligarchic-bureaucratic models have made a complete transition to the efficiency model. Braun puts forward various explanations for this that are different for each country. For example, he argues that in France the state is used to controlling quasi-public institutions very tightly, thus making it difficult for the new managerialism to take hold. In Italy what is emerging is a "mixed-authority" model which can be explained by a long-tradition of non-interventionism in universities and an indecisive stance amongst the political class resulting in a half-hearted approach to the implementation of policy (Capano, 1999). In Germany and Switzerland, the cultural heterogeneity and strong democracy are perceived to run counter to the new managerialism philosophy (Weber 1994). In the US, universities had fewer difficulties adapting to the client/market-oriented model as the market model had already engendered a competitive attitude. By contrast the shift in England from the collegium model to the market-oriented one has been the most radical. De Boer and Huisman (1996) point out that new managerialism in England and in the Netherlands was to a large extent a "top-down" project which could not be prevented by the academic community. However, Braun (1999) distinguishes these two countries reforms and suggests that the slower pace of reform in the Netherlands may be due to the fact that in keeping with a long tradition of consensus democracy, they attempted to engage academics in the reform. By contrast he argues that in England "the combination of a Conservative government influenced by neo-liberal ideas and a majoritarian democracy has made it possible to modify institutional conditions for university action in a most profound way" (1999:248-9).

2.4 Recent Changes in Irish Universities

The new managerialism is also finding its way into Irish universities, albeit at a slower pace than in other countries. There has been increased state involvement in Irish universities in recent years. Reducing financial support to universities and abolishing undergraduate fees have had a significant impact in terms of the pressure it has placed on universities to seek other sources of funding, both large research grants and private philanthropic funds. The government has also developed specific initiatives to stimulate science and entrepreneurship in our universities e.g. Science Foundation Ireland.

In 2003, the Irish Department of Education and Science invited the OECD Secretariat to undertake a review of Irish higher education to evaluate the performance of the sector and recommend how it can better meet Ireland's strategic objectives for the sector. The OECD report indicated that tertiary education in Ireland is at a crossroads. It recognises that tertiary education is a key driver for the economy. The report states that the Irish tertiary education system has performed well: it has expanded its student numbers by about 2% per annum since the mid 1960s and has reached an age participation rate of 57% with a higher than European average of graduates in science and technology (OECD, 2004:60). It also notes that Ireland has a significant number of higher education institutions and recommends that their missions are differentiated so that institutions can concentrate on particular defined functions.

The report also strongly recommends a co-ordinating or overarching mechanism for the sector.

"We are convinced, however, that the effectiveness of the tertiary education system, and the relevance of its products, is so critical to the long term nature of Ireland's economy that some permanent overarching machinery is necessary to provide a national strategy for the tertiary education system and its various functions which can guide the work of the different operational levels and monitor the system's overall performance. We are recommending, therefore, the establishment of a National Council for Tertiary Education, Research and Innovation which, meeting perhaps twice a year, would set targets and review the performance of the system and lay down strategic guidelines to steer the system's operational machinery" (OECD, 2004:62).

A number of specific recommendations are made in relation to financing, amongst them that in order to incentivise higher education institutions to seek external sources of funding the Government make a clear statement that income they generate from sources outside those provided by the State will not be subject to off-setting against state funding; also that they be required to plan to generate financial surpluses and encouraged to build up reserves against future necessary expenditure. In addition they call for a review of resource allocation models. "with a view to ensuring that resources are allocated in line with established institutional strategic priorities" (2004:64).

In relation to governance, they recommend reducing the size of governing bodies and publicly advertising the post of university president or institute director. They also suggest that the headships of university departments be given limited terms "so that there can, when appropriate, be rotation, and that appointments or re-appointments should be made by the governing body on the recommendation of the president" (2004:64).

In the current financial crisis, Irish universities are being pushed to make significant cuts in expenditure year on year. In addition, funding is being made contingent on the production of university strategic plans which must match the government plans for the stimulation and growth of the economy and its ambitions for the development of science and technology. The strong utilitarian focus that has developed within the Irish third-level sector would suggest that the emerging model in this country has closer similarities to the efficiency model than the client/market model.

2.5 Understanding Change in the University Environment

Schugurensky explored some of the ways in which the forces pushing for university restructuring have achieved hegemony during the past two decades. He points to the fact that there is a striking similarity to university changes in a wide variety of nations with different social, political, historical and economic characteristics. These changes for the most part display a distinguishable set of patterns: budget cuts, conditional funding, escalation of fees, cultivation of private universities, self-recovery mechanisms, contracting out, increased competition for diminishing resources, fostering of entrepreneurship, affirmative action, corporate rationality gaining increasing influence in decision making and increased presence of the private sector in research (Altbach, 1996; Levy, 1993, Pannu, Schugurensky, and Plumb, 1994; Schugurensky, 1994, 1999; Slaughter and Leslie, 1997; Wood, 1992).

There are similarities too in the internal re-organisation of universities. The collegiate model, as mentioned earlier was characterised by the faculty-dominated structure where management and administration functions were carried out by senior academics in a part-time capacity. The increased involvement of external stakeholders, particularly the state, but also research funding bodies, in universities has increased the size and complexity of universities and led to the need for full-time managers who are able to cope with the increasing complexity and bureaucracy. This led to the introduction of professional managers or as Wissema (2009)

more critically explains "The lack of academics with managerial talents and ambitions led to the introduction of so called professional managers, for instance former civil servants, politicians or corporate managers" (2009:18). Many (Wissema, 2009; Hopper, 1986; Trow, 1994) are critical of this development, believing that academic excellence should be the main criterion for leadership in a university environment. Wissema clearly has mixed views on this debate "some professional managers did a good job, but they could not provide scientific leadership. Other just messed things up"(2009:18). Some argue that the role of formally appointed or elected leaders, managers and administrators has been strengthened and professionalized at the expense of the involvement of academic staff in institutional governance matters (Taylor, 2006: Santiago et al, 2008). In addition, Larsen et al (2009) believe that external reform initiatives have "been matched by governance structures de-emphasising 'representative' democracy for accountability" (2009:45). They claim that in practice, the election of academic leaders has been abandoned in favour of appointed leadership, and representatives of students and staff have experienced reduced influence in institutional decision-making.

Irish universities have not fully embraced professional management. Most are still led by academics and have retained their faculty structures with academic deans and heads of departments. However, there are signs of professional management in the creation of strategy and operations posts which have been filled by professional managers. The development of research institutes with a more external focus has also encouraged the adoption of a more professional managerial model with greater representation from outside the university. The overall trend in the governance of higher education systems in Europe seems to be that the levels of participation from the internal constituents have decreased, while external players have become more visible (see for example Stensaker, Enders and Boer, 2007; Santiago et al.,2008; Ferlie, Musselin and Andresani, 2008, Larsen et al, 2009). Sporn (2001) in a study of 6 leading universities in the 1990s (NYU, Michigan, Berkeley, St. Gallen, Switzerland, Wirtschaft, Austria and Bocconi, Italy) identified one of the critical factors for adaptive universities was shared governance i.e. having the democratic participation of the various interest groups integrated into the process of decision making. The study also noted that "professionalized university management helps adaptation".

Kondakci et al. (2006) describe the field of higher education as "a battleground between adaptation and ecology perspectives" and how this enables it to make a significant contribution to theory development in organisational change. The population ecology perspective, they claim, indicates that educational organisations are inert in that they fail to accomplish radical changes in strategy and structure in the face of environmental pressures (Hannan and Freeman, 1984). The institutional perspective, also implying inertia, (DiMaggio and Powell, 1983) complements this perspective as it argues that a tendency for legitimacy pushes the organisation towards sameness resulting in a narrow response variety to external pressures. Population ecology and institutional theories therefore share this implication that educational organisations tend to stick to traditional features rather than exhibiting varied responses to external organisational pressures (Zajac and Kraatz, 1993). Evidence for this is in the survival of the faculty structure through centuries of university development. In contrast adaptation theory argues that educational organisations like all other organisations are complex adaptive systems, capable of reconfiguring structural and functional aspects of themselves, so as to maintain and improve organisational performance (Lawrence and Lorsch, 1967). Many writers have addressed this debate in their analysis of organisational change in university settings (e.g. Zajac and Kraatz, 1993; Gumport, 2000; Stensaker and Norgard, 2001; Vaira, 2004). As in any study on organisational change, these studies examine forces simultaneously pushing for change and opposing change. Zajac and Kraatz's (1993) "diametric forces model", Gumport's (2000) "economic exigencies", Stensaker and Norgard's (2001) "isomorphism versus adaptation" and Vaira's (2004) "organizational allomorphism" discussions indicate the mutual existence of inertial and adaptive forces in higher education. Kondacki et al. (2006) argue that the common idea in all of these studies is that higher education organisations are confronted with external forces pushing them to adaptive responses, believed to be necessary for survival. But at the same time the concern of losing legitimacy because of moving away from the traditional historical roles may curb these organisations in undertaking major change.

Universities are complex social systems with regard to their size, their governance networks, and their goals and nature. Complex organisations are subject to "path dependence", that is they may suffer radical reorganisations as a result of their "sensitive dependence on initial conditions" such as structures or practices, or of their dependence on "insignificant" historical events (Starbuck, 1973; Maturana and Varela 1980).

2.6 Summary

This chapter explores the development of universities from early times to their current form. It describes the shift in belief systems from one that considered universities as cultural institutions contributing to the social cohesion and economic development of societies (but without concrete or specific purpose) to one that regards universities in a more utilitarian light as public service institutions subject to concrete social, political and economic goals. It explores recent changes in the governance and management of universities. The impact of new public management on the internal management and organisation of universities and the debates that have ensued on the roles of academic leadership and professional management are considered. The current role of the state in attempts to reform Irish universities and the pressures this places on them to move towards an efficiency model is considered. Finally, the common patterns in university reform and change are considered, setting the context for this study.

The importance of understanding the changing environment within the wider university in terms of structural reforms and the impact this has had on strategy implementation will become evident as this case study unfolds. In particular, university-society relationships and the debate on universities' role as contributor to cultural heritage and knowledge for knowledge sake versus the more utilitarian service-oriented view of universities is particularly relevant in a faculty that is strongly influenced by each aspect of its tri-partite mission. Having considered in this chapter the environmental context of the case, the next chapter will focus on the task or activity that is the key focus of the study, i.e. strategy.

CHAPTER THREE: Strategy Research Paradigms

3.1 Introduction

This chapter describes the main paradigms in strategy research from the 1960s to the present day. The emergence of a newer paradigm which could be termed the culture-based or knowledge-based paradigm is discussed. The contribution of evolutionary theory and the culture-based paradigm to the "humanising" of strategy is also considered. A review of strategy process research is summarised and the specific gaps in process research are identified. The chapter concludes by drawing on Rashe's strategy paradoxes to explain why strategy formulation and strategy implementation have been treated as separate entities in strategy research – something which this study sets out to remedy.

3.2 What is Strategy?

Strategy as a concept has its origin in war tactics. Strategy is a process that assists in the choice of the best alternative to achieve one's goals i.e. in the case of war choosing the course of action that is most likely to result in military success or defeat of the enemy. But why is strategy necessary to organisations? Organisations are complex social systems that possess more alternative courses of action than can be cognitively or practically realized (Luhmann 1995). Strategy is one means of reducing this complexity and allowing certain actions to take place whilst others are discarded. Rasche (2008) describes strategy as "not an end in itself but a *necessary* 'walking stick' that helps managers cope with the ambiguity of their social systems and environments"(2008:28). An organisation's strategy can be described as "its 'course', its onward movement in space and time, where it goes and where it does not go" (Cummings and Wilson, 2003:1). Strategy formulation can therefore be compared to the construction of a *map* to assist the organisation on its journey into the future. The type of map that is produced, the process of producing the map, and the value that is attached to the map itself are all dependant on the types of assumptions one makes about strategy.

3.3 Perspectives on Strategy

Much of the literature on strategy in the 1980s and early 1990s focuses on offering some rationale or model to account for variations in performance across different industry sectors or across competing organisations within the same sector. For example an organisation may be performing well because it is "in fit" with its environment (Venkatraman and Prescott, 1990),

because it is protected from competition (Porter, 1980) or may have a structure and organisation that minimises costs while maximising productivity (Williamson, 1991). Rashe (2008) identifies the changing paradigms in strategy research from the 1960s to the 1990s (Table 3.1).

	Planning (1960s)	**Forecasting (1970s)**	**Market-Based (1980s)**	**Resource-Based (1990s)**	**Knowledge/Culture-Based (2000s)**
Model problem and solution	Problem: set up long-range planning practices in individual firms Solution: general management as leader	Problem: forecast performance by looking at firm characteristics Solution: portfolio, PIMS, experience curve	Problem: assess competitive advantage by analysing industry Solution: five forces and generic strategies	Problem: assess competitive advantage by analyzing firms Solution: identify valuable resources	Problem: assess competitive advantage by analyzing how strategy is formulated and implemented Solution: identify agent characteristics and productive practices
Methodology	Single in-depth case studies based on inductive research	Deductive research based on falsification and multivariate statistical methods	Deductive research based on statistical methods combined with mini-cases	Inductive case study approach combined with quantitative methods (small samples)	Strategy-as-practice Inductive case study approach with emphasis on micro-processes and people
Disciplinary roots	Not specified	Largely unspecified economics (econometrics) for methodology	Economics (industrial organisation)	Economics, organisation theory, and sociology	Economics, organisation theory, and sociology
Metatheoretical Assumptions	High environmental determinism/high need for planning	High environmental determinism/high need for planning	Moderate environmental determinism/high need for planning	Moderate environmental determinism/not much concern with process issues	Moderate environmental determinism/high concern with process issues
Advocates	Chandler (1962) Ansoff (1987) Learned et al. (1969) Andrews (1971)	Schoeffler et al. (1974) Henderson (1977) Hedley (1977) Hofer/Schendel (1978)	Porter (1980, 1985)	Wernerfelt (1984) Prahalad/Hamel (1990) Barney (1991) Teece et al. (1997)	Hendry (2000) Jarzabowski, (2003, 2005) Whittington, (1996,2001, 2002, 2006) Johnson et al, (2003, 2007)

Table 3.1: Paradigms in Strategy Research

Source: Adapted from Rasche, A. (2008:45)

The planning paradigm stems from Chandler's (1962) seminal publication *Strategy and Structure* which emphasised the role internal processes such as decision making and internal structures play in strategy (Rasche, 2008). Strategy consisted of planning long-term goals to achieve organisational growth. This paradigm supports the active role of management in shaping strategy (Ansoff, 1987; Andrews, 1971). Rumelt et al. (1994) highlight the importance of the planning paradigm and claim that almost all of the issues that concerned us in strategy in the 1990s can be found "at least in embryonic form" (1994: 18) in the strategy literature of the 1960s. Rashe asserts that the metatheoretical assumption underlying the planning approach was a high environmental determinism which necessitated a rational approach, hence the emphasis on planning. The primary methodological approach during this period was inductive case studies (Learned et al, 1969) with an emphasis on comparison of cases to develop generalisable theories.

The 1970s was the era of the development of strategy and the forecasting approach. "Forecasting forced managers to define their plans in more competitive terms by gathering information about markets and including customers and competitors in the analysis" (Rasche, 2008: 41). Portfolio management and business unit re-structuring were popular approaches during this era (Hedley, 1977; Henderson, 1977; Bowman et al., 2002). These were accompanied by a dramatic change in strategy research methodology. As Rumelt et al. (1991, cited in Rasche, 2008:42) note, the 1970s witnessed the rise of multivariate statistical methods to deductively test hypotheses. Even though econometrics entered the field at this point, Rasche points to the fact that there was still no common disciplinary ground for strategy research and that "strategy scholars produced an enormous amount of research, the results of which were difficult to interpret because of missing theoretical frameworks and the still unspecified disciplinary roots" (2008:42).

In the 1980s industrial economics became centre-stage in the disciplinary stakes and the influential work of Porter (1980, 1985) gave rise to the market-based paradigm. Porter's premise was that the performance of an organisation very much depends on the industry structure in which it competes. He developed the five forces framework, a tool that facilitated the assessment of an industry's attractiveness. Rasche describes the model problem for this decade as the quest to explain competitive advantage by understanding the structure of an industry. The multivariate statistical modelling of the 1970s was added to with the

introduction of cases or to quote Porter "a hybrid research design has emerged, using a series of mini-case studies to test richer hypotheses than can be feasibly tested in big samples" (1981:617).

Wernerfelt's (1984) exploration of the relationship between profitability and resources led to the establishment of the resource-based paradigm that was further developed in the 1990s by the contributions of Prahalad and Hamel (1990) – writing on the strategic role of core competencies in the firm - and Barney (1991) amongst others. Rashe defines the model problem for this paradigm as the search for competitive advantage by analyzing a firm's resource base. Barney asserts that the fields of organisation theory and organisational behaviour have much to contribute to the resource-based model and Rasche points out that resource-based reasoning also included aspects from sociology and organisation theory and "thus opened the strategy domain for inputs from non-economical disciplines to understand socially complex competitive resources such as knowledge or culture." (2008:44). Despite this Rasche believes that the metatheoretical assumptions did not change, mainly because of the neglect of process-related issues.

There is a common assumption in all of this research that a theoretical model or rationale can be expected to correspond to empirical patterns observable at any given time (Barnett and Burgelman, 1996). Focusing on what exists at a particular point in time, without considering how these outcomes have come about has limited value for strategy development in organisations. Researchers have pointed out some negative aspects to formal planning, indicating that it can often be excessively rigid and may inhibit strategic thinking (Bryson, 1988; Eisenhardt and Zbaracki, 1992). The value of formal planning processes has also been questioned particularly in environments experiencing rapid change or those in a continual state of turbulence (Chaffee, 1985; Frederickson and Mitchell, 1984; Langley, 1988; Lloyd, 1992; Stubbart, 1985). A second assumption is that the organisation's future direction should be guided by what is happening in its external environment. A third, and perhaps more basic, assumption is that it is possible to improve the performance of an organisation by exerting control over its activities. Each of these assumptions is closely linked with transaction cost economics i.e. the belief that the organisation exists because it is an efficient contractual instrument.

Although the resource-based paradigm is continuing to occupy researchers into the 21st century, (Hoopes et al 2003; Rashe, 2008), Rashe argues that some researchers (aware of the limitations of some of the theoretical constructs imported from economic theory) have started to cross-fertilise i.e. integrate insights from other disciplines. There is a belief amongst some researchers that the continued dominance of the resource-based paradigm will only be assured if it can integrate insights from other disciplines and preceding paradigms (Herrmann, 2005; Rashe, 2008).

It could be argued that in the past decade, a new view of organisations has emerged - the knowledge-based theory - which states that organisations exist because they are better than markets at integrating and applying knowledge (Nonaka and Takeuchi 1995; Nonaka 1988). More recently, and building on the knowledge-based view, the cultural view of the organisation is emerging. The cultural theory of organisations as described by Weeks and Gallunic (2003) holds that an organisation is "a culture bearing entity, wherein the concept of culture includes shared knowledge, but also the other modes and forms of shared beliefs, meanings, values, behaviours, language and symbols in the firm"(2003:1311). Both the knowledge-based and culture-based theories place much greater emphasis on human interaction and behaviour within the organisation and much less emphasis on the behaviour of the external market in determining the future of the organisation. They also share a view of organisations (or culture and knowledge) as self-generating or self-organising, emphasising therefore the importance of social control in guiding the growth and direction of the organisation (Kiernan, 1993; O Reilly and Tushman, 1997; Weeks and Gallunic, 2003).

An additional, and equally important, development in the writings about organisations and strategy is the emergence of an evolutionary perspective on strategy. Those who take this perspective explicitly question how particular strategic outcomes develop. This necessitates the requirement for a dynamic model and the construction of theory that can predict patterns of change, rates of change and alternative paths to change. Evolutionary models therefore can be said "to attend to the pace and path of strategic change" (Barnett and Burgelman, 1996:6). Lovas and Ghoshal (2000) develop the evolutionary perspective further by considering the role of top management in shaping the direction and outcomes of the evolutionary processes within organisations. They propose a model of "guided evolution" defining guided evolution as "intervening in evolutionary processes in an attempt to shape organisational outcomes, and

an important part of this intervention is to define the preferred direction of the strategy process"(2000:885). They make the assumption that evolutionary change processes operate on an organisation's strategic intent in that "it may be suggested (variation), it may be changed (selection), it may exist over several time periods (retention), and a firm has to choose one strategic intent among several possible (competition)"(2000: 886).

It is this concept of strategy or strategic intent being shaped by the evolution of culture (in which I include knowledge creation) that is of interest in this study. The literature on evolutionary theories of strategy is dominated by theoretical papers (Lloyd, 1992; Farjoun, 2002; Lovas and Ghoshal, 2000) with very little empirical organisational data to support these theories. An exploration of the interplay between an organisation's emerging strategic intent (through human interaction and behaviour) and the strategic intent as set out in the organisation's strategy or map, shifts the emphasis from the *why* questions about failure of strategy implementation towards answering the *how* questions, and in doing so will hopefully provide empirical data that either supports or refutes the concept of evolving strategic intent.

3.4 Evolutionary Theory and Complex Adaptive Systems

Stacey (1996) argues that social systems can be thought of also as complex adaptive systems, in which agents may be individuals and groups interacting in "co-evolving sense-making and active contexts"(Shaw, 1997). He describes human organisations as consisting of the "legitimate system" the result of an ordered network of patterned interactions which is intentionally designed through the organisation's hierarchical structure, roles and responsibilities and the "shadow system" which is the spontaneously developing networks that emerge through self-organising processes. The notion of a shadow or "informal" organisation has long been recognised (see e.g. Schein, 1965, 1992; Nadler and Tushman, 1977) within the organisation development (OD) tradition. However, Shaw (1997) argues that where there is a reference to informal organisation in OD the emphasis is on managing "gaps" (Dyer, 1984) and increasing congruence or alignment with the formal organisation by successfully managing resistance. Although OD does focus on diagnosing the equilibrium dynamics in both the formal and informal organisations, its concern seems to be more in aligning the various sub-systems in these manifestations of organisation to move towards a new equilibrium. Nonetheless, the underlying assumption of OD, that a system can be moved from one dynamic equilibrium to another by the intention of the legitimate system, is what

distinguishes the approach from complexity approaches where the focus is on emergent or self-organising rather than pre-determined forms of control. Complexity science is interested in discovering how the vast numbers of agents within complex, non-linear systems, interact with each other to produce orderly behaviour as well as how new patterns of behaviour and interaction evolve to enable the systems to develop or progress. Complexity scientists believe that it is not an overall system blueprint (or map), but agent interaction and behaviour at local level influenced by local principles and rules that determine how systems progress (Stacey, 2000). The analysis of the degree to which the map, blueprint or strategy is implemented in practice may provide some information on the influence of local principles and rules in the context of the case under study.

From the literature emerge two radically different perspectives on the nature of complex adaptive systems. The more orthodox interpretation typified by the writings of Holland (1998) and Gell-Mann (1994) amongst others is a mechanistic one where systems are viewed in reductionist terms and enquiry is guided by the belief that all systems can be modelled by an objective observer to the extent that ultimately the behaviour of the system can be predicted. According to this mechanistic view evolution occurs through random mutation and competitive selection. Modelling is based on a network of cybernetic and cognitive agents where schemata (mental maps) and rules form the basic building blocks. However, little support now remains for the idea that selection can be relied upon as an optimising force (Gould and Lewontin, 1979; Casti and Karlqvist, 1995; Barnett and Burgelman, 1996). Several studies appearing in a special issue of the Strategic Management Journal (1996) examine organisational failure rates (Carroll et al.,1994; Ingram, 1996; Singh and Mitchell, 1996; Makadok and Walker, 1996). These studies present findings that are inconsistent with the concept of historical efficiency, and add further evidence to the assumption that selection processes do not generally function as a smooth and rapidly optimising force.

In the same journal issue Noda and Bower (1996), and Doz (1996) and Burgelman (1996) provide evidence that selection processes take place within organisations as well as among them. Barnett and Burgelman (1996) point out that a central tenet in this work is "strategic context: the process through which new (existing) strategic variations are internally selected (deselected) and retained (abandoned) through an amendment of the firm's concept of strategy"(1996:7). This more radical perspective is also purported by writers such as

Goodwin (1994) and Kauffman (1993) where the concept of self-organisation is used to explain the emergence of new forms (rather than random mutation). Goodwin takes the organism rather than the gene as the unit of biology. He writes about a network of interacting genes (organisms) located within an environment, or context, which he calls the morphological field. This context acts as a constraint on the possible patterns of expression by the genetic network and therefore limits the possible sequential trajectories. The field, as a constraint, is thus viewed as a source of order. Kauffman's work like Goodwin's gives considerable importance to the concept of emergent order and is highly critical of natural selection and what he terms "the pretense of long-term prediction" (1994:29).

3.5 Self-organisation and Strategy

3.5.1 Self-organisation and sensemaking

Another problem with strategic planning and its focus on long-term prediction is its assumption that it is possible for an individual or group to perceive an objective reality i.e. to step outside the organisation and have an objective view of that organisation. This is based on a cognitivist perspective i.e. an individual perceives an objective reality and acts on that. Strategic choice theory adopts this cognitivist perspective and assumes that senior management can step outside of their organisations, take an overview and develop a model or a plan that will help them control the organisation and its activities. The theory holds the assumption that successful change in organisations is based on senior managers' ability to predict what lies ahead and plan accordingly. Thus in keeping with cognitive psychology, the individual and the choices made by that individual are at the centre of what determines change. Stacey criticises strategic choice theory for its focus on intention and control and the interaction between components, which results in its tendency to ignore the "richness of human relationships" (2000:132). He also argues that both researchers writing about strategic choice theory and managers talking in this way take the position of objective observer. The CEO is expected to step outside of the organisation to analyse its cultural values and strategic direction and to design and install a new value system. Strategic choice theory therefore fails to recognise the paradoxes of organisational life. Instead it assumes "contradictions are to be solved, tensions and conflicts smoothed away and dilemmas resolved" (Stacey, 2000:134). In contrast to this, the constructivist perspective holds that an individual acts on the basis of perceptions built up through past experience and in so doing selects or enacts an environment. An individual cannot perceive an objective reality but only what his or her experience makes

it possible to perceive. Weick (1979), taking a constructivist view of human psychology, views organisations as "sensemaking systems". He believes that managers create the reality they respond to. He develops some of the evolutionary concepts within this framework and describes:

Retention as the process of storing what has been perceived and learned from previous actions

Organisational memory as the shared memory of the collection of people that make up the organisation, built up from what they have done together over the past, reflecting their perceptions of what has worked and what has not worked - can be a positive or negative loop in that it can prompt an action or stop it.

Selection as the process through which organisational actors focus on some meanings of what they are doing and some perceptions of what others are doing, while ignoring yet others-influenced by what has been previously retained about how things should be perceived and done i.e. the mental models already built up.

He argues that organisations incessantly create and re-create conceptions of themselves and all around them that seem sensible enough and stable enough to be manageable. Weick is therefore implying that the organisation's direction is path-dependant, in that the future is influenced by what is already known and shared within the organisation. This sensemaking process is itself a form of control. Universities are complex social systems with regard to their size, their governance networks, and their goals and nature. Complex organizations are subject to "path dependence", that is they may suffer radical reorganizations as a result of their "sensitive dependence on initial conditions" such as structures or practices, or of their dependence on "insignificant" historical events (Starbuck, 1973; Maturana and Varela 1980). Although a full-exploration of path-dependency would require a longitudinal study over several decades, a single-case study in an organisation with a long history does allow some exploration of the degree to which the past influences the present. Closely studying the interaction of individuals in the formulation and implementation of strategy will hopefully allow an exploration of the degree to which such individuals engage in collective sensemaking and the influence this has on the direction of the organisation.

3.5.2 Self-organisation and Culture

Schein (1992) considers the organisation as a group, and analyses organisational culture as a pattern of basic assumptions shared by the group, acquired by solving problems of adaptation and integration, working "well enough to be considered valid, and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems" (1992:374). Weeks and Gallunic argue that organisations are best thought of as cultures, "as social distributions of modes of thought and forms of externalisation" (2003:1309). Drawing on meme theory, they use the term *meme* to refer to cultural modes of thought (ideas, beliefs, schema, values and assumptions). Their theory is that culture is a social phenomenon, "patterns of symbolic communications and behaviour that are produced as members of the group enact the memes they have acquired as part of the culture. Memes spread from mind to mind as they are enacted, and the resulting cultural patterns are observed and interpreted by others" (2003:1309). In evolutionary terms, memes are the genes of culture. A widely held view is that memes, or complexes of coexisting memes, encode the schemata for cultural organisation (Hull, 1988; Lloyd, 1990; Price, 1995; Dennett, 1997; Price and Shaw, 1998; Balkin, 1999; Williams, 2000; Weeks and Gallunic, 2003). Organisms are the phenotypic expression of combinations of genes and cultural patterns are the phenotypic expression of memes (Weeks and Gallunic, 2003). These authors all argue that organisational "rules" are a product of a self-replicating system of ideas and dialogue - similar to Foucault's notion of discourse. Weick (1979) asserts that selection pressures in organisations select "schemes of interpretation or specific interpretations" rather than selecting individuals or behaviours.

Schein links organisational culture to learning organisations by arguing that in a world of turbulent change, organisations have to learn faster, something which requires a culture that functions as "a perpetual learning system" (1992:372). Argyris (1999) highlights the internal inconsistency in the notion of managing culture "cultures are usually seen as growing up and evolving, rather than as objects of direct control" (1999:5). He criticises Schein for arguing, simultaneously, that the culture of an organisation can be shaped by its leader and that culture evolves in response to selective pressures exerted by external and internal environments. The notion of cultures as objects of direct control is one that also concerns Pascale. He highlights the paradox of culture and argues that

"The crux of the dilemma is this: We are intellectually opposed to the manipulation of individuals for organizational purposes. At the same time, a certain degree of social

conformity enables organizations to work better" (1985: 28-29). He sees the challenge for managers as being reconciling the need for some degree of socialisation (which he maintains is necessary for organisational effectiveness) with the "American insistence upon the latitude for retaining independent action" (1985:29).

The evolutionary nature of culture would seem to suggest that socialisation may be the only effective approach to changing culture. The process of socialisation, whether designed/intentional socialisation or that which occurs naturally, is explicitly linked with individuals' social identity. Socialisation in a pluralistic organisation (one with multiple missions and agendas) is a complex process. Because of the inextricable links between culture and strategy implementation, an awareness and understanding of socialisation processes is critical to understanding how strategy influences an organisation's progress.

3.6 Social Identity Theory, Culture and Knowledge Creation

Social identity theory holds that the social category to which one thinks one belongs (e.g. nationality, profession, religion) partly defines the self-concept (through the defining characteristics of the category) and also prescribes how one should think, feel and behave as a member of that category (Hogg and Terry, 2001). Individuals target multiple social categories in defining their identities and the salience of any given identity (i.e. the probability of that identity being invoked) can vary depending on the subjective importance of the identity as perceived by the individual and the situational relevance. People can shift from one identity to another as their salience changes within any given situation (Ashworth and Johnson, 2001). Social identity theory applied to organisations provides some understanding of the conditions in which individuals are more likely to participate in activities which meet organisational goals – described as organisational identification (Albert and Whetton, 1985; Ashworth and Mael, 1998). Organisational identification occurs when an individual's beliefs about an organisation become self-defining and the individual becomes fully committed to achieving the organisational goals. This idea that organisations provide an identity for their members is also reflected in the organisational literature (Weeks and Gallunic, 2003). Kogut and Zander (1996) assert that this identity is expressed in shared coding schemes, language and cognitive schema, rules, shared moral values and convergent expectations i.e. it reflects participation in a shared culture. Weeks and Gallunic (2003) build on this concept claiming that shared identity is built through culture and culture is what allows organisations to learn.

However, they also claim that culture can have the effect of limiting the type of future knowledge that can be captured and exploited by an organisation i.e. that knowledge grows in a path-dependant way "what is already known shapes what can be learned in the future because of the effect that new information and new capabilities have on other elements of the culture of the firm and the need for there to be some degree of cultural consistency and coherence" (2003:1314). An underlying assumption of my research is that this tendency towards cultural coherence or consistency is what stymies *planned* strategy implementation. Competing organisational identifications in the environment of the health sciences faculty ensures a rich source of data on how identity and cultural evolution interact.

The emergence of a new paradigm, which incorporates the resource-based view of the firm with a much greater focus on the role of culture has also led to a shift in how strategy formulation and implementation is being studied. There is now a much greater emphasis on process and person characteristics than in the 1990s. As discussed below process research has been a feature of the strategy literature for some time, but it seems to have come centre-stage in more recent years.

3.7 Strategy Process Research

Chakravarthy and Doz (1992) define strategy process as "how effective strategies are shaped within the firm and then validated and implemented efficiently". Van de Ven (1992) claims that strategy process is diverse, and therefore cannot be contained within any single paradigm. He stresses the importance of clarity in the meaning and theory of process in undertaking research in strategy process. He argues that process tends to be used in three ways in the literature: 1) as a logic to explain a causal relationship in a variance theory; 2) as a category of concepts that refers to actions of individuals or organisations; and 3) as a sequence of events that describe how things change over time (1992:169). Pettigrew (1992) refers to the divisions between *choice* and *implementation* strategy process researchers and asserts that while the decision process (i.e. choice) researchers (e.g. Pettigrew, 1977; Marsh and Olsen, 1976; Mintzberg, 1978; Quinn, 1980) were trying to project realistic views of choice behaviour, the implementation (i.e. change process) researchers (e.g. Miller and Friesen,1980; Pettigrew, 1985; Johnson, 1987; Pettigrew and Whip, 1991) were "puzzling over why there were often gaps between the formulation and implementation of strategies and why and how distinct periods of change and continuity could be discerned in the overall pattern of strategic

development of the firm" (Pettigrew, 1992:5). He calls for the abandonment of the "intellectual trap" created by classifying strategy into content and process domains. He builds on Van de Ven's third view of process, i.e. a sequence of events that describe how things change over time, and highlights the importance of the enabling and constraining influences of various features of the organisational and environmental context on the content and process of strategy development. He also draws attention to the fact that there may be different processes at different levels (industry, organisation, sub-organisation) and how the pace and trajectories of these processes may create change. He asserts that context and content are always interwoven when "human beings make their own history" (1992:8) and therefore we must be prepared to "construct research designs which can test how and why variations in context and process shape outcomes such as the pace of change and the performance of the firm" (1992:8). Pettigrew (based on his experiences in the Centre for Corporate Strategy and Change at University of Warwick) puts forward five guiding assumptions he believes are capable of supporting a wide range of theoretical and empirical investigations whilst at the same time maintaining a sense of coherence in strategy process research. They are as follows:

1. embeddedness- studying processes across a number of levels of analysis;
2. temporal interconnectedness – studying processes in past, present and future time;
3. a role in explanation for context and action;
4. a search for holistic rather than linear explanations of process; and
5. a need to link process analysis to the location and explanation of outcomes. (1992:9).

These guiding assumptions have shaped the design and conduct of this research.

Hutzschenreuter and Kleindienst (2006) in conducting a systematic review of strategy-process research attempted to develop a strategy framework (figure 3.1) to capture the myriad of factors that influence strategy processes. They describe strategy processes as consisting of three main elements: the strategists, the issue and the sequence of actions. Taking the strategists – the people who influence the decisions, they suggest the influences on strategy are: a) strategists' static characteristics – attributes such as size of group (Iaquinto and Frederickson, 1997), openness (Amason and Sapienza, 1997) or heterogeneity (Ferrier, 2001); b) strategists' personal and cognitive context – such as origin (Hitt et al., 1997) or experience (Iaquinto and Frederickson, 1997) that shape not only the strategists' cognitive models but also their sensing capabilities, and their perception and diagnosis of strategic issues. Examples of issue characteristics influencing strategy, as defined by Hutzschenreuter and

Kleindienst, are complexity (Rindova, 1999), urgency (Dutton, 1993) and strategic relevance (Dean and Sharfman, 1993). These factors in turn are seen as influencing the sequence of action, described according to process characteristics as degree of rationality (Priem et al., 1995), comprehensiveness (Atuahene-Gima and Haiyand, 2004) and participation (Anderson, 2004). These process characteristics in turn determine process-outcome characteristics such as speed of decision (Baum and Wally, 2003), level of commitment (Dooley et al., 2000) or decision quality (Amason, 1996). Further confirmation of Pettigrew's observation of the disconnect between formulation and implementation is seen in Hutzschenreuter & Kleindienst's framework which separates these two concepts when reviewing literature that relates to issue, process and process-outcome characteristics. The framework highlights five sets of antecedent factors: 1) environmental context influenced by environmental attributes such as uncertainty, complexity, munificence, and dynamism (Sharfman and Dean, 1991) as well as politics and regulation (Duncan, 1972); 2) strategic context – the strategic position and actions; 3) static organisational characteristics – such as size ((Yasai-Ardekani and Nystrom, 1996), age (Forbes, 2005), structure (Covin et al., 1994) or technology (Molloy and Schwenk, 1995); 4) dynamic organisational characteristics – such as routines (Baum and Wally, 2003), culture, or values (Pant and Lachman, 1998); 5) and past performance – which affects strategy through its influence on information search (Cyert and March, 1963). They conceptualize strategy as a recurring event, and argue that the outcome of a strategy process is also the context in which the organisation's next strategy process occurs and as such, with the exception of environmental context, outcome factors are identical to antecedent factors in their model (2006:676-77). If the outcome of the strategy process is the context for the next strategy process it would seem that strategy making is a cyclical process, thus calling into question the wisdom of separating formulation and implementation as two distinct phases. Indeed, Coghlan and Rashford (2006) in writing about organisational change and strategy do not separate them, instead describing five components or foci that contribute to "strategic thinking and acting". One of these components is "choosing and implementing corporate actions". They argue that "the complex processes required to respond to quickly changing environmental issues necessitates the flexible organisation must attend to several foci at the same time"(2006:102).

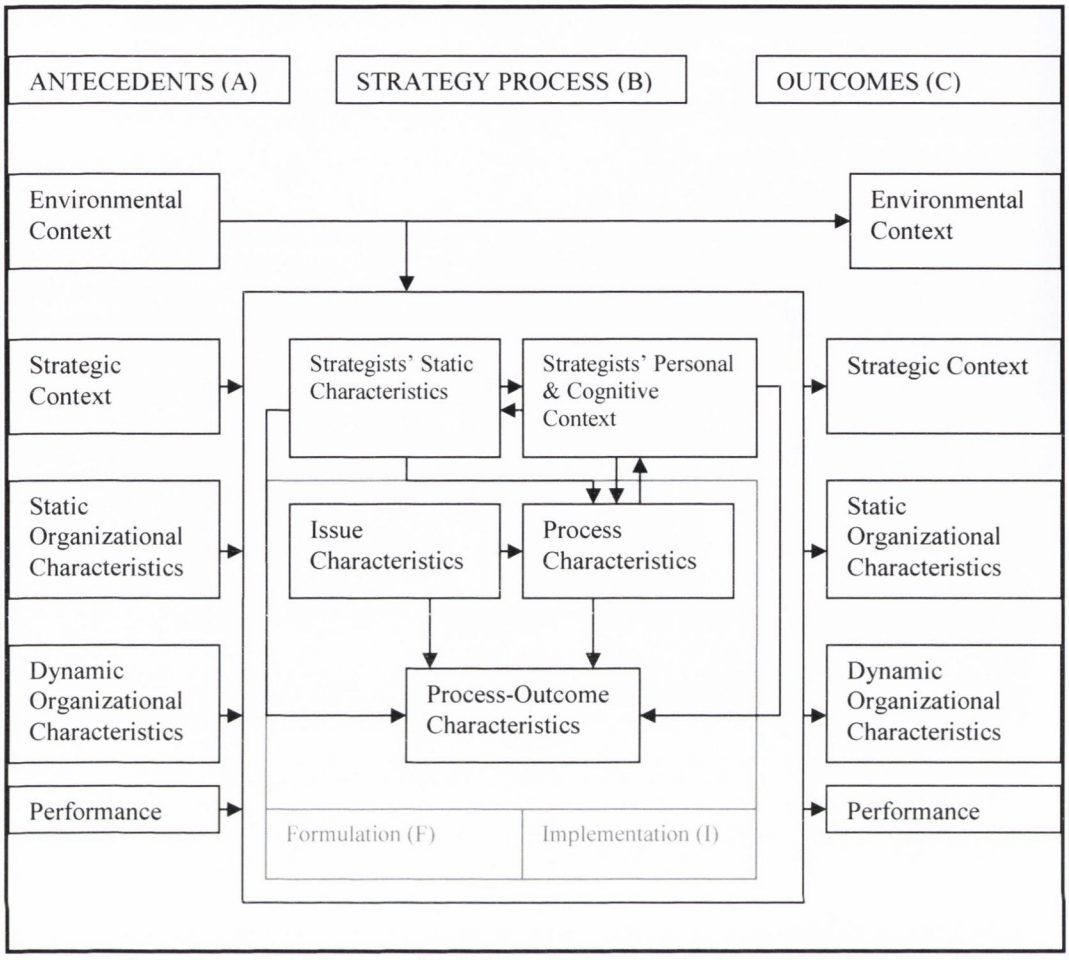

Figure 3.1 Strategy Process: An Integrative Framework

Source: Adapted from Hutzschenreuter and Kleindienst (2006:673-720)

Some important findings emerge from Hutzschenreuter and Kleindienst's review, but for the purposes of this study even more important are the gaps they identify in the extant literature on strategy-process research. In terms of antecedents influence on strategy process, they found only four studies (Bates et al., 1995; Bryson and Bromiley, 1993; Floyd and Wooldridge, 1992; Veliyath and Shortell, 1993) that were concerned with implementation characteristics leading them to argue that there is a strong disequilibrium and that research on implementation issues may be seen as inferior compared with research on formulation issues even though implementation is a significant phase of the strategy process (2006:694). However, they could be criticised for having too purist a view of strategy process as there are several studies on past performance that reveal the path dependency of process characteristics and show for example how good past performance can be associated with the threat of ignorance (Dutton, 1993), simplicity (Miller, 1993), and increase in politics and conflicts

(Papadakis et al, 1998). If strategy is indeed a recurring event (as Hutzschenreuter and Kleindienst assert it is), one could argue that organisations are always in implementation mode and implementation cannot be studied as a discrete process.

The research on the antecedents influence on outcomes has shown that an organisation's conduct is not only influenced by its environment but also by its characteristics (2006: 695). Their review leads to the conclusion that configurational research – using a configurational framework incorporating strategic, organisational and environmental characteristics to explain organisational performance (e.g. Dess et al., 1997) – has "the potential to offer more useful and complete explanations of complex phenomenon such as strategy processes than that provided by simple bivariate descriptions" (206:695).

The third stream of research reviewed was what they term strategy processes's influence on strategy process. What is being explored here is the influence of the strategists' cognitive models on strategic choices and in turn the influence of personal context such as cultural heritage and experience on cognitive maps. Their conclusion is that these studies have argued "the exposed position of the individual" and in doing so have "humanized" the strategy research field (2006: 696). Personal characteristics were shown to have a direct impact on process characteristics as well as on process outcomes (Hitt et al, 1997; Hopkins and Hopkins, 1997; Forbes, 2005). Process characteristics such as involvement (Collier, Fishwick, and Floyd, 2004; Gerbing et al., 1994) and procedural justice (Kim and Mauborgne, 1998) has an impact on process outcomes through their effect on the individuals involved. Hutzschenreuter and Kleindienst conclude that the limited number of studies exploring the impact of issue characteristics are evidence that "the long-established artificial divide between process and content research has still not been overcome" (2006:697) and they urge that in future research there needs to be more integration of the question of *what* to decide on, with the question of *how* to decide.

The final stream of research reviewed in their paper is research that addresses strategy process's influence on outcomes. They identify two important contributions that this research has made. The first is that the meaning and role of strategic concepts may change over time. The implications of this are primarily of importance for comparative studies. In order to make meaningful comparisons it is necessary to have some consistency in what

Hutzschenreuter and Kleindienst call "concept operationalization" i.e. the understanding of strategic concepts in practice. Also it is important that strategic concepts are reviewed with regard to their timeliness. The second contribution is that because strategists make decisions consistent with their cognitive models, which are a function of their characteristics, these characteristics are associated with organisational outcomes. Thus, they conclude that strategists' characteristics provide an important source in explaining how strategists and consequently, organisations behave (2006: 698).

The review identifies several gaps that the authors urge researchers to focus on in future studies. In particular, they raise concerns that current research "falls short in addressing the question of how decision makers decide on what to decide and how decision makers' attention is channelled and distributed within an organization" (2006:708) or in the words of Kingdon (1993:40) cited in Hutzschenreuter and Kleindienst, 2006) "we're talking here, not about how issues get decided, nor about how decisions are implemented and what impacts they have, but rather how issues come to be issues in the first place". In order to address this question, there is a need for multiple perspectives from top management to the more micro perspectives within an organisation. Hutzschenreuter and Kleindienst believe that strategy processes that are designed "to leverage the potential of the human capital accumulated within an organization" are the key to an organisation's competitive advantage. It follows, they say, that if organisational members are expected to share their knowledge to display a high level of cooperation and commitment to strategy formulation and implementation, they have to feel they are being treated fairly. Thus they call for research that explores the broader context of strategic decision making – e.g. the role of the strategist, the activities they perform after the strategic decision is made etc.

3.8 Rasche's Paradoxes in Strategic Management

Hutzschenreuter and Kleindienst's calls for integration of the *what* to decide with *how* to decide questions as well as their concern with the separation of formulation and implementation are echoed in Rashe's (2008) recent body of work on the paradoxes that exist in strategy research. Rasche in an attempt to better understand what he terms the "scientific inertia" of the strategy research field draws on Bachelard's(1987:46-50) concept of *dominant logic,* which Rasche defines as "pervasive, yet invisible predispositions with regard to certain scientific problems" (2008: 2). Bachelard claims that once such logics are established in a

scientific field, the appreciation of underlying problems and the willingness to question them vanishes. Instead the dominant logics dictate what is regarded as scientifically desirable. Rasche uses Pettigrew's (1988) tripartite framework of strategy context, process and content.. He believes that because these concepts reflect the dimensions that researchers discuss in their strategic realities, they provide a guide as to where to look for dominant logics in the field of strategy research. Strategy process is the aspect of Rashe's framework most relevant to this research. In terms of strategy process, it is the separation of thinking (strategy formulation) and action (strategy implementation) that Rasche perceives as resulting in the dominant logic that he refers to as "primacy of thinking" – because thinking is thought to come before action in a way similar to a cause determining its effect. (2008:6). The supposed linear nature of strategy evident in the writings of Andrews (1971) and Ansoff (1987) are evidence of this dominant logic. Rasche believes that in order to address this paradox we need to give consideration to formulation and implementation at the same time and take the view that "strategy formation is thinking within (and not prior to) action." (2008:7).

Despite claims that paradox undermines scientific utility (Porter, 1991; Priem and Butler, 2001), Rasche believes that paradox is intrinsic to scientific inquiry and its consideration increases our ability to create requisite complexity in strategic realities (Cameron and Quinn, 1988; Rasche, 2008). In attempting to explain why strategy scholars have been able to neglect paradox, Rasche proposes that the identified dominant logics are structured around binary oppositions. The 'primacy of thinking' is based on the hierarchical poles of *formulation* and *implementation* – formulation being thought to precede implementation. Rasche argues that if strategy scholars sustain these oppositions by giving primacy to one hierarchical pole, they are following the classic dichotomous approach for coping with paradox (Clegg et al, 2002; Poole and Van de Ven, 1992; Rasche 2008). Rasche draws on the work of Jacques Derrida in which he exposes and dismantles hierarchically structured oppositions within texts. This 'deconstruction' does not involve devoting primacy to the neglected end of the pole, instead it is about exploring the supplementarity of both poles "by thinking the one *within* the other" (2008:13). Rashe concludes that "as these paradoxes cannot be analyzed away, scholars' disregard of them, based on the establishment of hierarchical oppositions in the dominant logics, calls for further conceptual research" (2008: 12).

3.9 Summary

This chapter has traced the paradigms in strategy research since the 1960s from planning and forecasting to market-based and resource-based paradigms. The emergence of a newer paradigm which could be termed the culture-based or knowledge-based paradigm is discussed. The contribution of evolutionary theory and more specifically the role of self-organisation and culture to the "humanising" of strategy is considered. The emergence of strategy process as a strong stream of strategy research is evident from Hutzschenreuter and Kleindienst's review. This comprehensive review has identified several gaps in strategy research and raises a concern that current research falls short in addressing how issues get on to the strategist's agenda. They argue that in answering this question, multiple perspectives need to be considered from the top management to the more micro-perspectives in the organisation. This is something that I will return to in subsequent chapters. They also call for research that explores the broader context of strategic decision making e.g. the role of the strategist and the activities they perform after the strategic decision is made. Emerging from Hutzschenreuter and Kleindienst's review is the artificial nature of the separation of strategy formulation and implementation, given the cyclical nature of strategy processes. This is an argument that is further supported by Rashe's exposure of the dominant logic in strategy research that he terms "the primacy of thinking" – the notion that thinking comes before action. Addressing this paradox requires the study of formulation and implementation at the same time, something that this study sets out to do.

In the next chapter, the emergence of a relatively new approach to the study of strategy i.e. studying strategy *as practice* is described. A conceptual framework for this research study is developed and the difficulty of strategising and studying strategy in pluralistic organisations is discussed.

CHAPTER FOUR: Strategy-as-Practice

4.1 Introduction

Human agency in strategy is a theme that is continued in this chapter, which begins by defining strategy-as-practice and setting this within the broader practice turn in research. It outlines how the strategy-as-practice field attempts to reintroduce the concept of human agency by re-focusing research on the actions and interactions of agents in organisational strategizing. It introduces yet another dichotomy or "bifurcation", that of intra vs. extra-organisational research and the importance of considering both simultaneously in strategy research. The chapter introduces the concepts of praxis, practices and practitioners and works towards a refinement of these concepts in order to develop a conceptual framework for this research. The chapter concludes with an exploration of the difficulties of strategising and studying practice in pluralistic organisations.

4.2 Strategy as Social Practice

Several writers have recently called for research exploring strategy as a form of social practice (Hendry, 2000; Jarzabkowski, 2003, 2007; Samra-Fredericks, 2005; Johnson and Huff 1998; Whittington 1996, 2001; Hendry and Seidl, 2003). These and other writers believe that framing strategy research in the context of social theories of practice, such as those of Giddens (1976), Foucault (1980), Bourdieu (1990) or de Certeau (1988) has the potential to advance our understanding of the role of strategy in changing organisations. Strategy-as-practice is concerned with how strategy emerges from the interactions between actors or agents and the contexts they operate in. Jarzabkowski defines it thus "strategy-as-practice examines both structure and individual as they engage in the daily activities that comprise their practice context. Through a focus upon strategy as practical activity, we may understand both the continuous performance of strategic work and its evolving nature as patterns of activity are re-interpreted" (2003:51).

Strategy-as-practice endeavours to explain how managerial actors perform the work of strategy, both through their social interactions with other actors and with recourse to the specific practices present within an organisational context (Hendry, 2000; Whittington, 1996, 2002; Jarzabkowski 2003). Practice embraces the interactions and interpretations from which strategic activity emerges over time. Practices are those habits, artefacts, and socially-defined

modes of acting through which the stream of strategic activity is constructed (Whittington, 2001; Jarzabkowski, 2003). However strategy is not necessarily confined to managers or strategists. We can have bottom-up (Mintzberg 1987) or middle-out (Nonaka 1988) as well as top-down strategy formulation, thus implying that any activity in an organisation may or may not constitute strategic practice regardless of whether it bears that label.

4.3 The Practice Turn and Human Agency

The strategy-as-practice research field has gained considerable momentum within the last decade. Jarzabkowski et al. (2007) attribute this growth to a general unease with the way that strategy research has developed over the past three decades. Largely influenced by micro-economics, the tendency has been towards mechanistic frameworks and models based on analysis at the inter-firm or industry level. Whilst Mintzberg (1987), Pettigrew, (1992) and others took a step in the right direction by initiating the process approach to strategy, some strategy researchers (e.g. Chia, 2004) feels that this approach does not go far enough in attending to the actual micro-practices and everyday routines of strategy formation. The neglect of the human being in strategy is an issue referred to by many authors (Jarzabkowski et al. 2007; Jarzabkowski, 2004; Whittington, 2003; Tsoukas and Knudsen, 2002; Ghoshal and Moran, 1996). The strategy-as-practice field attempts to reintroduce the concept of human agency by re-focusing research on the actions and interactions of agents in organisational strategizing. This renewed interest in human agency in strategic action is something that is focused within a wider shift in the social sciences, the "practice turn" (Orlikowski, 1992, 2000; Orr, 1996; Schatzki et al., 2001) or "linguistic turn" (Alvesson and Karreman, 2000; Grant et al. 2003), largely in response to a general dissatisfaction with the prescriptive models and frameworks that typify management and organisation research prior to the 1990s.

Seminal theorists (Bourdieu, de Certeau, Foucault and Giddens) of this practice turn shared a desire to overcome the traditional dualism between 'individualism' and 'societism' in social theory. The individualist approach attributes too much to individual actors whilst ignoring or neglecting the influence of more macro issues. Those who take a societist approach on the other hand, forget the micro and tend to be over-focused on the contributions of large social forces. Practice theorists attempt to bridge this gap by acknowledging both the contribution of individual activity and of societal forces.

Whittington (1996) identifies three core themes that are integral to practice theory. He sees practice theorists as having a concern with society, with how 'social fields' (Bourdieu 1990) or 'systems' (Giddens 1984) define the practices – shared understandings, cultural rules, languages and procedures – that guide and enable human activity. Bourdieu (1990) describes the 'habitus' – the often unconscious incorporation of social tradition and norms into ordinary human conduct, thus individuals influence the social and the social influences individual activity. Second, Whittington describes how practice theorists "hold on to individuality" (2007:615) by focusing on people's activity 'in practice'. Both de Certeau and Bourdieu focus on the process of the activity, whether it be the capturing of the 'murmurings of the everyday' (de Certeau 1984:70) or the practical sense in which life is actually lived in the moment (Bourdieu 1990). Third is the actor, on whose skills and initiative activity depends. Whittington points out the potential for actors to become creative agents, "they are potentially reflexive enough and their social systems open and plural enough, to free their activity from the mindless reproduction of initial conditions" (2006: 615).

Johnson et al. (2003) emphasize the importance of human agency by focusing on the myriad of micro-actions through which organisational members shape strategic outcomes. The parlance of organisations *having* a strategy is thus replaced by the notion of organisations *doing* strategy. Whilst recognising the potential contribution of micro-actions to organisational strategizing, Whittington (2006) highlighted the need to consider such micro-actions in the wider social or institutional context. Actors draw on the social infrastructure, the tools, technologies, routines and discourses in a way that links the micro and the macro within organisations and within fields of industry. The strategy-as-practice approach emphasizes explicit links between micro- and macro-perspectives on strategy as a social practice (Jarzabkowski et al, 2007; Jarzabkowski 2004; Whittington, 2006). Jarzabkowski et al.(2007) claim that the re-conceptualisation of strategy as 'doing' at multiple social levels solves some of the broader contextualisation problems highlighted by critics of a research agenda that focuses primarily or exclusively on micro-actions. Chia (2004) describes the strategy-as-practice approach as something which "injects a much-needed degree of realism into academic theorizing" (2004:29).

4.4 The Development of a Strategy-as-Practice Theory

In order to further develop the field of strategy-as-practice research, Jarzabkowski et al. (2007) identify the following as critical questions that researchers need to attend to:

What is strategy?

Who is a strategist?

What do strategists do?

What does an analysis of strategists and their doings explain?

How can existing organisation and social theory inform an analysis of strategy-as-practice?

These questions are considered important theoretically in establishing the conceptual orientation of any piece of research, practically for informing different aspects of strategy practice, and analytically for defining the level and unit of analysis for empirical research (Schatzki et al, 2001; Whittington, 2003; Jarzabkowski et al. 2007).

From the strategy-as-practice perspective, strategy tends to be conceptualised as "a situated, socially accomplished activity", while strategizing "comprises actions, interactions and negotiations of multiple actors and the situated practices that they draw upon in accomplishing that activity"(Jarzabkowski et al. 2007:7-8). But what are these situated practices? Many authors have taken the view that such practices must have a particular connection with strategic activity or intent, e.g. strategy workshops, away-days, strategic planning meetings etc (Hendry 2000; Knights and Morgan 1991). Jarzabkowski et al. (2007) adopt a broader view that considers activity as strategic to the extent that it has consequences for strategic outcomes, the organisation's direction, survival and competitive advantage, even when these consequences are not part of an intended and formally articulated strategy. Chia (2004) identifies that much of what is construed as strategy work involves, talk, presentations, committees and the routines of everyday practices. He believes the real question for researchers is "'Are these visible practices really strategy-shaping?' Or are they in fact the mere manifestations of an underlying unconscious pattern of dispositions that provides consistency to managerial actions that we might more accurately call "strategy-in-practice?" (2004:29).

He believes that part of the problem lies in the ambiguous status of the term 'practice'.

In Bourdieu's (1990) *Logic of Practice* he asserts that the theory of practice is fundamentally based on the understanding that objects of knowledge are socially constructed and this construction is guided by a transposable set of dispositions which he terms *habitus*. Habitus

is an unconscious orchestration of actions that do not presuppose agency or intentionality. Chia (2004) describes habitus as a set of internalized predispositions that "enables actors to cope with unexpected and changing situations by inducing non-deliberate responses that, while always containing a degree of local improvisation, nevertheless reproduce the regularities that make most human actions appear eminently sensible or reasonable" (2004:30). Bourdieu dismisses the idea that the meaning and consequences of actions can be fully attributable to the intentions of agents. Chia (2004) thus reflects on the question of whether away-days, strategy meetings and presentations are or are not part of strategising-in-practice. "They could just as well be about the *post hoc* justification of a strategic orientation that has already been arrived at *a priori.* If we take these representational activities to be strategising-in-practice, we might be mistaking the 'menu for the dish'" (2004:30).

What lies at the core of this seems to be Heidegger's (1926, 1962) premise that much of our everyday activities and practices occur without recourse to conscious planning or deliberate action. This does not imply that we are programmed into the repetition of specified actions or behavioural routines, but that habitus restricts the range of repertoires we have to deal with any particular situation (Chia, 2004, Bourdieu, 2002). Bourdieu believes that habitus is the source of these series of actions or routines which can be "organised as strategies without being the product of a genuine strategic intention" (2002:73). Chia (2004) decides that a more fruitful way of understanding strategy might be as "skilled improvised *in situ* coping" (2004:33).

Chia (2004) reflecting on how little we know about the work of strategizing, despite decades of research, suggests that strategy-in-practice "answers to a different logic of engagement from that that the academic world is most comfortable with: a practical logic that, while internally coherent and plausible to the world of practitioners, is often misrepresented and force-fitted into an academic logic of rationality that requires practice to speak itself in a language foreign to its application"(2004:33). He highlights the tension that is created due to the fact that *management studies* as an academic discipline is still governed by the ideals of a science that defines rigour in terms of a surveying of consciousness: a spectator theory of knowledge. Whilst as an applied discipline, *management studies* is under pressure to respond to the pragmatic concerns of the practitioner world seeking answers in terms of 'how to' rather than 'what' and 'why'.

Whittington argues that, with a few exceptions (e.g. Rouleau 2005), practice-orientated research has tended to bifurcate between intra- and extra-organisational levels. He draws our attention to the extra-organisational level, where there is a growing body of work on the influence of strategy practices on whole societies or sectors (e.g. Knights and Morgan 1991; Oakes et al. 1998; Whittington et al. 2003; Grandy and Mills 2004). Other practice-orientated studies, he claims, have grappled more directly with intra-organisational strategy activity (e.g. Dougherty 1992; Jarzabkowski and Wilson 2002; Maitlis and Lawrence 2003; Samra-Fredricks 2003). He feels that key elements of strategy formulation and implementation are being missed because of this bifurcation, because an understanding of the broader context can help make intelligible some of the complexity uncovered in in-depth investigations of the micro issues and equally "close engagement can uncover the real ambiguity and fluidity of the broad strategy trends found in sectoral or societal analyses" (2006:617). He believes that completing the practice turn means looping the two levels more closely together.

4.5 A Conceptual Framework

4.5.1 Praxis, practices and practitioners

Whittington (2006) proposed that three elements of a theory of practice may be isolated: praxis, practices and practitioners. 'Practices' , he defines as shared routines of behaviour, including traditions, norms and procedures for thinking, acting and using 'things'. 'Praxis' – a greek word- refers to actual activity, what people do in practice. Practitioners are strategy's actors, the strategists who both perform this activity and carry its practices. Whittington points to how the alliteration of the three concepts is intended to reinforce the sense of mutual connection. Strategy practitioners are all the actors who make, shape and implement strategies. This includes the top management team, strategic planners, middle managers, but also external actors such as strategy advisors, business consultants and change agents. He defines praxis as all the various intra-organisational activities involved in the deliberate formulation and implementation of strategy. This includes episodes (Hendry and Seidl, 2003) such as board meetings, management retreats, team briefings, presentations, projects, and simple talk (Mezias et al. 2001; Westley 1990; Whittington, 2006). Praxis, therefore, refers to a wide variety of activities, "embracing the routine and the non-routine, the formal and the informal, activities at the corporate centre and activities at the organizational periphery" (Whittington, 2006:619).

Strategy's practices are the organisation's routinized activities. They are multilevel (Klein et al. 1999) and may be organisation-specific i.e. embodied in the routines, operating procedures and cultures (Nelson and Winter 1982; Martin 2002) of organisations and capable of shaping local modes of strategizing. One pertinent example that Whittington refers to is Jarzabkowski and Wilson's (2002) university committees. For Whittington, practice theory emphasizes the extra-organisational too — the practices deriving from the larger social fields or systems in which a particular organisation is embedded. He provides examples, such as the norms of appropriate strategic behaviour set by industry recipes (Spender 1989), or types of discourse that inform and legitimate ways of doing strategy (Barry and Elmes 1997; Maguire et al.2004); and specific strategy techniques, such as Porterian analysis (Knights 1992; Jarzabkowski 2004).

Although Giddens (1979) allows for "methodological bracketing" of the three concepts of praxis, practices and practitioners, Whittington argues for a more integrative approach to researching strategy, building on the interconnectedness that exists between the concepts. In keeping with practice theory, he sees practitioners as "the critical connection between intra-organizational praxis and the organizational and extra-organizational practices that they rely on in this praxis" (2006:620). Moreover, he argues that practitioners are not passive but, as reflexive actors, have the possibility of changing the ingredients of their praxis. By reflecting on experience, practitioners are able to adapt existing practices, to synthesize new practices; and even to introduce new practitioners and new practices. As they strategize, practitioners draw upon the set of practices available from their organisational and extra-organisational contexts. As they draw on these practices, strategy practitioners can also reproduce, and occasionally amend, "the stock available for their next episode of strategizing praxis" (2006:621).

The difficulty this model poses is the overlap between praxis and practices. This makes an empirical analysis difficult. Different writers have put forward very different definitions of praxis and practices. Reckwitz describes practices as a " routinised type of behaviour which consists of several elements, interconnected to one another: forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge".(2002:249). Giddens view is that practices exist as the regularized activity of agents that bring about

relations of interdependence between individuals and groups (1979:66). They are routinised, stable and institutionalized features of social systems that persist across time and space, are always situated and actors can adapt them within their course of action. De Certeau (1994) describes practices as ways of operating, or how schemata of actions are used within organisations. They have also been described as habits, artefacts and socially-defined modes of acting (Turner, 1994; Whittington, 2001). Jarzabkowski (2003) concludes that practices may be seen as the infrastructure through which micro strategy and strategizing occurs, "generating an ongoing stream of strategic activity that is practice" (2003:24). Common in all these definitions is the routinized and regularized nature of practices or "the repetitive, recognisable patterns of interdependent actions carried out by multiple actors" (Feldman and Pentland, 2003:95) that guide strategic activity. Feldman and Pentland distinguish between *ostensive routines* – the ideal or schematic form of a routine or the routine in principal or 'what is supposed to happen' and *performative routines* – "specific actions, by specific people in specific places and times" (2003:101).

Johnson et al. (2007) argue that this is close to what Whittington (2006) refers to as praxis – connoting not only everyday activities but the relationship of those activities to the context in which they take place. Sztompka (1991) similarly sees praxis as the nexus of what is happening in society and what people are actually doing i.e. it is the interconnection between the actions of individuals or groups and the socially, politically and economically embedded institutions within which individuals act and to which they contribute (cited in Jarzabkowski et al, 2007:9). Johnson et al. (2007) add that praxis differs from practices in that it allows for non-routinized behaviour and the synthesis of new behaviours from old behaviours (2007:27). Further refinement of the concept of praxis is possible by drawing on Luhmann's social systems theory.

4.5.2 Luhmann's contribution to an understanding of praxis – strategic episodes

Niklas Luhmann's social systems theory describes *episodes* as providing a mechanism by which a system can suspend its routine structures and so initiate a reflection on and change of these structures. Hendry and Seidl (2003) applying Luhmann's theory to the organisational process of strategic change, draw attention to the nature of strategic episodes and to their organisational role as "the effective locus of strategic practice and the interaction between strategic and operating routines" (2003:175). Hendry and Seidl outline a sociological

perspective on strategy as having two faces. Strategies help to structure, organize and give meaning to the operations of an organisation, providing stability and direction. They shape the routines and discursive structures of an organisation and are in turn shaped by these. However they are also concerned with change and new directions, with how the future might differ from the present.

Contextualizing strategy within a theory of practice focuses attention on its routine and routinizing elements, something which strategy-as-practice theorists claim has been largely neglected in previous strategy research (Whittington, 2001, 2007; Jarzabkowski, 2000, 2007). However Hendry and Seidl argue that if strategy is to be conceptualized as a social practice, so too must the other activities of an organisation, and this they believe raises the problem of "how, other than by incremental adaptation to external pressures or incremental changes arising as a by-product of the systems of reproduction (as language, for example, changes with each application), can the structures and institutions of recursively self-reproducing systems, in this case organizations, ever change?" (2003:177).

This self-reproducing nature of organisational practices is something that several organisation and strategy theorists have referred to in their writings, for example defensive routines (Argyris, 1985), groupthink (Janis, 1982) strategic drift, the cultural web (Johnson, 1987), sensemaking (Weick, 1979) and memes (Weeks and Gallunic, 2003). There is general agreement that organisations find it difficult to establish reflexive strategic practices that transcend the structural constraints of the organisation. Some use external consultants or facilitators to generate this higher level discourse. But, even if an organisation does succeed, it can be very difficult to enact the strategic plans or changes envisaged (Pettigrew, 1985). The self-reproducing nature of organisational structures and routines make them inherently resistant to externally imposed change (Johnson, 1990; Hendry and Seidl, 2003).

Hendry and Seidl (2003) argue that most practice theorists have not given sufficient attention to the question of how organisations change, given their recursive natures. The exception they claim is Luhmann whose social systems theory they describe as "the most rigorous attempt yet at a theory of self-reproducing social systems" (2003:178). Luhmann (1986, 1995) considers the basic element of all social systems to be communication. He sees communication as a social operation that cannot be causally reduced to individual action

(Luhmann, 1997). It is the understanding rather than the utterance or intention that determines the significance of the outcome of the communication (Hendry and Seidl, 2003). Such understanding is of course an abstraction, known only through its impact on further communication (Bateson, 1972:315; Hendry and Siedl, 2003:179). Luhmann therefore sees social systems not as systems of actions but systems of communications in which each communication determines what further communication occurs. Luhmann's concept of episode – a generic structural feature of all social systems - is a sequence of communications marked by a beginning and ending. Hendry and Seidl perceive the value of episodes being the opportunity they provide for the normal constraints of communicative practice to be suspended and alternative communicative practices to be explored e.g. as in a strategy day. Even ordinary business meetings can be considered episodes as they are marked by a time beginning and time ending and it is this time ending that provides a criterion for the selection of communications. As Hendry and Seidl point out, people behave differently when an interaction is time-limited from how they do when it is indeterminate. Johnson et al. however argue that unless the structures of communication change there is a danger that the random variations in patterns of activity will not necessarily be goal-directed and therefore may be of little strategic significance.

Two other important characteristics of episodes referred to by Hendry and Seidl are: 1) the ending doesn't have to be decided in advance, the actions can be focused on *an* ending or even only on the fact that *there will be* an ending; 2) the episode can be goal-oriented, time-oriented or both (i.e. the ending can be determined by a fixed time limit, a particular goal that needs to be achieved or a combination of both). In Luhmann's theory, episodes can be set up spontaneously or routinely on a periodic basis (e.g. a weekly planning meeting), or as a routine response triggered by some particular circumstances (e.g. an enquiry into a run of defective products). The ending can either be spontaneous or determined by the routines inside or outside the episode. Hendry and Seidl say that the beginning and ending of an episode create an inside/outside difference between the sequence of communications within an episode and the communications that take place before and after it. Luhmann (1990) argues that it is the *structures* of communication that are different – where structure is that which both enables and restricts communications. Hendry and Seidl believe that for an episode to remain part of an organisation, significant elements of the normal structures will have to be retained. "During an episode....there are to a greater or lesser extent different

structures or restrictions in place from those in place before or after it …., and the beginning and ending of the episode can be seen as the points at which these restrictions are changed.' (2003:182). Indeed, they claim that the basic function of episodes is simply to make it possible to suspend and replace structures for a certain time period. By achieving this, episodes create a space in which the organisation can observe itself and initiate a change of its structures. Johnson et al. (2007) define the creation of strategic episodes (strategy reviews, retreats etc.) as "the setting aside of certain specific times and places within which different rules apply and in which the structure of communication may be changed in such a way as to permit reflexive thought about the operational organizational routines that lie outside the episode" (2007:59). The suspension or replacement of structures can take many forms depending on the nature of the episode. For example a strategic planning episode that involves a wide variety of employees at different levels may suspend the hierarchical rules of the organisation and allow ideas and criticisms to emerge from people other than senior managers. Off-site events can also signal a change in communication rules, with greater informality and less focus on divisional or functional areas of the organisation. There are many ways in which the structures for a strategizing episode may be determined, sometimes it is with the help of outsiders or external consultants, sometimes it is through the expectations of organisational members who have been exposed to such episodes in other organisations and at other times there is a spontaneous emergence of different structures assisted by a change of environment or even dress code. Hendry and Seidl observe that "the suspension of structures creates the ambiguity that makes a self-organizing process possible. This ties in with the observation of many strategy researchers (Frederickson, 1983; Hampden-Turner, 1993; Mintzberg, 1978; Pettigrew and Whipp, 1991; Quinn, 1988) that one of the defining characteristics of strategic change processes is ambiguity" (2003: 185).

4.5.3 Strategic episodes and organisational change

A question that has occupied the minds of many strategists and researchers is how do you then take the output from the strategic episode and integrate it into the wider organisation in order to produce change. In Luhmann's theory such outputs or plans are seen as evolutionary variations that are subjected to a multi-stage selection process. The first-stage Luhmann calls latent selection and this determines whether or not a connection is established between the communications within the episode and those of the wider system. Hendry and Seidl (2003) say that this is mainly a function of chance, but it can be influenced both by the mechanisms

that are used to receive the outputs from the episode and by the way in which these outputs are communicated to the system (e.g. presentations, strategy documents, discussions etc.). The second stage called manifest selection can only occur after a positive latent selection and is an explicit decision to accept or reject the new strategy. This is also a function of chance and is subject to the same influences as latent selection. The third stage, which Hendry and Seidl compare to strategy implementation, is where the operating structures are revised and re-stabilized around the new strategy. Selection is thus a function of the operational survival of manifestly selected strategies within the wider system, influenced by the operational viability of the strategy, and by the communicative links between the processes of the episode and those of the parts of the operating system that are critical for implementation (2003:187).

The importance of strategic episodes (such as strategy reviews, away-days, strategic planning meetings etc.) has long been recognised in the literature on strategic change (e.g. Johnson, 1987; Pettigrew, 1985; Weber, 1998; Hendry and Seidl, 2003) and they have become common activities in most organisations. Hendry and Seidl claim that the application of Luhmann's theory gives a number of specific insights to the nature and function of such strategic episodes, that have, despite their prominence, received little attention from researchers. The first insight is that we should view strategic episodes in general as a routine element of organisational life, the routine suspension of normal operating structures being essential to the long-term survival of an organisation and an integral part of its structure. The second is a reminder that strategy also provides stability in an organisation. A strategic episode that provides a positive confirmation of an existing strategy is just as important as one that results in change. Thirdly, for managers whose primary activities lie in operational management, strategic episodes can be their routine focus of strategic practice – they provide managers with an escape from the constraints of the operating structures so that they can engage routinely in strategic practice. Fourthly, the separation that enables strategists to reflect critically on the organisation has to be balanced against the severing of communications with the operating system, and strategic episodes can help by allowing operational managers to engage with the reflections of the strategists.

Hendry and Seidl reflect that although strategic episodes have been discussed in the literature, they have been subject to very little in the way of systematic analysis. "The consensus is that these are a 'good thing', but we know almost nothing about how effective they are, let alone

about what distinguishes the more effective from the less so" (2003:192). They argue that Luhmann's theory gives us a framework for a more systematic study by focusing attention on three critical aspects of episodes: 1) the ways in which they are set up, within which the focus is on determination of which structures are or are not suspended and on the necessary decoupling of the episode from the organisation as a whole; 2) the ways in which they are terminated, within which the focus is on the mechanism for re-coupling the strategic reflection with the organisation; and 3) the ways in which they are conducted, within which the focus is on the discourses generated and the types of reflection achieved (2003:189). Johnson et al (2007) lend further credence to the strategic episode as a useful focus for future research by declaring that "the notion of strategic episodes as developed by Hendry and Seidl (2003) is thus an intriguing theoretically grounded way of defining units of analysis for the study of Strategy as Practice" (2007:59).

For the purposes of this study, figure 4.1 presents a simplified model of strategy-as-practice concepts, where the units of analysis are based on the concepts of strategic episodes, practices and practitioners and strategizing occurs in the interaction between all three elements. Central to this model is the belief that strategic episodes do not of themselves produce strategic change, they are simply part of the formulation of strategy. Practices are the vehicles by which strategy is implemented. In order to truly understand strategizing and its effect on an organisation's future it is imperative to study both formulation and implementation. Hence there is a need to explore the activity of practitioners, not just within the strategic episode, but also in the everyday practices of the organisation.

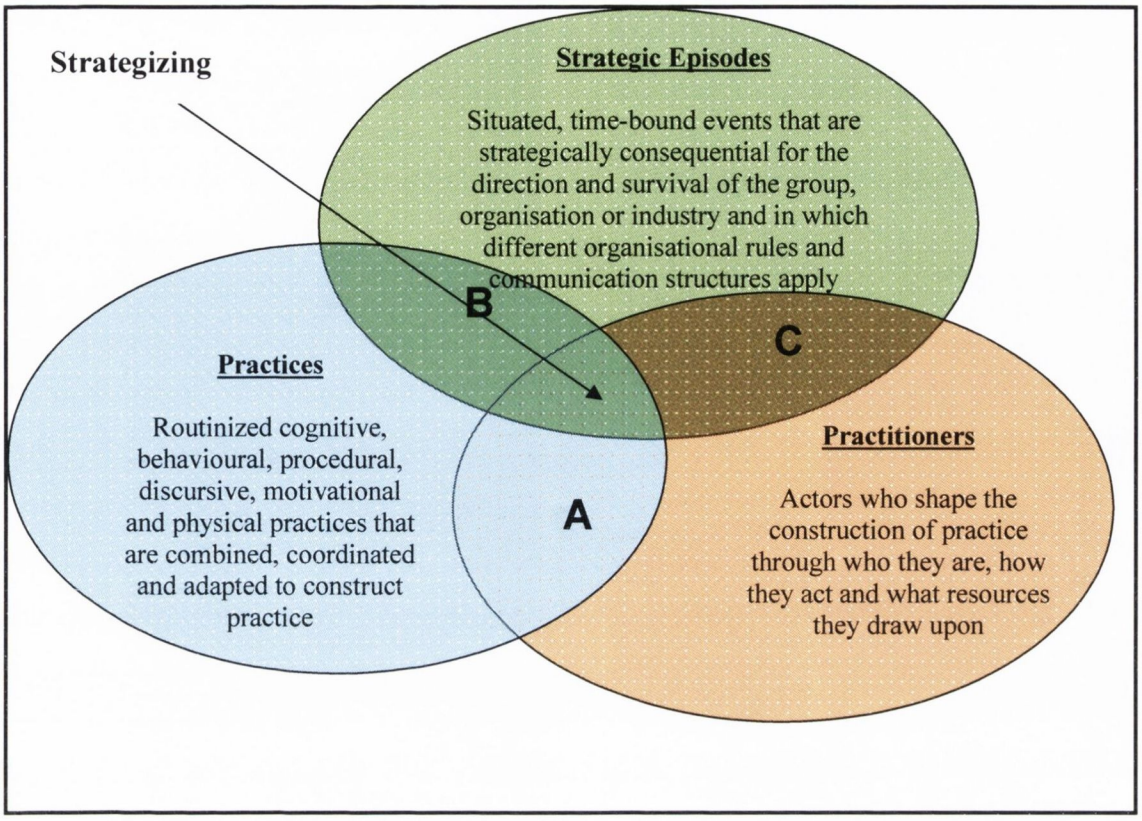

Figure 4.1: A Conceptual Framework for Analysing Strategy-as-Practice.
Adapted from: Rasche, A, (2008:279).

4.6 Strategy and Pluralistic Organisations

"Pluralistic organisations characterised by multiple objectives, diffuse power and knowledge-based work processes present a complex challenge both for strategy theorists and strategy practitioners because the very nature of strategy as usually understood (an explicit and unified direction for the organisation) seems to contradict the natural dynamics of these organisations" (Denis et al.,2007:179).

Jarzabkowski and Fenton define pluralistic contexts as "those that are shaped by the divergent goals and interests of different groups inside and outside the organisation. Internally, these divergent interests result in multiple organizing processes, while the interests of external stakeholders lead to multiple strategic goals and objectives" (2006:631). Several authors, addressing "strategizing" in contexts that would be considered pluralistic (such as hospitals, voluntary or non-profit organisations, universities etc.), have drawn attention to the ways in which the practices of strategizing differ from generally accepted thinking about strategic management (Denis et al. 2007). For example Mintzberg and his colleagues, through their

studies of a national film board and a university, described how these organisations produce coherent patterns of activities despite having no obvious centralised intention (Mintzberg and Waters, 1985; Mintzberg and McHugh, 1985). Denis et al. (2007) describe this as having a certain consistent orientation emerge through the cumulative activities of autonomous professionals or through a spontaneous convergence, this orientation being recognisable to the outside world as a strategy. Studies that address what happens when strategic activities, more typically associated with mechanistic-type organisations, are introduced into pluralistic contexts have produced interesting findings.

Denis et al. (1995) observed that when strategic planning was adopted by hospitals they experienced great difficulty arriving at a coherent set of plans, instead tending towards the production of long lists of disconnected vague developmental recommendations that invariably did not provide sufficient guidance on what actions the hospital should prioritise. Cohen and March (1986) observed similar dilemmas for leaders of pluralistic organisations when observing the role of university presidents. "When purpose is ambiguous, ordinary theories of decision-making and intelligence become problematic. When power is ambiguous, ordinary theories of social order and control become problematic" (1986:195). An additional problem discovered by Denis et al. (1996, 2001) in their studies of healthcare settings is the fragile nature of novel strategic plans in a context where leadership is shared. They noted that in these contexts change moved forward in discontinous leaps, as the leaders' attempts to implement strategic visions often stimulated resistance, leading to leadership turnover and setbacks in implementation. In the university context where leadership roles usually have short-term cycles of 3-5 years similar problems arise in terms of starting, stopping and direction changes in strategy formulation and implementation.

Despite these emerging inconsistencies, pluralism has largely been ignored in strategy theory, which tends towards a coherent view of organisations and their activities (Jarzabkowski and Fenton, 2006). While pluralistic organisations tend to be characterised by a number of divergent strategic goals, strategy theory tends to be concerned with how organisations can obtain a distinctive unified strategic focus, and as a result may be inadequate to understanding strategizing in pluralistic organisations. Multiple strategic intentions also have consequences for the internal organising processes that emerge as individuals and groups try to respond to these demands. Jarzabkowski and Fenton define *organizing* as "the creation and

use of structural practices and coordination processes by internal stakeholders to enact the organization's identity, culture and interests" and *strategizing* as "those planning, resource allocation, monitoring and control practices and processes through which strategy is enacted" (2006:632). They identify two distinct sources of pluralism *externally-motivated pluralism* where the organisation produces multiple strategies in response to multiple, shifting and often conflicting environmental demands and *internally-motivated pluralism* which emerges from multiple and often diverse internal interests manifesting in multiple organisational processes. They argue that the interdependence between these two sources of pluralism creates tensions. "Pluralistic organizing tensions are typical in public sector and not-for-profit organizations, such as universities, hospitals and local government authorities, which develop different bureaucratic organizing practices and processes to cater to the interests of autonomous knowledge workers and cope with their administrative pressures" (2006: 632).

Figure 4.2 (sources from Jarzabkowski and Fenton, 2006) highlights particular types of pluralistic organisations where tensions between organizing and strategising are evident. The vertical axis indicates high organizing sources of pluralism, and the horizontal axis indicates high strategizing sources of pluralism. They suggest that ongoing alignment between the two results in three practical problems in the interdependence between strategizing and organizing:

1. Pluralistic organizing pressures have unintended strategizing implications.

Organisations with divergent cultures and interests and knowledge intensive workforces have diverse professionally-based identities. This environment encourages pluralistic organizing which places pressure on the organisation's ability to enact a coherent organisational strategy. Instead what is likely to emerge are multiple strategic objectives, that do not cohere into a mono-directional strategic plan.

2. Pluralistic strategizing pressures strain organizing capacity.

Jarzabkowski and Fenton give the example of two universities under increasing pressure from the state, funding bodies and the education market that put pressure on them to achieve excellent research, high-quality teaching and to generate commercial income. These multiple strategizing pressures placed the professional autonomy and academic sub-cultures, interests and identities of the universities under considerable pressure. The first university proved

unable to develop sufficiently flexible organizing processes to meet pluralistic strategizing pressures.

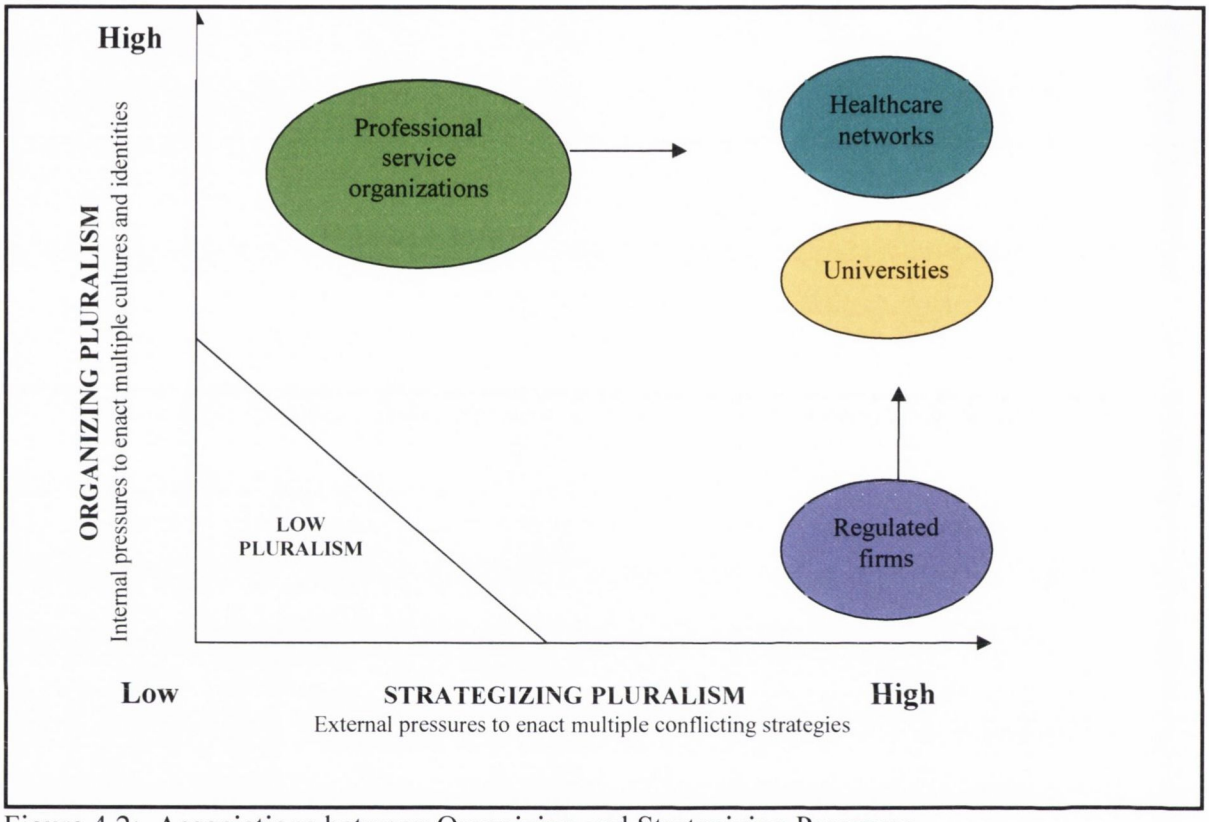

Figure 4.2: Associations between Organizing and Strategizing Pressures
Source: Jarzabkowski and Fenton (2006:637)

"The attempt to develop one main organizing process- the strategic planning cycle- to coordinate, monitor and control the pluralistic strategizing demands upon the university resulted in conflict and trade-offs between strategies as staff continued to adhere to their professional culture and identity as excellent teaching academics and failed to commit to the new strategies. Modern (university pseudonym) was simply unable to develop sufficient mutual adjustment within their organizing processes to meet the multiple strategizing demands that they faced" (2006:639).

The second university had a reputation of generating commercial income and was also highly ranked for teaching and research. The management at this university developed several organizing practices each aimed at fulfilling a particular strategy (e.g. excellent research,

high-quality teaching) and modified these practices according to changing environmental demands.

"These multiple, differentiated organizing practices enabled Entrepreneurial (university pseudonym) to fulfil the pluralistic demands upon the university. However, ongoing managerial attention was required in order to ensure continuous mutual adjustment between the strategizing pressures on the organization and the organizing practices these gave rise to. Top managers found themselves increasingly stressed by the demands on their time" (2006:640).

3. Protracted tensions between organizing and strategizing.

Jarzabkowski and Fenton claim that increasingly there is evidence for organisations that fall in the top-right hand corner of figure 4.2, i.e. they are subject to high organizing and high strategizing pressures. Organisations such as public sector and not-for-profit ones which tend to be populated by professional cultures and interests that may not align with those of management can exhibit high organizing tendencies. Yet such organisations are becoming increasingly pressured by public scrutiny and demands for high quality services and greater resource efficiency leading to pluralistic strategizing tensions. The combination of pluralistic strategizing and organizing tensions, they claim, make it difficult to align strategizing with organizing. Such organisations thus tend to have high levels of conflict and difficult leadership roles.

In a further analysis of the association between strategizing and organizing, Jarzabkowski and Fenton, propose three modes of association: interdependent, destructive and imbalanced. The interdependent mode they conceptualise as an ideal state in which organizing and strategizing are mutually reinforcing and create organizing practices that are both tailored to the strategic goals of the organisation and that recognize the interests and identities of different organisational groups. A destructive association is one where there is extreme pluralism in both domains, conflicting objectives cannot be aligned and the organisation is pulled in many directions by its organizing processes. The imbalanced mode, they describe as "a more insidious form of pluralism, creeping up on organizations without managerial recognition of its source or implications" (2006:642). The imbalanced mode is characterised by organizing practices that block strategic objectives by deflecting attention from some goals towards

others, while some strategizing practices may emphasize the interests of some parts of the organisation at the expense of others, raising conflicts between subcultures and identities.

Denis et. al. (2007:182) identified three types of problems for those attempting to influence organisational action (strategizing) in pluralistic contexts:

1) Individual autonomy is often associated with collective paralysis: with an emphasis on knowledge-based work in an environment characterised by diffuse power there is ample scope for individual action. This can be problematic for attempts to promote integrated organisational action as individual's degree of autonomy means they are free to dissociate themselves from this.
2) Participatory strategizing produces inflationary consensus: Diffuse power means the necessity to consult with multiple stakeholders and engage in participative strategizing in an attempt to engender collective ownership. Yet, research (Denis et al. 1996) shows that in such circumstances consensus reached in strategies may often be achieved at the expense of realism.
3) Diffuse power and divergent objectives produce dilution in strategic change initiatives: in organisations with diffuse power structures, the implementation of strategy must be negotiated through the same people and processes that produced a perception of the need for change. Any strategic change is therefore subject to dilution such that the end result may be partially implemented structures, and strategies, hybrids between what is desired and what already exists.

Denis et al. (2007) argue that rational models of strategic management are of limited assistance in understanding or confronting these challenges, as these models tend to assume away pluralism in organisations. The literature on the role of political processes in strategy does offer some understanding (Hardy, 1995; Narayanan and Fahey, 1982; Pettigrew, 1973) of how in organisations where there is diffuse power and divergent objectives, strategies tend to be the result of 'pulling and hauling' (Allison, 1971) among competing interests and visions of appropriate strategic directions. However some writers have pointed to the difficulty of a power and politics perspective, in which power is seen as a legitimate resource for leaders and top management (Hardy and Clegg, 1996; Denis et. al., 2007) and the power and politics lower down the organisation is labelled as resistance and perceived as something subversive (Coghlan and McAuliffe, 2003). This has prompted Denis et al. to call for a

"perspective on strategizing in which pluralism is viewed as a natural state of affairs and not as a subversive aberration" (2007:183). Jarzabkowski and Fenton argue for more research of pluralistic organisations. "the study of pluralistic organizational contexts, with their multiple, fragmented and potentially conflicting strategic objectives, offers the potential for more complex theoretical and practical insights into the interdependence between strategizing and organising practices and processes" (2006:632).

4.7 Summary

This chapter has briefly described the emerging field of strategy-as-practice. The conceptual differences in the key concepts of strategy praxis, practitioners and practices are explored and a conceptual framework for this research is proposed. Continuing the argument in previous chapters, the importance of exploring the intra and extra-organisational influences on strategy in an attempt to marry the macro and the micro is here reinforced in the consideration of the difficulties of strategizing in pluralistic organisations. The importance of factoring in pluralism rather than explaining it away is emphasised. This exploration of the strategy-as-practice literature has helped to shape the design and focus of this study, something which will be discussed in detail in the next chapter.

CHAPTER FIVE - Methodology

5.1 Introduction

This chapter explains the research philosophy underpinning this study. It briefly describes the interpretive approach and its relevance to this study. The primary methodology adopted for this study is the case study. The potential contribution of single case studies is discussed and the rationale for adopting this methodology is explained. In addition, the key methodological problems for conducting strategy research are explored along with the particular expectations that arise from the strategy-as-practice approach to this field of research.

The latter part of the chapter explores rigour and how it might be achieved in strategy research. This is followed by a mapping of the key components of this study outlining the specific methods for data collection and the sources of data. The chapter concludes with a description of the analysis conducted.

5.2 Research Philosophy

Quantitative methods are usually thought to reflect an empiricist and realist view of the world. Realism is the view that the world has an existence independent of us. The logic of inquiry in quantitative methods tends to be deductive. There is an assumption that we all inhabit the same world, and though we may perceive it differently, we can come to some agreement about the nature of this world. The empiricist researcher therefore believes that there are certain indisputable facts about the world and their task is to discover these facts.

Qualitative methods, on the other hand, reflect an idealist view of the world. For idealists, the world (not only moral facts and social structures but also the material world) is perceived as creations of the human mind. As Gibbs points out, the link between this view and the interpretive approach that is common in qualitative research is clear. "If we live in a world that we imbue with meaning and which we constantly interpret and give significance to, then it is only a short step to the view that our concepts, including those about what exists or not (and even the concept of reality) are something that humans have in some sense created" (2002:6).

Within the idealist view, constructivism is the belief that we as individuals construct our social worlds.

"There exist multiple, socially constructed realities ungoverned by laws, natural or otherwise...those constructions are devised by individuals as they attempt to make sense of their experiences...constructions can be and are usually shared...this does not make them more real, but simply more commonly assented to" (Guba and Lincoln 1989).

Idealists therefore reject the idea that there are facts that need to be discovered. Instead they see the role of the qualitative researcher being to reflect these constructions. Idealists do not attempt to discover how the world is, rather how some people perceive it.

5.3 Interpretive Approach

Whilst it can be argued that many organisational theorists operate from a reductionist perspective, (particularly those that believe that systems dynamics and human behaviour within systems can be modelled to produce predictable patterns of interaction), I approach this study from an interpretivist standpoint. The interpretivist position arises out of the hermeneutic tradition i.e. the belief that there is no objective or single knowable position and the researcher is an integral part of the research process. Within this position the ontology is subjectivist or relativist. The interpretive approach is based on the assumptions that human understanding and action arising from this understanding are based on the interpretation of information and events by the people experiencing them (Rabinow and Sullivan, 1979). Interpretation is essentially the assigning of meaning, meaning being a socially-constructed phenomenon (Weick, 1979). Understanding and action, including strategic action, thus derive from the framework of meaning ascribed by the organisation's members (Gioia and Chittipeddi, 1991). Any attempts to study such ascribing of meaning and its influence on action requires close proximity to the people involved in the process, or as Gioia and Chittipeddi suggest "understanding any such subjective organizational phenomena requires that the researcher be grounded in the organization's culture" (1991:435).

Equally, Stacey argues that "the insights about the nature of systems coming from complexity theory offer an opportunity to theorists and practitioners to explore a different way of thinking about life in organisations. However, this opportunity is rapidly lost if the insights are imported to organisation theorising from the methodological position of external observer,

implicitly based on the assumption of the powerful, autonomous individual so central to cognitivism" (Stacey, 2000:304). Stated simply, his argument is that "The methodological position of the external observer is a possibility if I want to study birds and ants because I am neither. However, if I want to study the behaviour of a group of people, it seems to me that I have to take account of the fact that I am one of them" (Stacey, 2000:304).

Thus, Stacey points to the impossibility of adopting the position of external or objective observer in one's own organisation. As one is continually influencing and influenced by the organisation in which one lives, it is impossible to be an objective observer. The logical conclusion is that in researching my own organisation, the interpretivist approach is critical to developing a greater understanding of strategizing.

5.4 Case Study Methodology

The primary methodology for this research is the case study. Development of theory is a central activity in organisational research and particularly so in case study research. Case study research extends the traditional approach to theory building which was based on combining observations from literature with experience and common sense. Case study data add what Glaser and Strauss (1967) refer to as the intimate connection with empirical reality that permits the development of a testable, relevant, and valid theory. According to Yin (2003) a case study approach is suitable when "a 'how' or 'why' question is being asked about a contemporary set of events, over which the investigator has little or no control" (2003:9). Eisenhardt (1989) advocates the use of case study research when little is known about a phenomenon, when current perspectives seem inadequate because they have little empirical substantiation, or when there are conflicting perspectives. She believes that case studies can be used to accomplish multiple aims such as providing description, testing theory or generating theory. Yin (2003) defines the scope of a case study:

"A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (2003:13).

He describes the technical characteristics of a case study as

"The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result

benefits from the prior development of theoretical propositions to guide data collection and analysis" (2003:13-14).

Stake (1994) considers case studies to be not a "methodological choice but a choice of object to be studied" and this object must be a "functioning specific" (such as a specific person or environment) but not a generality (such as a policy). Case studies are useful at all stages in the formation, development and testing of theories. Achen and Snidal, in their critique of case studies on deterrence, emphasise the critical importance of case studies for theory development and testing "Although many of our comments have criticized how case studies are used in practice, we emphatically believe they are essential to the development and testing of social science theory...The [case study] analyst is able to identify possible causal variables, a task essential to theory construction and testing.... Indeed, analytical theory cannot do without case studies. Because they are simultaneously sensitive to data and theory, case studies are more useful for these purposes than any other methodological tool" (1989:167-168).

5.4.1 Single case studies.

Some social and political scientists argue that causal explanation requires case comparisons and that single-case studies are of limited value in building theory. King et al., (1994) in their book *Designing Social Inquiry: Scientific Inference in Qualitative Research,* argue that the single observation is not a useful technique for testing hypotheses or theories and that findings are limited by the possibility of measurement error, probabilistic causal mechanisms and omitted variables. George and Bennett surmise that this view is based on the definition of a case as having only one observation on the dependant variable and quote King et al.'s acknowledgement that "since one case may actually contain many potential observations, pessimism is actually unjustified" (2005:208). They argue strongly in favour of single case studies that use process-tracing, because they claim it has the capacity for disproving claims that a single variable is necessary or sufficient for an outcome. "Process-tracing offers an alternative way for making causal inferences when it is not possible to do so through the method of controlled comparison" (2005:214). They suggest that process-tracing can assess the predictions of a theory where the theory is sufficiently developed that it generates or implies predictions about causal processes that lead to outcomes. In cases where theory is not sufficiently developed to make causal predictions, process-tracing of cases relevant to the

theory can identify causal processes not yet identified by the theory and in this way can contribute to theory building or theory development. They also state the importance of guarding against confirmation bias by emphasising the need for process-tracing to consider alternative processes that lead to the outcome in question. Process-tracing in a single case "may even exclude all explanations but one, if that explanation makes a process-tracing prediction that all other theories would be unlikely or even impossible" (2005:220). They defend single-case studies against criticism of measurement error, arguing that case study research is less prone to some kinds of measurement error because it can intensively assess a few variables along several qualitative dimensions, rather than having to quantify variables across several cases.

5.4.2 Selecting Cases

Case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes. In this sense, the case study, like the experiment, does not represent a "sample", and in doing a case study, the goal will be to expand and generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization) Yin (2003:10). Or, as three notable social scientists describe their *single* case study, the goal is to do a "generalizing" and not a "particularizing" analysis (Lipset et al., 1956: 419-420, cited in Yin pg 11). The selection of a case or cases to study is therefore not done by random sampling but more by theoretical sampling (Eisenhardt, 1989) with the focus on selecting cases that are theoretically useful i.e. those that will allow the replication or extension of theory by filling conceptual categories.

5.4.3 Building theory from case study research

Eisenhardt in her 1989 paper attempted to provide a roadmap for building theory from case study research by synthesizing previous work on qualitative methods (e.g. Miles and Huberman, 1984) the design of case study research (e.g.Yin,1981,1984) and grounded theory building (e.g. Glaser and Strauss, 1967) and extended that work in areas such as *a priori* specification of constructs, triangulation of multiple data sources and investigators, within-case and cross case analyses, and the role of extant literature. This roadmap offers some important advice for case study research. It focuses specifically on the importance of defining an initial research question (at least in broad terms) to avoid becoming overwhelmed by the volume of data. She also suggests developing some *a priori* constructs to shape the initial

design of the research and allow researchers to measure constructs more accurately. However she recognises the tentative nature of both the research question and any a priori constructs "no construct is guaranteed a place in the resultant theory, no matter how well it is measured" (1989:536).

Most case studies involve multiple data collection methods e.g. interviews, observations, document analysis which serve to strengthen the grounding of theory by triangulation of the evidence. Eisenhardt (1989) adds to this the need for flexible and opportunistic data collection methods as a means of allowing the researcher to take advantage of emergent themes and unique case features. Both Eisenhardt and Mintzberg (1979) discuss the synergistic benefits to be derived from combining different types of data in case study research. Mintzberg described this synergy as follows:
"For while systematic data create the foundation for our theories, it is the anecdotal data that enable us to do the building. Theory building seems to require rich description, the richness that comes from anecdote. We uncover all kinds of relationships in our hard data, but it is only through the use of this soft data that we are able to explain them." (1979:587)

It is combining and analysing data in this way that allows initial constructs to be sharpened through refining a construct's definition and building evidence which measures it. Eisenhardt (1989) describes this process as establishing construct validity by using multiple sources of evidence to build construct measures, which defines the construct and distinguishes it from other constructs. She likens this verification process to traditional hypothesis testing research.

Building theory from case studies centres on a juxtapositioning of contradictory or paradoxical evidence that often leads to reframing into a new gestalt or vision (Bartunek, 1988; Eisenhardt,1989). Eisenhardt claims that far from being limited by the researcher's preconceptions, "this constant juxtapositioning of conflicting realities tends to "unfreeze" thinking, and so the process has the potential to generate theory with less researcher bias than theory built from incremental studies or armchair axiomatic deduction" (1989:546-547).

5.4.4 Evaluation of theory-building case study research

Pfeffer (1982) suggested that good theory is parsimonious, testable and logically coherent. Eisenhardt applies these criteria to theory building from case studies adding that of course the

theory should emerge at the end not the beginning of the case study. The empirical issues that feature in evaluation of case study research are strength of method, evidence grounding of the theory, the rigour of the analytical procedure, the extent to which rival explanations have been ruled out and the presentation of sufficient evidence for each construct to allow the reader to make their own assessment of fit with the theory.

5.5 Rigour in Qualitative Research

As interest in qualitative approaches based on the interpretive research tradition has steadily increased in management and organisational sciences (Alvesson and Sköldberg, 1999; Prasad and Prasad, 2002; Zald, 1996), there is growing concern to ensure that such approaches produce sound knowledge. Sandberg (2005) argues that the strong growth of interpretive approaches mainly stems from dissatisfaction with the methods and procedures for producing scientific knowledge within positivistic research. Advocates of interpretive approaches claim that those methodological procedures and claims for objective knowledge have significant theoretical limitations for advancing our understanding of human and organisational phenomena (Alvesson and Sköldberg, 1999; Denzin and Lincoln, 1994, 2000; Lincoln and Denzin, 2003; Prasad and Prasad, 2002; Sandberg, 2001, 2005). It is understandable therefore that such advocates show concern that many of the methods for measuring the rigour of qualitative research are drawn from this positivistic tradition. For example, Giorgi (1994) argues that some researchers combine theoretical and methodological principles from fundamentally different philosophical traditions. In arguing for qualitative and interpretive approaches, principles and concepts from phenomenological philosophy are often employed, but when justifying the results, methodological criteria from the positivistic research tradition are frequently used. Sandberg (2005) says that the problem with embracing positivistic criteria when justifying the results of interpretive approaches is that they are not in accordance with the underlying ontology and epistemology. For example, validity and reliability are the criteria used for justifying knowledge produced within the positivistic tradition. Yet these criteria are based on an objectivist epistemology that refers to an objective, knowable reality beyond the human mind.

There is a vast array of interpretive approaches ranging from social constructionism (Giddens, 1979; Bourdieu, 1990) to discourse analysis (Foucault 1977) to sensemaking (Weick, 1979) among others. Underlying all of these interpretive approaches is a common

phenomenological base, which stipulates that person and world are inextricably related through lived experience of the world (Heidegger, 1926;1962; Schutz, 1967; Sandberg, 2005). Hence, "the human world is never a world in itself; it is always an experienced world, that is, a world that is always related to a conscious subject. Thus, the ontological and epistemological assumptions underlying the interpretive research tradition reject the existence of an objective knowable reality beyond the human mind. Instead, they stipulate that knowledge is constituted through lived experience of reality"(Sandberg, 2005). Therefore, it would be inconsistent to justify knowledge produced within this tradition using criteria based on an objectivist ontology and epistemology.

Denzin argued that "social sciences today face a crisis of interpretation, for previously agreed-upon criteria from the positivist and post-positivist tradition are now being challenged" (1994:501). Smith and Deemer describe the crisis as follows:
"With the end of the possibility that we could think of ourselves as neutral spectators at the game of knowledge, the central problem that has preoccupied the thought of numerous researchers for the past few decades is that of "Now what are we going to do with us" (2000:878). Sandberg explains the dilemma "At the same time as advocates of interpretive research deny the possibility of producing objective knowledge, they want to claim that the knowledge they generate is true in some way or another. But how can they justify their knowledge as true if they deny the idea of objective truth?" (2005:45-46).

In positivistic research truth can be seen as the extent to which a statement made by a researcher corresponds with the specific aspect of objective reality under investigation. Truth is achieved if the statement is a representation of objective reality. Based on the assumption of life-world and the epistemological assumption of intentionality, both Husserl (1931;1962) and Heidegger (1927;1981) rejected the idea of truth as a relationship between the researcher's statement and an objective reality (Sandberg, 2005). This is because it overlooks the phenomenological insight about intentionality, that is, the researcher's intentional relation to the research object. Moreover, as the researcher is intentionally related to the research object, the truth claim does not refer to an objective reality as such but to the specific meaning of the research object as it appears to the researcher (Sandberg, 2005). For interpretivists, truth can only be the "lived experience of truth" (Lyotard, 1991). But if truth is confined to the researcher's lived experience of truth,

how can the researcher claim that the knowledge produced is true? Sandberg suggests one possible way to achieve truth is in terms of intentional fulfilment. Intentional fulfilment is established when there is an agreement between the researcher's initial interpretation of the object being studied and the meaning given in lived experience. If truth is perceived as intentional fulfilment, then according to Sandberg, the general principle of truth in the interpretive research tradition could be stated in the following way: "Is the initial interpretation of an object fulfilled in experience of it; that is, does the initial interpretation demonstrate itself to be based on the way the meaning of an object under investigation presents itself to consciousness? If this fulfilment is experienced, then truth is achieved" (Sandberg, 2005). Based on this premise Sandberg develops three forms of validity that can be utilised to justify rigour in interpretative approaches: communicative validity, pragmatic validity and transgressive validity.

Communicative validity can be established in the early part of a research study by ensuring a shared understanding of what the study is about. According to Apel (1972), the production of valid knowledge claims presupposes an understanding between researcher and research participants about what they are doing. One can at the outset establish communicative validity by ensuring that the research participants understand what the research is about. When analyzing empirical material such as interview transcripts, communicative validity can be achieved by striving for coherent interpretations (e.g. Eisner, 1985; Karlsson, 1993; Sandberg, 2005), coherence between the whole interview and specific parts and coherence across interviews with different participants. In addition conflicting interpretations can be judged in terms of their coherence with the body of empirical material. The more evidence there is in the material for a particular interpretation the more coherent it is. A third way of establishing communicative validity is by discussing interpretations with other researchers and people living in the experience under study.

Pragmatic validity recognises that there can be discrepancies between perceptions and action and therefore tends to be about testing knowledge produced in action. Alvesson (2003) has indicated, that interviewees' accounts can be mediated via impression management, political action, moral storytelling, social codes, and cultural scripts thus leading to discrepancies between accounts and actions. Ensuring pragmatic validity tends to be about observation in action. Sandberg suggests using follow-up questions in interviews that constantly seek to

embed statements in concrete situations is another way of ensuring pragmatic validity. Another way of ensuring pragmatic validity of our interpretations is to use them in practice through participant observation or action research.

Transgressive validity's aim is to make researchers aware of their taken-for-granted frameworks (Lather, 1993; Richardson, 1995). Lather (1993) suggested three ways of achieving transgressive validity. One way is to use irony to interrupt and disturb our present interpretations in such a way that we become aware of the codes that have guided us in producing them. A second way is to search for differences and contradictions rather than for coherence in lived experience. A third and related way is to understand lived experience from both a male and a female perspective, the female perspective acting as a counter to the fact that the scientific framework for producing knowledge within Western culture is often moulded by and saturated within a male imaginary (Sandberg, 2005).

In summary then communicative validity checks for coherence between the empirical material and interpretations, but its weakness is its inability to account for incoherence between what people say and what they actually do. Pragmatic validity seeks to associate action with accounts and as such addresses this weakness. Both communicative and pragmatic ability focus on searching for coherence and as such neither pays attention to possible contradictions. Transgressive validity addresses this weakness by seeking out contradictions.

5.6 Methodological Problems in Strategy Research

As argued in the preceding chapters, strategy research has moved beyond intended, planned, formal, macro-level processes to consider more micro-organisational processes. Thus understanding the interactions between top-level interventions and lower (non-managerial) level responses to those interventions becomes important, as does engagement with these different levels, if we are to truly understand how strategy is created and implemented in organisations. Strategizing is about "studying practitioners and their practices within the context of their work" (Balogun et al., 2003: 200).

Wilson and Jarzabkowski describe strategizing as "the interplay between thinking and acting strategically. This interplay need not be continuous, nor need it be linear. Indeed *oscillation*

between thinking and acting may be a more accurate term for describing how strategising emerges. Strategising goes beyond the map and its semiotics and examines the processes by which strategies are fashioned and lived in organisations" (2004:15).

Johnson (2007) argues that conventionally researchers assume that strategy is something *organisations have*. In contrast strategy-as-practice researchers take the view that "strategy is something that *people do*" (Johnson, 2007:1) and strategy processes involve people making strategies. Balogun et al. (2003) cite a review of journal articles by Johnson and Bowman (1999) which shows that most strategic management research is concerned with macro levels of analysis that do not provide the detail needed to understand strategising practices. Johnson (2007) distinguishes strategy-as-practice as being concerned with the practical performance of people rather than being solely focused on the fate of organisations as wholes and as such is interested in two "neglected" (Johnson 2007:1) questions: what do the people engaged in strategizing actually do and how do they influence strategic outcomes? Balogun et al. hence identify the need for "'deep' data gathering around the unique characteristics of organisations, rather than their generic attributes" (2003:198). However they also recognise the need for broader scope such that the research is contextualized in a way that provides practical answers to the "so what?" question that bedevils deep analysis that fails to takes account of the contextual frame. Balancing the breadth and depth thus creates conflict. In addition Balogun et al. highlight a third consideration for strategy researchers which is the increasing number of theoretical alternatives and methodological choices for studying organisations and the increasingly blurred ontological and epistemological boundaries of this work (Denzin and Lincoln, 2000; Locke, 2001; Balogun et al., 2003). These considerations have prompted them to develop five criteria for assessing the suitability of research approaches.

1. Provides evidence/data that is both broad and deep because it is
    - contextual
    - longitudinal
    - facilitates comparison across sites
    - can be collected at multiple organisational levels;
2. Elicits full and willing commitment from informants because it is
    - interesting enough to engage organisational commitment
    - enjoyable enough to sustain commitment over time;

3. Makes the most effective use of researcher time because it
    - collects
    - organizes
    - analyses, large and varied amounts of evidence;
4. Anchors the majority of questions being asked in organisational realities because it
    - is sensitive to multiple definitions of critical issues
    - addresses problems of interest and relevance
    - involves organisationally based collaborators;
5. Goes beyond research based feedback to
    - contribute to organisational needs
    - provide informants with personally useful insights

inform the content of further collaboration (Balogun et al.,2003:200-201).
They suggest that ultimately the research agenda of strategy researchers requires that research processes become more reflexive, and that "we explore links between our 'theorising' processes and the 'strategizing' processes that interest us. In addition they argue that the more distant the researcher, the harder it can be to interpret the key methodological issue i.e. the ability to recognize and draw out embedded tacit knowledge across multiple contexts in response to the depth/breath/diversity methodological gap.

Action research meets many of the criteria set out as it is essentially about intervention in the research context and it actively encourages reflexivity. Balogun et al. consider action research as a potential solution to the methodological problem but dismiss it on two counts; many action research projects become disengaged before general conclusions can be reached, and others become more time-consuming and demanding than ethnographic studies, thus limiting the scope.

Chia (2004) points to the theoretical baggage that he believes has caused much of the abstraction in strategy theorizing "an overwhelming predominance of a means-ends analytical logic and conceptual stance that presupposes deliberate intentional action and presumes a practitioner reliance on instrumental reason and cognitive representations." (2004:30). Chia refers to this as an academicist orientation, which he believes is caused not so much by physical distance as by intellectual distance. In this orientation, practices are seen as logically

coherent actions emanating from deliberate intentions and purposes. The problem this poses is that it directs attention onto visible, tangible routines and observable practices of significant individuals within an organisation in the belief that this is the appropriate content.

Chia argues that many of the strategy-as-practice theorists (Whittington, 1996, 2002; Hendry, 2000; Jarzabkowski, 2003) have underestimated the radical implications of the writings of social theorists such as Bourdieu (1990,1997, 2000) and Foucault (1977). Chia's interpretation of these works is that what they are calling for "is nothing short of the substitution of a means-ends logic with a practical logic of accommodation and adaptability that begins and ends with the primacy of action" (2004:30).

5.7 Strategising and Agency

Cummings and Wilson (2003) consider strategising to be a combination of *animation* and *orientation* or a mixture of action and direction. Wilson and Jarzabkowski (2004) propose a multi-dimensional perspective of agency that sheds more light on this interaction. They suggest that strategists engage in three analytically distinct but complementary dimensions of agency, iterative, projective and practical-evaluative. The iterative dimension deals with actors' selective reproduction of previous templates for thinking and acting. Iterative agency is a feature of most practice theorists writing (Giddens, 1984; Bourdieu, 1990). Whittington (1988) and others have highlighted the problem of recursiveness and actors becoming trapped in the determinism of their own actions. Wilson and Jarzabkowski (2004) say that most strategy theory that takes an iterative perspective tends to overlook its active character. They propose that iteration is an active form of strategizing, involving intent, skill and knowledge in the selective recognition and implementation of ongoing practice (2004:16). While strategists may draw upon institutionalised routines or action repertoires, their selection is "an effortful accomplishment requiring reflexivity in order to select the appropriate move at the appropriate time" (2004:16). They suggest that this selection process involves the animation aspect of thinking and acting.

The projective dimension of agency is about imaginative projections of the future and envisons the strategist as a visionary. Whilst, Wilson and Jarzabkowski are sceptical of how this form of agency has spawned a whole raft of management gurus and sells management books about such gurus, they none-the-less recognise the importance of visioning in strategy,

provided it is recognised as being only one form of agency and there is a recognition that strategy involves getting things done as well as envisaging what we want to get done.

The third dimension of agency, which is the one strategy-as-practice is most concerned with, is the practical evaluative dimension i.e. the ability to get things done, within the particular contingencies and demands of the here and now. Wilson and Jarzabkowski (2004) claim that practical wisdom links both iterative and projective agency, since the enacting of either involves the exercise of real-time judgements, taken "in the face of considerable ambiguity uncertainty and conflict [where] means and ends sometimes contradict each other, and unintended consequences require changes in strategy and direction". (Emirbayer and Mische, 1998:994). In order to understand better this practical wisdom, detailed micro-studies of the iterative practices that strategists use to engage in practical activity and their intentions and projections in using those practices are called for. (Johnson et al, 2003). However there are difficulties with studies of the micro, not least how we define micro (Wilson and Jarzabkowski, 2004). Micro can be taken to a level of abstraction where context ceases to have any significant meaning. Hence the strategy-as-practice theorists emphasis on the importance of linking micro-analysis to macro-influences and outcomes (Johnson et al, 2003; Wilson and Jarzabkowski, 2004). This parallels the consideration of levels (i.e. individual, team, group or department, and organisation) and the importance of inter-level dynamics in organisational change (Rashford and Coghlan, 1994; Coghlan and Rashford, 2006).

Wilson and Jarzabkowski (2004) propose a relational view of micro and macro, with these represented as opposite poles of a continuum, co-existing in a relational tension (see figure 5.1). They see strategy-as-practice studies as being conducted towards the micro end of the pole, examining individuals and their interactions in local communities of practice, but bearing in mind that these are always relative to macro issues, such that they seek to explain how macro-influences are interpreted at the micro-level or how micro-level activities influence more macro outcomes. The relational view's potential contribution to strategising research is perceived as the provision of "an outcome for strategising research that enables it to escape the charge of reductionism. Micro-studies for their own sake add little value beyond rich description. However, when these studies are oriented towards either explaining a more macro-outcome or illustrating a macro-influence, strategising research has recourse to an 'outcome variable'" (2004:17).

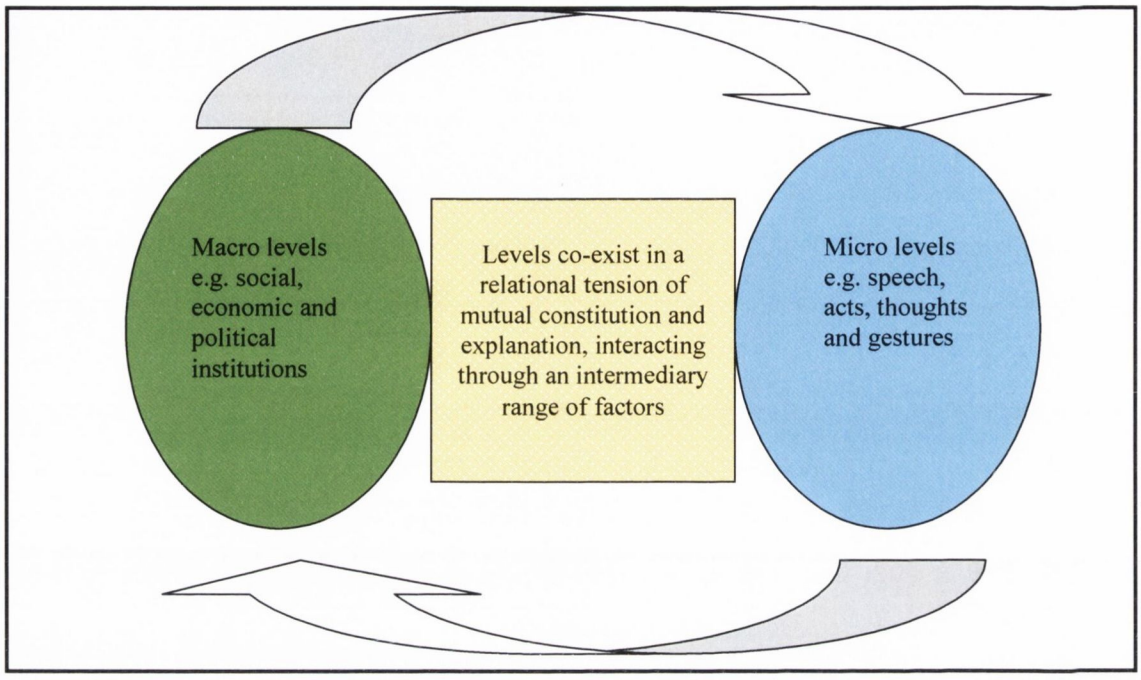

Figure 5.1: A Relational View of Macro and Micro-practices.

Source: Wilson and Jarzabowski (2004:17)

Johnson et al (2007) define Strategy-as-Practice as "a concern with what people do in relation to strategy and how this is influenced by and influences their organizational and institutional context" (2007:7). They identify four major benefits of a strategy-as-practice approach to researching what people engaged in strategizing actually do and how they influence strategic outcomes. The first is that researchers will address what managers actually do to manage strategies by engaging with the "how" of managing strategies. Recognizing managers everyday realities will he argues make us better teachers of strategy. Secondly, getting to grips with concrete detail should offer a deeper level of explanation that traditional abstraction has only managed at a very superficial level. Third because what people do straddles all the various themes of strategy research and helps add insight to micro-level concerns it may serve as a unifying or integrating mechanism for the strategy field as a whole. Fourth, they claim that it offers a rich and exciting research agenda that can overcome traditional boundaries, bring the practitioners into the frame and take researchers in many directions.

5.8 The Research Questions

This study deliberately adopted a strategy-as-practice framework to explore strategy formulation and implementation within a pluralistic organisation. The main research questions are:

What are the factors (both internal and external) that shape strategy?

What are the critical facilitators and barriers to the implementation of strategy?

This study attempts to explore the role of strategic practices, and actors in continuity and change within an academic environment. Strategic or praxis episodes, practices and practitioners form the main units of analysis with data being collected before, during and after the episodes from multiple sources using different methodologies. Although the study focuses primarily on the micro, the macro contextual changes in the environment are also factored into the research. In addition a macro praxis episode is explored in depth in chapter nine. Throughout the research there is constant linking of the macro and micro, not just in terms of the practices at these levels but also in an exploration of actors understanding of the micro and macro pressures and their implications for change. As such it allows a deep exploration of how strategies are made in practice, how environmental factors influence, who contributes/influences, how priorities are decided, what makes implementation difficult etc.

5.9 The Study Design

This study set out to explore strategy formulation and implementation through the analysis of data collected from multiple sources and actors within a single case study. The case is of interest, not just because it is within a pluralistic organisation, but also because it presents the opportunity to explore micro-level processes within the macro-level changes taking place within the organisation and the university sector as a whole.

The study design has been influenced by the criticisms of the methodologies in strategy research in general, (e.g. the focus on top-level executives only, the assumed linearity and predictive power of strategic thinking and acting) but also by the gaps and opportunities that have been identified in the strategy-as-practice literature (e.g. the need for deep-level analysis using multiple sources, the richness and complexity of pluralistic organisations, the limitations of studying the micro in isolation of the broader organisational and industry context).

The conceptual framework used in the analysis is the Strategy-as-Practice framework developed by Jarzabkowski and adapted by Rasche with further adaptation to the concept of praxis as outlined in chapter four of this study. The framework as depicted in figure 4.1 relates strategic episodes (also termed praxis), practices and practitioners. Whilst the primary focus of this research is on the strategy practitioners and their influence on strategy, their perceptions of strategy praxis and strategy practices also form a key component of the analysis. Rasche rightly states that strategy-as-practice occurs in the nexus between strategy praxis, strategy practices and strategy practitioners and points out the unfeasibility of researching any one aspect on its own.

This study therefore attempts to explore all three concepts within a single case study as outlined in table 5.1.

Strategic Episodes	Practices	Practitioners
Faculty Strategy Review (2 day retreat attended by 106 staff of the health sciences faculty)	Faculty Management Committee	*Internal* Leader Medical School staff Hospital-based staff
Development of a Partnership between the University and its main Teaching Hospitals	*Committee meetings* Accommodation Committee Ways and Means Committee	*External* College officers Medical Council Hospitals

Table 5.1: Main Components of the Study

For the purposes of this study a strategic episode or strategy praxis is defined as *a situated, time-bound event that is strategically consequential for the direction and survival of the group, organisation or industry and in which different organisational rules and communication structures apply.* Two strategic episodes occurring at different hierarchical levels of the organisation are explored in depth. Chapter six explores a faculty strategy review through data collected from a variety of actors before, during and after the process. The analysis attempts to address the context, process and content of the strategic planning exercise. Chapter nine explores a strategic episode at a higher level in the hierarchy, an

attempt to develop a partnership between the university and its two main teaching hospitals. Again the analysis of this episode draws on data collected before and during the episode. As the episode is on-going, it was not possible to collect post-episode data within the timeframe of this study.

Practices are defined as *routinized cognitive, behavioural, procedural, discursive, motivational and physical practices that are combined, coordinated and adapted to construct practice*. Practices are *the everyday occurrences that define and implement strategy within an organisation.* Recognising that strategy practices are continually happening within an organisation and that it is impossible to study all practices, the study focuses on the most common social practice used by the organisation to achieve strategy objectives i.e. the committee. Following the strategy workshop a large number of committees were formed to implement the various strands of the strategy. This chapter explores perceptions of the role and functioning of these committees as the main vehicle for strategy implementation. The Faculty Management Committee, established by the dean, was envisaged as the main decision making body. Two other committees, the Accommodation Committee and the Ways and Means Committee were selected for detailed analysis. They were selected from those committees that met regularly and seemed to be functioning well i.e. meeting regularly with high levels of attendance at meetings. There seemed little point in focusing on committees that were not functioning as the main problem was infrequent and poorly attended meetings – which would have resulted in limited data for analysis. This study explores the work of the Faculty Management Committee, the Accommodation Committee, and the Ways and Means (Resources) Committee through an analysis of the agendas and minutes (from October 2003 to April 2005) and also through interview and survey data gathered from the members of the committees. All committees are commented on in the interview data. In addition interviewees were asked specifically for their views on the functioning of the Faculty Management Committee.

Practitioners are defined as *actors who shape the construction of practice through who they are, how they act and what resources they draw upon.* As discussed in the literature review, strategy research has been criticised for its focus on CEOs and top management teams, as if they are the only actors who influence strategy. This study attempts to address that criticism by interviewing and considering a variety of different strategy actors at different levels in the

organisational hierarchy. Internally the practitioners interviewed include the dean, as the leader of the faculty, members of the Faculty Management Committee, heads of departments in the School of Medicine and chairpersons of all additional committees. Data was also collected from those attending the faculty strategy review and from staff who attended the faculty meeting following the strategy review. In addition external practitioners in the two teaching hospitals and those involved in the development of the partnership were interviewed. Consideration was also given to other external actors, e.g. the Medical Council and the college officers.

The units of analysis are therefore the strategic episodes, practices and practitioners as outlined above. Much of the data relates to deliberative strategic events as these were the events to which the researcher had access. Informal one-to-one and small group meetings, through important to understanding strategising, fell outwith the negotiated research access and therefore were beyond the scope of the study. There are three main levels of analysis: namely the staff level within the faculty, the faculty management level, and the university level. This analysis takes place with an awareness of the pressures and changes occurring at a fourth level i.e. that of the university sector.

5.10 Data Types and Sources

Table 5.2 sets out the main strategy-related events that occurred during the process of this research and the timeline for these. Data sources and the types of data are then mapped against this timeline.

	Jun 02	Sept 02	Oct 02	Nov 02	Jan 03	Feb – Oct 03	Jun 03	Oct 03	Oct 03-Mar 04	Mar 04	Apr 04-Jun 05	Oct 05
Events	New Dean takes up office 12th June	Preparation for workshop	Two-day strategy workshop 11th-12th	Full-Faculty meeting 19th	New Committees established	Management and committee meetings	Full Faculty meeting attended by College Officers	Medical council visit and review of school of medicine	Management and committee meetings Progress review	Full Faculty meeting	Management and committee meetings	Dean retires.
Data Sources												
Dean	Preliminary documents for strategy workshop Draft Strategy June 02 – Consultative Paper Sept 02		Final Workshop document (with input from researcher)	Powerpoint – proposals for adoption by the Full Faculty on 19th Nov 02	Document specifying committees and membership	Meeting agendas and minutes Memo to Finance Committee on non-EU medical fees Faculty Restructuring Proposal 25/3/03	Agenda and minutes	Medical Council 2001 recommendations and Yeats responses for 03 review. Report to Council 01 and 03	Mid-term review interview	Agenda and minutes	Meeting agendas and minutes	
All staff in faculty		Pre-workshop survey 41 respondants		Post-faculty meeting survey								
Workshop facilitators and rapporteurs			Working notes and powerpoint presentations from Workshop	Post-workshop interviews with facilitators and rapporteurs								
Faculty Management Group									Interviews with all members of management group			
Chairs of Committees and Heads of Schools									Interviews with all chairs and Heads			

Table 5.2: Log of Events, Data Sources and Types of Data

	Jun 02	Sept 02	Oct 02	Nov 02	Jan 03	Feb – Oct 03	Jun 03	Oct 03	Oct 03-Mar 04	Mar 04	Apr 04-Jun 05	Oct 05
Events	New dean takes up office 12th June	Preparation for workshop	Two-day strategy workshop 11th-12th	Full-Faculty meeting 19th	New Committees established	Management and committee meetings	Full Faculty meeting attended by College Officers	Medical council visit and review of school of medicine	Management and committee meetings Progress review	Full Faculty meeting	Management and committee meetings	Dean retires.
Data Sources												
Researcher		Notes on preliminary meetings with Dean	Notes on pre-workshop meetings with facilitators and rapporteurs	Strategy document compiled from the outputs from the workshops		Notes from Management meetings Notes from ongoing meetings with Dean	Notes from meeting	Notes from attendance at Medical Council review	Notes from management meetings Notes from ongoing meetings with Dean	Feedback report to Full Faculty	Notes from Management meetings Notes from ongoing meetings with Dean	
Medical Council	Review of Medical Schools in Ireland 2001-Yeats section 7/5/02							Report on Medical Council Accreditation Visit on 13th & 14th October 03				
College Documents	Council Minutes 3-5-2000. Council Minutes 31-5-2000. Finance Committee Minutes 14-12-2000				Interim Report of Chair of Financial Review Advisory Group and Recommendations Approved by Board – 19/1/03 Board Minutes 18/12/02	Minutes of Finance Committee meeting 30th April 03 – Non-EU Medical Fees Board minutes 9/7/03 24/9/03			Board minutes 17/12/03 28/1/04 18/2/04		A Faculty-based Academic Resource Allocation Model - Alternative Model put forward by some staff 13/1/05	

Table 5.2: Log of Events, Data Sources and Types of Data

	Jun 02	Nov 02	Feb – Oct 03	Jun 03	Oct 03	Oct 03-Mar 04	Mar 04	Apr 04-Jun 05	Oct 05
Events	New Dean takes up office 12th June	Full-Faculty meeting 19th	Management and committee meetings	Full Faculty meeting attended by College Officers	Medical council visit and review of school of medicine	Management and committee meetings Progress review	Full Faculty meeting	Management and committee meetings	Dean retires.
Data sources									
Partnership documentation	Proposal to establish Burke Burke Memorandum of Association Proposal to establish Graduate School in Faculty of Health Sciences	Faculty Review groups responses to Provost queries Faculty Review group SWOT analysis a) from faculty perspective b) from Burke perspective SWOT analysis by Burke Executive Director External advisor's review 05/11/02 Burke Executive Director's vision for next 3 years Confidential report to Yeats Board on Burke Institute	Letter from Dean to Provost outlining concerns re Burke 07/07/03 Minutes of 22nd meeting of Board of Governors of the Burke Institute Yeats concerns re Burke Institute 1/9/03 Burke staff submission to Review Group 8/09/03 Burke Review Group meeting minutes 08/09/03 Financial analysis of Burke from Treasurer to Dean		05 & 06/10/03 Burke Review group facilitation notes and report	5/11/03 Discussion Document Creating a Full Partnership 5/11/03 Minutes of Finance Committee Meeting – discussion on Burke Institute 16/11/03 My report on Partnership meeting of Burke review group Memo from Burke to Dean response to financial queries 10/02/04 Outline Proposal to create an Academic Health Centre/Partnership – Submission to DoHC & HEA			

Table 5.2: Log of Events, Data Sources and Types of Data

5.11 Data Collection

5.11.1 Procedures and instruments

The 'case' is a health sciences faculty attempting to introduce change over a 3- year period. The process began with the appointment of a new dean and a planned two-day retreat to which over 120 members of the faculty were invited. Invitations were extended to heads of departments, vice-deans, directors, chairs of committees and all faculty administrative staff. The purpose of the retreat was explicitly to set out the strategy for the faculty for the next 5 years. As researcher I had a significant input to the design, preparation and facilitation of this retreat. Participants were divided into workshop groups and discussion was facilitated on the topics set out in table 5.3. These topics emerged from a strategy consultative document developed by the dean who in collaboration with his key advisors, and based on concerns that were raised by faculty members during his election campaign, identified these areas as critical success factors for the faculty.

Working Section A: Governance, Management and Decision-Making in the Faculty
Working Section B: Relationship between the Faculty and its partner teaching sites
Working Section C: Curricular Reform in the Faculty of Health Sciences with special reference to the School of Physic
Working Section D: Research, Research Units/Institutes & Postgraduate Taught Courses
Working Section E: Reward, Retention & Development of Staff in the Faculty

Table 5.3: Thematic Areas for Workshop Discussions at Faculty Review

All documentation from the workshops together with notes from interviews conducted with the chairs and rapporteurs post the workshop were available to me for analysis and to produce the write-up of the review that would subsequently guide the strategy.

The approach taken to the development of a strategy for the faculty was initially an inclusive one aimed at engaging with staff at all levels of the faculty. A total of 106 staff indicated that they would attend the strategy workshop. All of these staff were surveyed before the workshop took place and replies were received from 46 staff, a response rate of 39 %. The main purpose of this questionnaire (see appendix A) was to assess the degree of coherence of views on the strengths and weaknesses of the faculty and also the major issues or challenges it faced at that time. The survey also attempted to gauge individuals' availability and willingness to contribute to the development and implementation of a strategy. The anonymous questionnaire asked respondents to list the five most important functions of the faculty, to rate their department/hospital and the faculty in terms of how

facilitative each is in allowing them to achieve their goals. Respondents were also asked to rate their contribution to each and to indicate their willingness to contribute to the implementation of the strategy. Each respondent also conducted a SWOT analysis of the Faculty and following this were asked to indicate the main issues they perceived for the faculty over the next 5 years. The questionnaire was distributed by email but could be printed and returned in the internal mail in order to maintain anonymity.

Following the review, a strategic document was developed and presented in the format of a powerpoint presentation (see appendix B) at a full faculty meeting. A brief questionnaire (see appendix C) was distributed to staff who attended the meeting and later circulated to all faculty staff to gauge their reactions to the review report and to the Proposals for Strategic Development presented at this meeting. Participants were asked if they felt they had the opportunity to contribute to these proposals and by what mechanism. Respondents were also asked to indicate whether they felt the faculty had the capability and resources to achieve the proposals. A total of 65 responses were received. Of these 63.1 % had attended the faculty meeting and 60 % had attended the faculty review.

Committees were established in January 2003 and 10 months later (approximately one year on from the review) in-depth interviews were conducted with all chairs of committees, heads of departments and the management team. The interviews were semi-structured, the questions focusing on respondents' perceptions of external and internal factors influencing the direction and pace of change (see appendix D). Each interview lasted between 60 and 90 minutes. Two of the selected interviewees have been excluded from the study, as it proved impossible to schedule suitable interview times with them. The interview schedule was e-mailed to all interviewees one day in advance of the interview. All interviewees gave written consent to be interviewed prior to the interview and all interviews were audio-recorded and later transcribed and imported to a software package for qualitative analysis, NVivo 8.

As the purpose of the committees established was to implement the strategy, it seemed critical to explore this practice within the organisation in more-depth. Three committees were selected for analysis:
The Faculty Management Committee – the agendas and minutes of the monthly meetings together with my own notes as an observer of the meetings, and the interview material from the members of the committee were the main sources of data.

The Accommodation Committee – the purpose of this committee was to make decisions on space allocation within the faculty. As a city-centre campus, space is a major constraint for all departments. The main sources of data for the analysis were agendas and minutes of the meetings (from October 2003 to April 2005) and material from interviews conducted with the chair.

The Ways and Means Committee- the purpose of this committee was to improve financial control and procurement within the faculty, ensuring that resources are utilised efficiently whilst also introducing more transparency in resource allocation. The main sources of data for the analysis were agendas and minutes of the meetings (from October 2003 to April 2005) and material from interviews conducted with the chair.

All of this data was also imported to NVivo 8 to allow a thematic analysis and cross-referencing of the data through the creation of links and memos.

Two issues arising from the strategy review, strengthening the research function and involving the hospital CEOs in the governance of the Faculty, drew attention to the Burke Institute, which had been established in 1998 as a partnership between the two main teaching hospitals and the university to use their resources co-operatively to develop postgraduate programmes and higher training in clinical specialities, and to market these actively both in Ireland and abroad. Concerns were emerging within the faculty because of the role that Burke was playing in developing research Institutes and the dean in particular was of the opinion that Burke was in competition with the faculty in terms of securing research funding. The impetus to review the Burke and develop a revised/new type of partnership between the university and the hospitals presented the opportunity to analyse a strategic episode at a higher level – one that was at the nexus of the dilemmas that typically face pluralistic organisations. The data sources for this more macro-level strategic episode consisted of interviews with the dean who was in office when the Burke Institute had been established, interviews with the Executive Director and the staff of the Burke, interviews with the CEOs of the two teaching hospitals involved, documentation on the establishment of the Burke, Burke review documents from within the faculty and the university, references to Burke in minutes of Board meetings and Faculty Management meetings, as well as email communication from the Dean to college officers pertaining to Burke.

5.11.2 Ethics and permissions

At the time of this study there was no Research Ethics Committee within the Faculty of Health Sciences (one has subsequently been established). Initially I discussed the possibility of researching the strategy development and implementation process with the newly appointed dean who had asked me to assist in the preparations for the Strategy Review. I clearly explained that this would require that I have access to all documentation as well as regular access to him as dean. I also envisaged that as a participant researcher, it would be necessary for me to attend some faculty meetings. The dean welcomed the prospect of the research and publicly asked the faculty members to support me in gathering whatever data I required. It was also explained that I would be attending all Faculty Management meetings in an observer capacity and that I would be collecting data from individuals who agreed to participate in the study. All data collected by questionnaire was done so anonymously, such that consent could be implied from a completed and returned questionnaire. For all interviews conducted, an email requesting participation was sent to each interviewee a week in advance of the interview. If there was a positive response, a follow-up phone call was made to arrange a convenient time and location for the interview. The interview schedule was then emailed to each consenting respondent one day prior to the interview.

Permission for use of documentary data was obtained from the source of that data. In the case of documentation relating to the Burke Institute permission was obtained from the previous dean, the current dean and the Executive Director of the Burke. The Review Group was established by the Dean and reported to him, thus access to these reports was secured with the dean's permission. In the case of university documentation i.e. Board and Council minutes, although these are publicly available documents, permission to access them was obtained from the College Secretary and they were accessed within his office, where relevant sections were photocopied for analysis.

5.12 Data Analysis

5.12.1 Content analysis

Content analysis is a term that is used to describe a wide range of theoretical frameworks, methods and analytical techniques (Denzin and Lincoln, 1994; Myles and Huberman, 1994; Duriau et al, 2007). Shapiro and Markoff (1997) reviewed six major definitions from various sources in the social sciences and from this developed a minimal and

encompassing definition "any methodological measurement applied to text (or other symbolic materials) for social science purposes" (Shapiro and Markhoff, 1997:14).

Content analysis, a class of methods at the intersection of the qualitative and quantitative traditions, provides an approach for rigorous exploration of management issues that are important yet difficult to study (Carley, 1993; Morris, 1994; Woodrum, 1984; Duriau et al., 2007). Content analysis provides a replicable methodology that allows access to deep individual or collective values, attitudes, intentions, and cognitions (Carley, 1997; Huff, 1990; Kabanoff, 1996; Duriau et al, 2007). The method also allows a considerable degree of flexibility as it supports analysis at more than one level. Several authors have described a two-level analysis (Erdener and Dunn, 1990; Woodrum, 1984; Duriau et al, 2007), where at the first level the manifest or obvious content of the text can be captured, while at the second–level latent content and deeper meaning embodied in the text is interpreted. The method can be used to conduct both inductive and deductive research (Roberts, 1989). It can also be used in conjunction with other methods for the purpose of triangulation (Erdener and Dunn, 1990; Kabanoff, 1996; Smith et al., 1992; Duriau et al., 2007).

My approach to analysis of the data was partly inductive (data inspired) and partly deductive (theory inspired), with the first-level analysis being mainly inductive. Several writers have claimed this mixed approach to be a fruitful one because it allows one to gain creative insight from the data, without necessarily denying or reinventing concepts that have been useful previously (Orton, 1997; Fox-Wolfgramm et al, 1998; Denis et al., 2001). In keeping with an ethnographic approach the data were subjected to first and second order analyses. For the first-order analysis the participant surveys and interviews were subjected to standard ethnographic analytical techniques to identify the dominant themes and patterns expressed in informants accounts. The interview transcripts and qualitative elements of the survey data were initially subjected to thematic analysis, identifying concepts and then grouping them thematically. In addition the main themes in each interview transcript were summarised into a summary document for each interviewee along with person characteristics such as position, academic title, length of service in the organisation, committee membership and other designated roles in the faculty.

As data collection continued over the period of the three years and the amount and variety of data increased, it seemed sensible to use a data software package to manage the data. Having explored several options, the new NVivo 8 package seemed the most appropriate.

This package not only facilitates content analysis of qualitative data, but it has new features allowing the importation of other data types, such as reports, documents etc. The links and memos functions in the package are particularly useful when trying to make sense of data from several sources, as they make it possible to move from one data source to another with ease and cross-reference, when working on a particular node or theme. The package also has a facility for importing respondent characteristics and matching them to the interview transcripts and content nodes, so that one can interrogate the data for similarities and differences in responses e.g. from people at different hierarchical levels or gender differences.

All of the interview data and the qualitative data from the surveys was imported into Nvivo 8. In addition the minutes of the Faculty Management Committee meetings and the other committees studied was imported along with the notes and observations I had made of all meetings I attended. Following importation of the data, the interview transcripts were re-coded. This took place almost 6 months after the initial coding and as such constituted a check on intra-rater reliability. The coding was consistent, the only difference being slight variations in the naming of tree nodes (also known as higher level or parent nodes).

In ethnographic research it is only later that the researcher attempts to derive an explanatory framework for the data through a second-order analysis. The second-order analysis was conducted at a more theoretical level with the data and first-order findings being examined for underlying explanatory dimensions. This was first conducted on the interview data and later links and memos were used to check other data sources for evidence of these explanatory dimensions.

5.12.2 Validity

Validity in the context of research-as-practice, is less concerned with the representativeness or otherwise of the data, and more concerned with the validity of data analysis or 'analytical induction' (Mitchell, 1987, Balogun et al, 2003). Mitchell describes this as finding 'theoretical defensible regularities'. In a similar vein, Yin (1994) discusses the concept of 'analytic generalisation' in the context of generalising from qualitative findings. Duriau et al. (2007) in their review of studies using content analysis, draw attention to the risk of a disconnect between the content of the messages studied and the characteristics of the informants as well as the source materials, all of which can

introduce additional ambiguity associated with the inference drawn. However they claim that their review found clear evidence that this concern could be addressed through the use of multiple sources of information (Gephart, 1993, 1997: Gioia and Chittipeddi 1991; Kabanoff et al, 1995) and triangulation (Carley, 1997; Doucet and Jehn, 1997; Osborne et al 2001). This study utilises the multiple sources of information and information collected from the same sources at different times during the study to triangulate both across and within sources. In addition the NVivo 8 software allowed extensive cross-referencing between data sources helping to reduce ambiguity in the interpretation of the data. Data from the quantitative elements of the surveys were entered into SPSS 16.0 and basic descriptive analysis was conducted to generate frequencies, percentages and rankings.

Validation of the findings was achieved by paying attention to the three forms of validity that, according to Sandberg (2005) can be utilised to justify rigour in interpretative approaches: communicative validity, pragmatic validity and transgressive validity. Communicative validity can be established in the early part of a research study by ensuring a shared understanding of what the study is about. Communication about the purpose of the study was ongoing throughout the study: initially taking the form of verbal explanation in meetings and at the strategy review and subsequently in written format when obtaining consent from individuals who were interviewed and surveyed. Mid-way through the study there was also an opportunity to provide formal feedback on the findings during a full faculty meeting. Pragmatic validity recognises that there can be discrepancies between perceptions and action and therefore tends to be about testing knowledge produced in action. There was ample opportunity in this research to check for pragmatic validity through my involvement in meetings and my daily interactions with participants. This was an ongoing process throughout the research, with constant note-taking about actions that confirmed or challenged the evolving interpretation of the data. Transgressive validity's aim is to make researchers aware of their taken-for-granted frameworks (Lather, 1993; Richardson, 1995). Constant checking for differences or contradictions to my interpretations was the primary method used to ensure transgressive validity. However, feedback of findings during the research and the acceptance of these findings was further confirmation of the interpretations. Informal discussions with colleagues also allowed for checking of interpretations.

5.12.3 Reliability of coding

Weber (1990) suggests eight steps for creating, testing, and implementing a coding scheme to overcome concerns about rater bias in content analysis. The development, refinement, and implementation of the coding scheme are central to the quality of textual analysis, especially in the case of latent content analysis (Carley, 1993; Gephart, 1993; Duriau et al, 2007). As Weber's protocol is one that is widely referenced in the literature, it was the one adopted for this study. The protocol is set out in table 5.4.

The Weber Protocol
1) Definition of recoding units (e.g. word, phrase, sentence, paragraph)
2) Definition of the coding categories
3) Test of coding on a sample of text
4) Assessment of the accuracy and reliability of the sample coding
5) Revision of the coding rules
6) Return to step 3 until sufficient reliability achieved
7) Coding of all text.
8) Assess the achieved reliability or accuracy

Table 5.4: Steps in Coding Text

Source: Weber, R. (1990)

An intra-rater reliability check was conducted by the researcher by coding the main interview transcripts and then re-coding the same transcripts 6 months later. Inter-rater reliability was checked by a colleague working within the same university but in a different faculty, thus ensuring that he had familiarity with the context and issues, but was not an active participant and therefore had no vested interest in the processes and outcomes. He was asked to code three interview transcripts and the coding was compared with the researcher's coding for the same three transcripts. Only minor discrepancies in one or two of the codes emerged. These discrepancies were used to further clarify the naming of codes to minimise potential overlap between codes.

5.12.4 Anonymity and confidentiality

All interviewees and survey respondents in the faculty have been assigned an alphabetical letter. Names have been removed from all transcripts. Interviewees who were interviewed about the Burke Institute have been assigned the letter B followed by a

number, to distinguish them from the internal faculty interviewees. The name of the university, the hospitals and the Burke Institute are all pseudonyms. The deans are also referred to only by alphabetical letters. It is hoped that these measures will protect the anonymity and confidentiality of all involved in this study.

CHAPTER SIX – The Strategy Review – A Strategic Episode

6.1 Introduction

This chapter describes a strategic episode that occurred within a couple of months of the commencement of this research study. The episode was a planned strategy review that was organised by the dean at the beginning of his first academic term as dean. It was a two-day (weekend) event in a hotel and conference facility (pseudonym Thornton) in a rural location approximately two hours drive from the university. More than one hundred participants from the faculty were invited to attend. Prior to the review, invited staff were surveyed with the aim of exploring staff perceptions about the faculty's function and performance and their expectations of the review. The chapter then analyses materials from the workshop discussions that took place during the two-day review, addressing both the content and the process of the event. A second survey was conducted approximately 5 weeks after the review, and immediately after the proposed faculty strategy was presented at a faculty meeting. This survey attempted to gauge reactions to the content of the strategy and also if and how staff felt they had made a contribution to this strategy. Staff commitment to the implementation of the strategy was also assessed. Additional qualitative material from interviews conducted 10 months after the review (and discussed in more depth in chapter eight) provides further insights into the perceived value and contribution of the review.

6.2 Perceptions of the Environmental Context and Performance of the Faculty prior to the Review.

6.2.1 Faculty's main functions

Prior to the faculty review a survey of all staff invited to the review was conducted. The total sample size was 106. Completed surveys were received from 41 staff, a response rate of 39%. The respondents comprised 17 lecturers, 5 senior lecturers, 3 associate professors, 4 professors, 3 students, 2 administrators, 2 who categorised themselves as "other" and 5 who did not indicate their job title. This is broadly representative of the categories in the overall sample of invitees.

The main purpose of this questionnaire (see appendix A) was to assess the degree of coherence of views on the strengths and weaknesses of the faculty and also the major issues or challenges it faced at that time. Respondents were also asked to rate their contribution to the faculty, their department and their hospital and to indicate their

willingness to contribute to the implementation of the strategy. Each respondent also conducted a SWOT analysis of the Faculty and following this was asked to indicate the main issues they perceived for the faculty over the next 5 years. The questionnaire was distributed by email but could be printed and returned in the internal mail in order to maintain anonymity.

The survey requested respondents to list the 5 main functions of the faculty in order of priority and rate the extent to which the faculty fulfils each function, using a 5-point scale ranging from "very poorly" to "very well". This was an open-ended question in which respondents provided their own list of functions rather than selecting from a pre-determined list. Table 6.1 sets out the perceived functions ranked 1 – 5, the number of respondents who ranked them in this position and the most prevalent rating for each function. The lists of functions in each rank were subject to a thematic analysis in order to condense the list to a meaningful and manageable set of functions. The language of the participants was adhered to as much as possible, hence the slight variations in terminology from one ranking to another. Data was also scanned for patterns of interaction between scores and staff grades, but no patterns were evident in the data.

The data show clearly that education/research is perceived to be the main function of the faculty, as it is ranked *highest* in priority by the majority of respondents and is ranked as *one* of the five priorities by all respondents. The faculty's performance in terms of education is ranked on the scale from 2-3 indicating that performance in this area is considered poor to adequate, but slightly closer to the adequate level. Research is ranked next in terms of priority functions and receives a rating of adequate from one-third of the sample and a rating that falls between poor and adequate from a further third of the sample. Management and governance functions and support to staff and students are areas where the faculty is perceived to be performing particularly poorly with average ratings ranging from 1.7 to 2.3 in these areas, placing them clearly in the poor performance category. The faculty was not perceived to be performing well in any of its main functions.

Priority	Function	No of respondents who ranked this function in this priority category	Average rating
1	Education/Teaching	31	Adequately
	Governance and Co-ordination	9	Poorly
2	Research	13	Adequately
	Post-graduate teaching	7	Adequately
	Leadership	5	Poorly
	Administration	4	Poorly
3	Research	11	Adequately
	Management & Leadership	13	Poorly
	Education/Teaching	6	Adequately
4	Research	10	Adequately
	Staff support & development	6	Poorly
	Contribution to policy	4	Poorly
	Liaison with college & external stakeholders	4	Adequately
5	Contributions to society/community etc.	8	Poorly
	Staff and student support & development	7	Poorly
	Governance & leadership	5	Poorly

Table 6.1: Perceived Main Faculty Functions

Respondents were asked to rate how facilitative the faculty, their department and their hospital are in allowing them achieve their aspirations at work. The poor support afforded to faculty members is evident from the results. From the 36 who responded to this item, the mean rating was 3.86 (mode 5) on a scale from 0 "very impeding" to 10 "very facilitative". This compares with a mean rating of 6.66 (mode 8) for respondent's own department. The mean rating for respondents' hospital (only 23 rated this item, as not all respondents have an affiliation with a hospital) was 6.13 (mode 7).

6.2.2 Perceived contribution

Respondents were asked to rate their contribution to their department, faculty and hospital on a scale from minimal contribution (0) to maximum contribution (10). A total of 38 respondents rated their contribution to their academic department, 36 rated their contribution to the faculty and 25 rated their contribution to the hospital. There are marked differences with mean rating for contribution to department 7.3 (mode 8), mean contribution to the faculty 4.9 (mode 3 & 5) and mean contribution to the hospital 7.2. These results suggest that the departments and/or hospitals to which people belong play a greater role in their work than the role played by the faculty. In addition staff rated their contribution higher than the support they receive for all three entities.

6.2.3 Strengths, Weaknesses, Opportunities and Threats

Each respondent also completed a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the faculty. This revealed that respondents perceive the major strength of the faculty to be its staff. The main perceived weakness is the under-resourcing of the faculty's activities. The primary concerns were in relation to financial and physical resources, but lack of adequate personnel was also identified as a weakness. This lack of funding is perceived to be the major threat facing the faculty, with the perceived economic downturn and the recent government cutbacks for third level contributing to this. Staff perceive the faculty's opportunities as being in education, research and the external links that the faculty possesses as well as its opportunities to develop additional links with hospitals, international institutions and alumni. Table 6.2 presents the main strengths, weaknesses, opportunities and threats together with the numbers of respondents who included each. Again in each category the terms have emerged from a thematic analysis that grouped similar items together and selected the most inclusive term (from the terms respondents provided) to label this group.

Strengths	**Respondents**		**Weaknesses**	**Respondents**	
	No.	**%**		No.	**%**
Calibre of staff	20	50	Under-resourcing	29	72.5
Yeats Reputation	15	37.5	Split sites	13	32.5
Commitment of staff	13	32.5	Curriculum	12	30
Students	11	27.5	Communication	11	27.5
Diversity of schools/disciplines	11	27.5	Leadership vacuum	10	25
Research	10	25	Accountability and transparency in processes	9	22.5
Linkages with hospitals	9	22.5	Undergraduate education neglected	8	20
Facilities	6	15	Poor administration	7	17.5
Quality of education	5	12.5	Fragmentation	5	12.5
Current Dean	4	10	Staff development	4	10
Opportunities	**Respondents**		**Threats**	**Respondents**	
	No.	**%**		**No.**	**%**
Education	15	42.9	Lack of Funding	21	56.8
Research	14	40	Competition	11	29.7
External links	11	31.4	Diminishing reputation	8	21.6
Interdisciplinary activity	7	20	Audit/Accreditation	8	21.6
Support from Dean/Provost	4	11.4	Clinical staff demotivation	6	16.2
Changes in student population	2	5.7	Decreasing student numbers	4	10.8
Funding possibilities	2	5.7	Increasing clinical work	3	8.1
			Lack of capacity	3	8.1

Table 6.2: SWOT Analysis of the Faculty

6.2.4 Major Issues for the Faculty

Faculty members felt that the major issue the faculty needed to address was curriculum reform (15 respondents or 41.6% mentioned this). Other issues that were frequently mentioned by respondents were developing a teaching strategy (25%), reforming the management/administrative structure (25%), development of a research strategy (22.2%), Support and development of staff (22.2%), and improving processes (22.2%). Only 19.4% mentioned funding or resources as major issues that the faculty needed to address at this time.

6.2.5 Expectations of the Review

Of the 41 respondents to the survey, 37 wrote about their expectations of the review. Again these qualitative responses were extracted from the data and subjected to a simple thematic analysis, whilst maintaining a record of the number of responses within each theme to give accurate weighting to the themes. This strategy was adopted because the qualitative data comprised of discrete chunks located within the survey instrument. The quotes are illustrative of the main themes that emerged. Almost one third of respondents (32%) said they expected to develop a strategy or a plan.

"I hope that a proper and agreed plan can be made for the coming years with clear designation of responsibility and a back up system to ensure the highest standard of education for our students"

"I anticipate the day to produce a strategy and operational plan with clearly defined outcomes for Schools to take away and incorporate into their vision and mission statements – to give us a framework. Otherwise there will be no impetus for change. As well, there ought to be a sense of responsibility that should come from being part of defining the strategy, a common purpose, and ownership of the vision"

More than one-fifth, 22%, saw the review as an opportunity to share views, with a further 19% perceiving it as an event where they could meet others in the faculty and understand their work and perspectives.

"An opportunity to share views, develop the basis of a strategy for the future. Meet people from other schools and begin a process of breaking down barriers between schools and networking for the future"

"Opportunity to be involved in faculty development and to meet other people within the faculty"

"To learn more about different disciplines within the faculty and to debate future directions and reforms"

In addition, 10% of respondents mentioned the expectation that the review would provide them the opportunity to participate in the faculty.
"The review at Thornton gives all those representatives from all the disciplines within the health science faculty an opportunity to discuss further the strategy and to participate in the working groups in order to produce recommendations that are agreed by all and contribute to the further development of the faculty".

Other expectations mentioned were prioritizing and focusing the faculty's goals (22%), improving communications 13% and improving the curriculum (11%). When asked about the extent to which they intended participating in developing the faculty, over half the respondents indicated that they intended to participate greatly, almost one third indicated that they intended to participate to a moderate extent, with only one participant indicating that he/she was unavailable to participate.

6.3 The Faculty Review/Strategy Workshop

6.3.1 The Process

The dean of Health Sciences on taking up office in June 2002 identified the need for a Faculty Strategic Plan to guide the faculty in its development over the next 5 years. In a private meeting with the researcher the dean outlined the purpose of the faculty review as to:

1. Inform
2. Achieve consensus
3. Involve them in the faculty's interests – commitment and ownership
4. Motivate to deliver on strategy
5. Sharing and understanding

A consultative document was prepared by the dean in consultation with the researcher and circulated and heads of departments and schools were asked to nominate members of their staff to attend a review. The staff identified at the invitation of the dean attended a review

of the faculty held in Thornton House on the 11th and 12th October 2002. The Review was attended by 106 participants including staff from each school and department in the faculty, undergraduate and postgraduate students of the faculty, administrative and support staff from within the faculty and from the wider college community, representatives from the college's two major teaching hospitals and some of the college officers. The purpose of the review was to identify the key concerns of the faculty at this time and, through discussion of the key issues emerging from the consultative document, develop a set of recommendations that would guide the faculty in its development over the next 5 – 7 years. The process is illustrated in Figure 6.1

6.3.2 Identified Workshop Themes

As it would not be possible within the two-day timeframe to discuss all the issues pertaining to the development of the faculty, a number of themes were identified for discussion in advance of the review. These are briefly explained below (and more fully in appendix E, the Consultative Document, containing the full briefing documents for each of the workshops). The themes were selected based on the dean's individual consultations with a large number of the faculty staff, something he undertook prior to taking up his post as dean. The briefing documents for the workshops were developed by the dean with input from me as the facilitator of the strategy review. The theme descriptions below are drawn from these briefing documents.

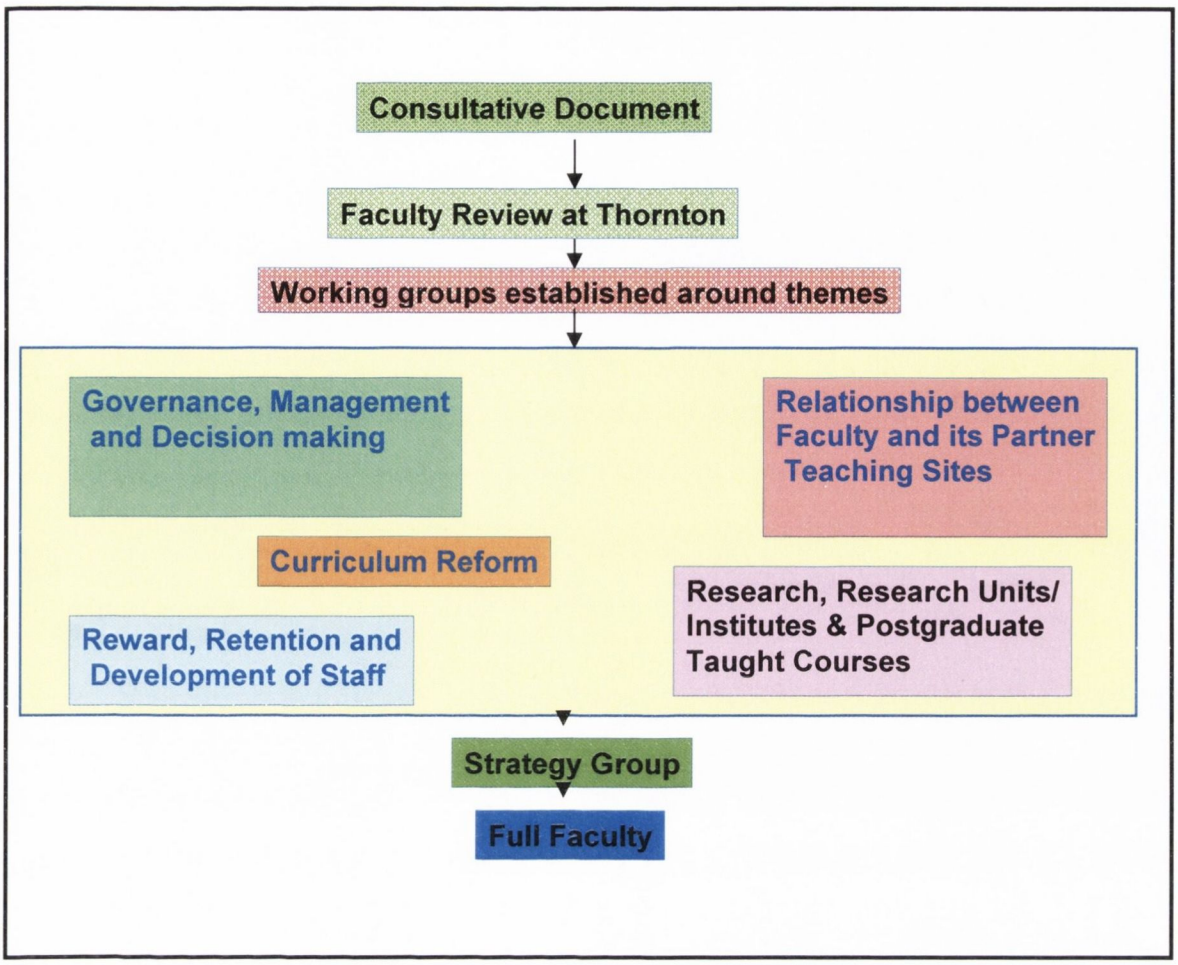

Figure 6.1: Developing the Strategy - the themes and the teams

a. Governance, Management and Decision-making within the Faculty

The faculty structure is complex. This has created problems that have led to decisions being taken without the involvement of the people who might be affected by those decisions. There is much confusion about the governance of the faculty, how the faculty is managed and what systems and processes are in place to facilitate decision-making in the faculty. As the faculty has grown in size and expanded over the three main sites, communications have become increasingly difficult. This has resulted in staff members feeling less involved and informed than they might like to be.

b. Relationship between the Faculty and its Partner Teaching Sites

The faculty's partner teaching sites (hospitals, health boards and clinical training centres) are a key component in providing health sciences education. They are also critical in terms of research. There are many complexities in the relationships between the faculty and these partners. It is critical for the faculty to develop these relationships in a way that allows the faculty to exploit in a positive sense the full potential of its partner teaching

sites, whilst contributing the intellectual capital of the faculty for the betterment of the health sciences, student education and patient care.

c. Curricular Reform in the Faculty of Health Sciences with special reference to the Medical Curriculum as a possible core Curriculum Base

The faculty needs to develop a framework for continuous curriculum reform, setting higher standards and improving the quality of education it provides to all health sciences students. As a matter of priority the School of Medicine curriculum needs radical reform.

d. Research, Research Units/Institutes & Postgraduate Taught Courses

Research and the knowledge base in the health sciences is growing at an exponential rate. The faculty needs to find a better approach to knowledge management and it must continue to encourage and create opportunities for research of a consistently high standard across all the schools of the faculty. Inevitably there is a diversity of research activity and taught postgraduate courses with different management and governance systems. The faculty needs to define and agree how best to promote the interests of its researchers and the quality and relevance of taught postgraduate courses with due cognizance of the interests of the faculty and the college community. A strategy agreed by all staff would help to prioritize and support the development of appropriate postgraduate education in the health sciences.

e. Reward, Retention and Development of Staff in the Faculty

In order to promote and develop curriculum reform and student-centred learning, rewards for aspects of scholarship such as teaching, innovation and application of scientific development needs to be considered whilst continuing to develop the research ethos of the faculty.

6.3.3 Workshops

All participants received a copy of the consultative document (appendix E) in advance of the strategy review. Participants were grouped into ten groups with approximately 10 – 12 people per group. The group participants were purposively selected to ensure as far as possible that each group: a) was representative of the range of disciplines within the faculty and b) included student representatives. Participants were allocated to groups in advance of the meeting and a chairperson and rapporteur was nominated within each group. As facilitator, I undertook preparatory work with the chairs and rapporteurs to ensure they understood the brief, followed similar guidelines in the management of the group, and followed a consistent approach to synthesis and feedback of the main themes

emerging from their group discussions. The chair was given the task of managing the group discussion and the rapporteur focused on capturing the discussion in note format.

Two groups worked independently on each of the workshop themes identified above for a period of three hours on the afternoon of the first day. Following the group discussion the chairs and rapporteurs from the 2 groups discussing the same theme (e.g. groups A1 and A2) worked together on extracting the common themes and synthesising the outputs from their groups into one integrated presentation.

The next morning the chairs and rapporteurs for each group returned to their workshop rooms whilst the remainder of the group members went on tour visiting workshop rooms 2, 3, 4 and 5 to listen to the chairs of each of these themes present their summaries. They were then given the opportunity to add to the recommendations put forward in the presentations. These dynamic working sessions afforded every group the opportunity to contribute to the recommendations for all five themes. This process worked extremely well creating an open, non-judgmental environment that encouraged everyone to contribute.

6.3.4 The Outcomes

In the weeks following the review, I analysed the rapporteurs notes from each of the 10 workshop groups to again identify the main themes emerging from the discussions. I individually met each of the chairs (except for one who was not available) of the sessions and conducted brief interviews on the process of the workshops, as well as confirming with them the emerging themes from their individual workshops. I also had made personal notes whilst circulating through each of the workshops over the two-days of the review. Utilising all these sources of information I produced a Strategy Review Report.. This report was circulated by e-mail for review and comment to all who had attended the workshop. It also informed the Strategy Presentation prepared and presented by the dean at the full faculty meeting on 19th November (appendix B). The main issues and recommendations are summarised in Figures 6.2 a to e and in the text below.

a. Faculty Governance and Management

Current situation

There is considerable confusion about the existing structures within the faculty. People are unclear about the role of the Faculty Executive Committee in relation to the Faculty

Committee and the School of Medicine Executive Committee. Terms of reference for each of these committees, if they exist are not widely known. In any event they need to be updated. There is a lack of transparency and poor communication to and from these committees.

The review suggested that balance of the functions of education, research and clinical activity should be central to the governance of the faculty, including clearer contractual situations and support structures, with more recognition and reward for clinical teaching. Figure 6.2a sets out the priorities (not in any hierarchical order) emerging from discussions on governance and management. There was a widely held view that the existing structures should be dissolved and a new Board and Executive Management Group should be appointed. In addition the resourcing of a full-time dean was felt to be critical for the future development of the faculty, with vice-deans being appointed to support the dean in certain functions. The off-campus, outside working hours nature of the review and the faculty meetings being held in the evenings was an issue for some of those present.

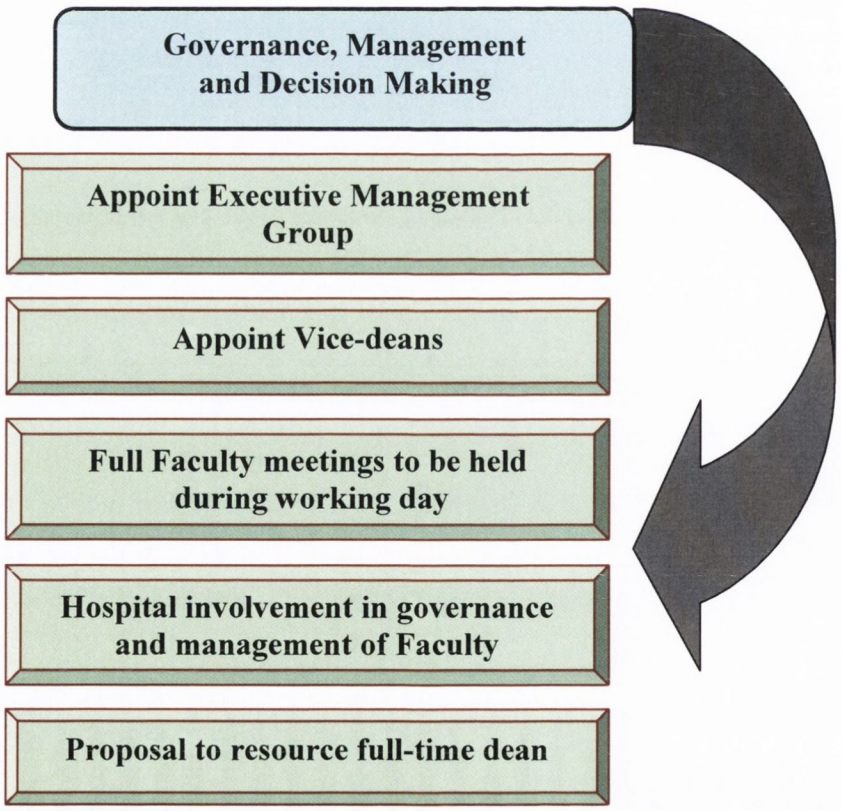

Figure 6.2a: Summary Recommendations from Strategy Review – Governance and Management

b. Relationships with Teaching Sites and other Partners

Key partners

It was agreed that the faculty needs to strengthen its relationships with the hospitals, with the Eastern Regional Health Authority, South Western Area Board and other Health Boards. There is a sense that the faculty underestimates its influence and because of this its esteem is declining. The other partners that were considered in the discussion were other universities both international and within Ireland, other faculties and departments within the university, the students, the patients and community, the alumni, statutory agencies such as Higher Education Authority, Dept of Health and Children, Dept. of Education, voluntary agencies and philanthropic foundations.

Outcomes

The following were the key recommendations and associated actions (figure 6.2b) agreed by the working groups. Relationships need to be developed between the college and Dept of Health and Children and the health boards – a forum for exchange at the top levels. Formal teaching agreements and contracts should be developed between the faculty and teaching sites. Existing relationships between schools within the faculty and foundations and voluntary bodies should be recognized and formalized. Schools need to be empowered to develop relationships that will grow their departments and increase their degree of influence. There should be increased use of the peripheral sites and more teaching facilities should be made available on these sites. This necessitates the development of contracts with these health boards and health agencies. If possible more functions should be developed at faculty level to overcome the delays experienced at college level – e.g. turnaround times are too long for staffing decisions. Models of delivery should be created within the faculty as solutions to some of our problems, e.g. authority to approve staff appointments being delegated from the staff office to the dean.

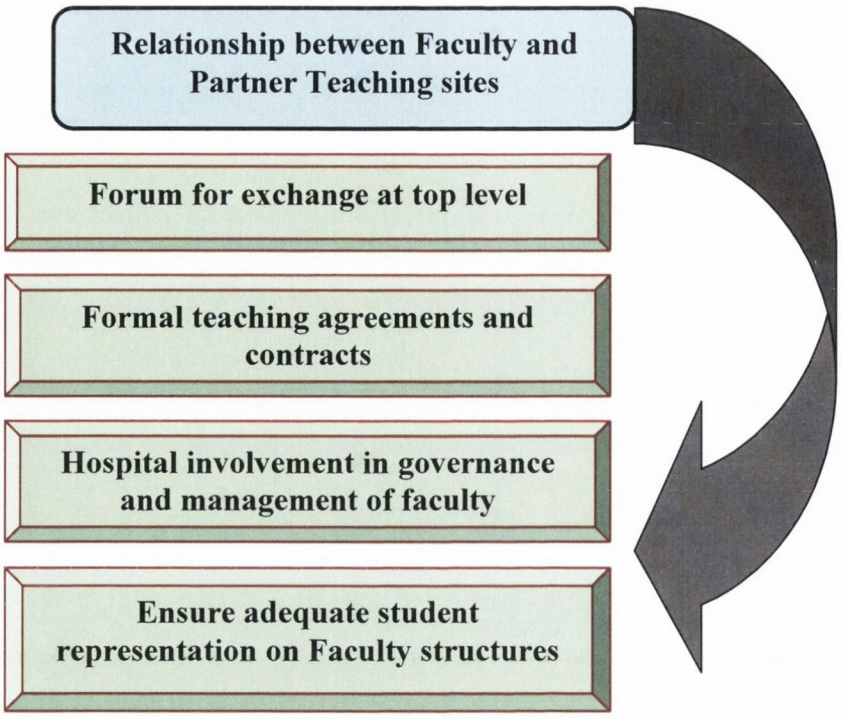

Figure 6.2b: Summary Recommendations from Strategy Review – Relationship between Faculty and its Teaching Sites

c. Teaching and Curriculum Reform

The working groups agreed a mission statement for the education of health sciences professionals.

> *To create motivated, flexible, lifelong learners. Ownership of the curriculum should be with the faculty and each school. A multi-disciplinary approach to learning should be encouraged.*

The task of reforming and developing the curriculum is a major one. The working groups felt that we should begin by developing a consensus about the ideal profile of a graduate i.e. defining what outcome the learning experience should achieve. Curriculum content and assessment methods should then be aligned with outcomes. Figure 6.2c sets out the main recommendations from the discussions on teaching and curriculum reform.

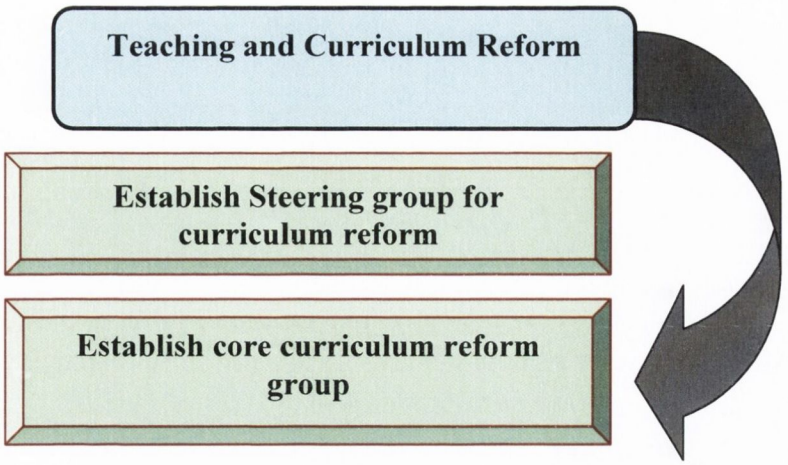

Figure 6.2c: Summary Recommendations from Strategy Review – Teaching and Curriculum Reform

There was a strong consensus for the establishment of a core curriculum reform group of 3-4 staff who are heavily involved in teaching to work with each department/ school on a phased basis to reform their curriculum, beginning with the School of Medicine. It was agreed that funding should be sought from college to fund the secondment of these staff from their current positions to work full-time on this task over the next 2 years. The group would report to the Curriculum Reform Steering group.

d. Research

A common vision for research in the faculty was agreed as follows:

To establish the faculty as an international centre of excellence in research and scholarship in the Health Sciences

It was felt that broad multi-disciplinary research themes should be identified within the faculty, using appropriate consultative processes including external review. There was concern that research priorities had previously been identified without widespread consultation. The groups felt strongly that the procedures for establishing research priorities must be transparent.

There is a need for further discussion of ethics in research within the faculty. Although most medical research is assessed by the joint hospitals ethics committee, it may not be entirely appropriate for research from other disciplines (which may not always be of a

clinical nature) to be assessed by this committee. It was agreed that a faculty ethics committee/forum should be established but this should not interfere with the work of the existing joint hospitals ethics committee.

The priority actions on research are set out in figure 6.2d. A key consideration was the development of a support structure for existing research institutes, departments and individual staff members. This structure should be lead by a vice-dean and staffed by an experienced researcher, a research administrator and a service biostatistician. As well as supporting research initiatives this structure/office should also develop cross-institutional cohesion in research activity.



Figure 6.2d: Summary Recommendations from Strategy Review – Research and Postgraduate teaching

e. Recognition and Development of Staff

Current situation

The Faculty of Health Sciences is unique within college in that it has three very distinct groups of staff:

a) Full-time academics – with clinical, education, research and governance duties

b) Full-time clinicians/part-time unpaid educators

c) Part-time contracts educators - academic and/or clinical practitioners.

The college system does not reward teaching. Clinical supervision and clinical teaching in particular are not rewarded. Despite this those who do teach at significant personal cost (lecture preparation and delivery time and travel time) are enthusiastic and committed.

Medical undergraduates are taught primarily by interns and senior house officers. Some questioned whether senior staff's contracts required them to teach. An informal process of rewarding registrars and senior registrars for teaching exists (for some it is recognized as part of their training), but this was considered a potential weakness in the system. There is no formal evaluation of individual's teaching performance and there is no minimum amount of teaching specified in staff's contracts. Assessment for promotion is weighted towards publications, not educational input. There is no promotional track for people given the title of honorary lecturer.

Outcomes

There was consensus that educators require: protected time; financial commitment; administrative support; and space, facilities, and equipment. There was agreement that we need to create an atmosphere of collegiality if we want to have a rewarding working environment. There needs to be greater transparency to enable staff to participate in the faculty and to have an input into decision making. A two-way information flow and more consultation are essential. Additionally it was agreed that there needs to be a much broader definition of scholarship in the Health Sciences Faculty. This should include: discovery – integration – application – teaching. The system of evaluation of scholarship needs to be revised – different criteria may need to be applied in Health Sciences. Academic progression should take account of educational input and the criteria for promotion should be well defined. The need to generate new promotion tracks, and recognition and rewards for clinical educators was a strongly held view. Part-time clinical educators should be included more in the faculty, through greater involvement in decision-making and in the examinations. Better recognition for post-doctoral staff and an acknowledgement of their educational input was also felt to be important. Figure 6.2e summarises the main strategic actions called for.

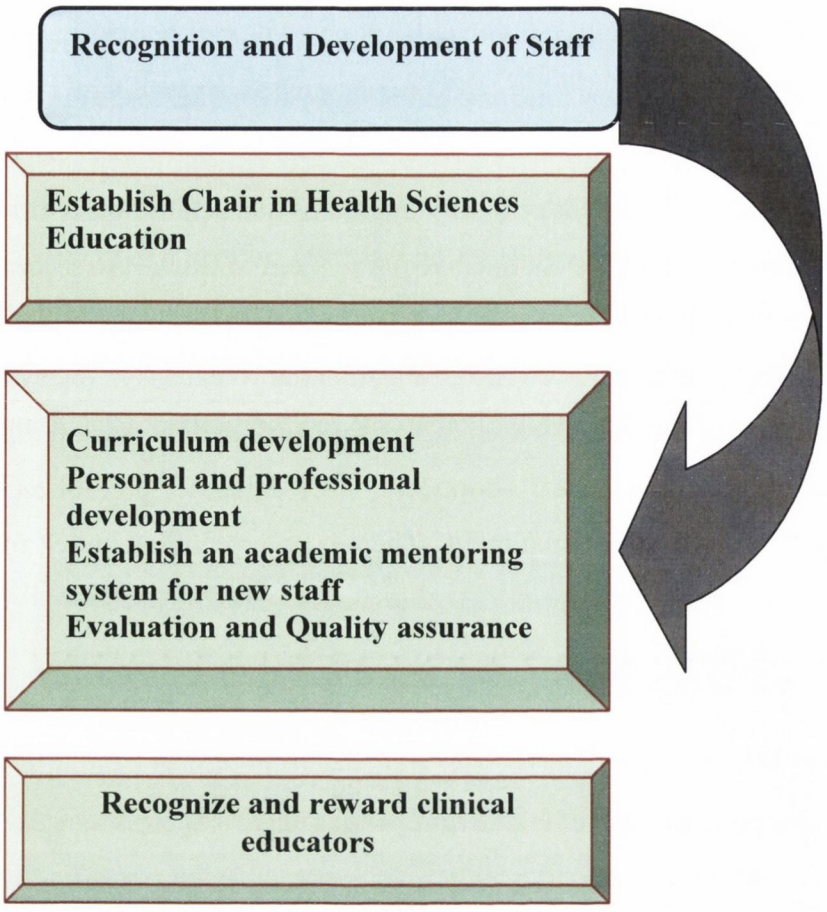

Figure 6.2e: Summary Recommendations from Strategy Review – Recognition and Development of Staff

f. Additional themes emerging

f1. Student Issues

The strategy review was also attended by student representatives from the faculty and each of the working groups had two students. The main issues that they highlighted were the need to improve facilities for students, particularly those at St. John's hospital which are very poor. They also suggested that better use could be made of the existing facilities i.e. libraries, common rooms and computers if an audit of current usage is conducted to identify availability.

In addition, students argued that the faculty should restrict the number of non-EU students, increase the fees to bring them in line with UK university fees, and provide a better service and better experience for fewer students.

Students were particularly concerned about the lack of accommodation for students in placements outside the city. The current arrangement - where some students are provided accommodation by the general practitioners they are on placement with or accommodation is provided in hospital nursing homes, some academic departments subsidize student accommodation (e.g. physiotherapy) and others have to find their own accommodation and pay for it - is considered inequitable. They recommended that where accommodation exists in health boards and other health facilities the college should enter into an agreement to secure this accommodation for students. Finally, it was agreed that course and year coordinators should be provided for students in the School of Medicine.

f2. Funding

The issue of generating more funds for the faculty was discussed briefly by several groups. However, there is no clear consensus on how to achieve this. Some of the suggestions emerging from the discussions are as follows:
One group felt that the funding issue could be tackled by the employment of a business expert to manage fundraising and related activities, and cited examples of where this strategy has been successful. It was highlighted in two groups that the Burke Institute (an entity jointly governed by the university and the two major teaching hospitals, discussed in more detail in chapter nine) has been very successful in generating income, although it was acknowledged that the college has been a net contributor and the hospitals net beneficiaries of this. The point was also made that Burke has potential to generate more income through professional courses, short courses in clinical medicine and research initiatives such as the Cardiovascular Institute.

It was suggested that a greater proportion of international fees could be retained by the faculty. Currently the faculty retains only 50 % of the fees (the remaining 50% contributes to a central university fund (termed the cista communis) to finance the overheads and running costs of the university, whereas other most Medical Schools in Ireland retain 70 % and some 100 %.

6.3.5 Cross-cutting themes.

A second order analysis revealed a number of cross-cutting themes that were repeated in the discussions and recommendations of the various working groups. These are outlined in figure 6.3.

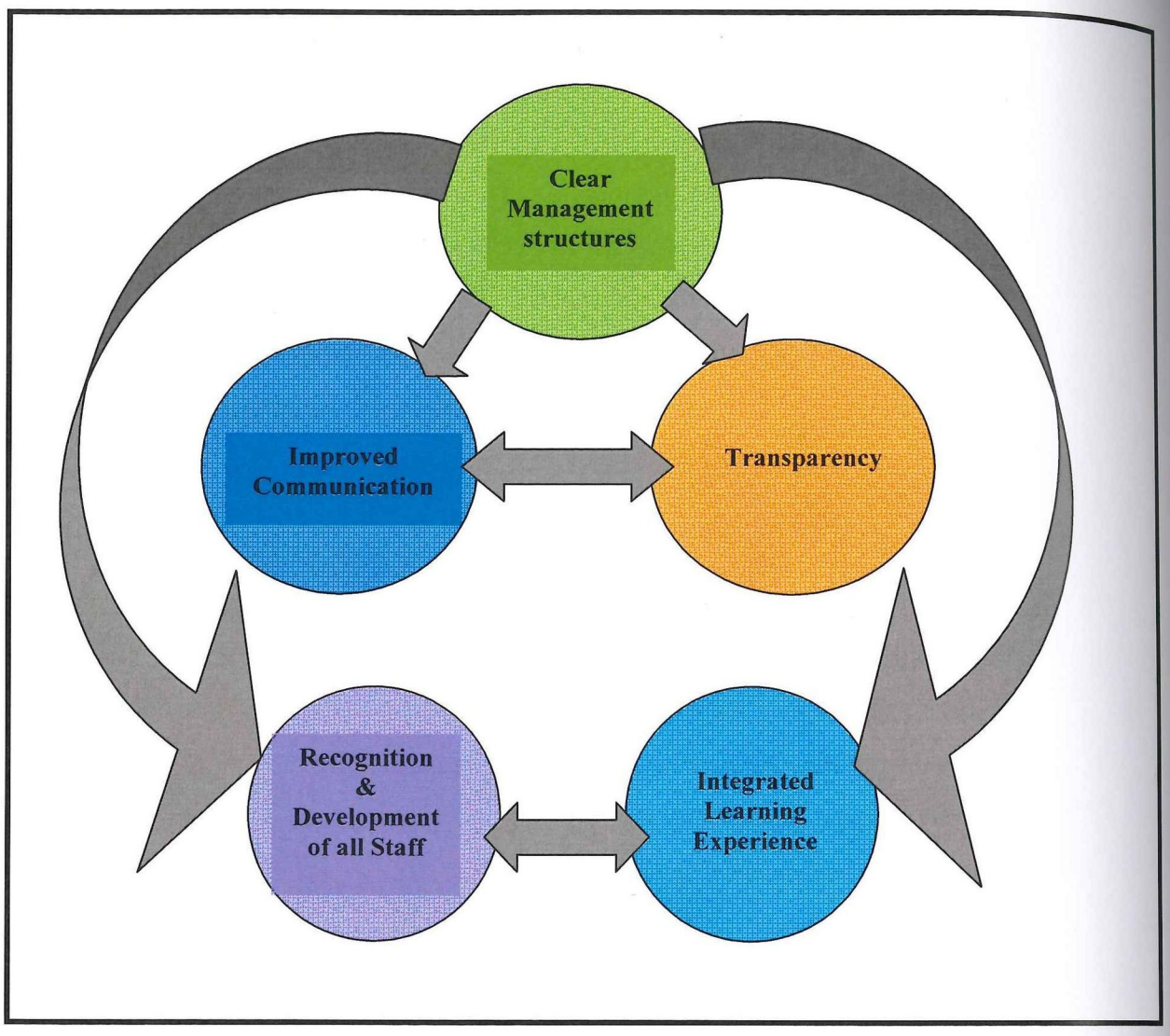

Figure 6.3 Cross-cutting Themes Emerging from Strategy Review

These are explained briefly below:

- The need for a clear management structure within the faculty with clear terms of reference and reporting relationships mapped out at each level.
- The need for more transparency in all activities and particularly in communication and decision-making. If this were present it would negate the need for representation of all departments on every committee in the faculty.
- Better communication at all levels for staff and students. A web-based communication tool is a clear preference amongst the students.
- The need to develop an integrated learning experience for students through greater co-operation between the faculty and its teaching partners and through radical curriculum reform.
- The need to give recognition to the contribution of support clinical teaching staff who do not have contracts with the faculty. The need to support post-doctoral students and

staff who give a substantial commitment to teaching through focused development and accreditation.

6.4 Perceptions of the Strategy Workshop

6.4.1 Perceptions of Discussion Chairs

In the weeks following the strategy workshop the chairs were invited to partake in a short semi-structured interview to reflect on their experiences of the workshop. In total there were 10 break out workshops addressing the 5 topic area (2 per topic). Of the 10 chairs, 9 participated in the interviews.

Most felt that the discussion groups were democratic and participative and worked well.
"Worked very well. Everyone contributed. Monologues were controlled".

"I thought we made sure everyone was included. Very democratic process. Time flew. Could have worked for another 2 hours."

"People were very open and willing to look at things from others point of view".

There were a couple of negative comments from 2 of the chairs.
"Dynamic was strange as someone felt it should be all about the School of Medicine".

"Might have been good to brief the chairs on group management – single page of guidelines for managing groups. Some chairs were anxious because of lack of experience."

"As a group found it easier to complain than to be constructive".

Chairs were also asked what in their opinion had contributed to the success of the workshop. A common theme that emerged was the role of the dean.

"Dean's charisma was key ingredient".

"I know he has a vision. He wants to share it and bring people along – the only way is to bring people together. I think he has a lot of support".

"If dean achieves nothing, he has achieved a huge amount in doing this".

Several also felt that the preparation for the event and the way in which it was structured helped to create a positive working environment.

"*Structure was important to make it work*"

"More practical, more engagement than at previous one. Chairs and rapporteurs meeting well in advance was good."

Others referred to the "*relaxed and non-judgemental atmosphere*" and the fact that *"Key people really felt the need to talk – came to meeting wanting to communicate"* as being key to the success of the event.

A major concern that was raised was that the change might not happen *"if the optimism and enthusiasm was not to be followed through by work"*. Two specific concerns that were mentioned were:

"Curriculum reform in Medical School – will have huge barriers"

and

"Everything in faculty happens by committee, if devolved to committee nothing will happen".

Chairs were also asked what role they might play in the implementation of the strategy. Although several expressed a willingness to be involved, this was in most cases qualified as illustrated by the following quotes.

"Keen to have a hands on role, but not in a position to drop anything that I am doing, but can find another 10%."

"Will give what I can but may need to be spared other duties".

Almost all felt it would be useful to have such an event again in the future but gave varying responses as to how frequently it should happen, varying from a couple of times a year to once every 5 years.

6.4.2 Perceptions of the Management Committee, Heads of Departments and Chairs of Committees

These perceptions are extracted from the 28 interviews conducted with members of the management team, heads of departments and chairs of faculty committees. A search for the word Thornton in all interview transcripts was conducted. The identified quotes were grouped into themes and illustrative quotes from these themes are presented below. As the analysis was conducted using Nvivo, the quotes below are extracted directly from interviews. Interviewees are identified by an alphabetical letter. The reference number refers to the specific reference within an interview i.e. two references have been included from interviewee L. The coverage refers to the percentage of the total text of the interview that is contained in the particular quote.

When interviewed 10 months after the review, the majority of the interviewees indicated that it did contribute to progress in changing the faculty. The majority mentioned the importance it played in including staff who may not necessarily have previously felt part of the faculty.

<Internals\Main Interviews\L> - Reference 1 - 1.24% Coverage

"And the number of people who have no university title who were invited to attend Thornton got a charge from that and are enthusiastic members of the Faculty, perhaps not leading anything at this time but if the new structures gave them an opportunity to lead areas within the curriculum or outside the curriculum areas then there's a lot of people who feel more engaged and they are ready and primed."

Reference 2 - 0.67% Coverage

"bringing a lot of really brilliant people that we have appointed to the 2 hospitals into the group. Thornton has in a large part been responsible for that and the fruits of that have been a kind of productive year."

<Internals\Main Interviews\N> - Reference 1 - 1.80% Coverage

"Well one of the ones that contributed to it was actually Thornton bringing people together, providing a forum for staff to literally meet each other and that was my first time since I joined college there was that kind of opportunity to meet who else was in the faculty of health sciences and the personal contacts there I think in the long term are

going to be the key you know. Decisions can be made but actually it's the personal contacts that you make that are make or break when it comes to whether or not those decisions get implemented, how effectively that happens and how long term effects of the decisions turn out to be so I think that was really key".

Another important contribution the review made was in terms of its contribution to morale building and direction setting.

<Internals\Main Interviews\T> - Reference 1 - 1.16% Coverage
"Probably, on the morale side and you know psychologically it was probably a good investment and did galvanise people and I think probably the school of medicine has been helped tremendously, I mean I hear from people that they feel much better about themselves and you know more directed and more focused and they are getting standards where things were very slack before you know so that has to be good you know and the meeting probably helped that".

<Internals\Main Interviews\V> Reference 1 - 2.69% Coverage
"I suppose the big achievement that Thornton made was that it got everybody pointed in the same direction, it oiled feathers that needed oiling, .."

There were interesting views expressed on the "content" of what was discussed and agreed at the review:

Reference 1 - 2.69% Coverage (continued)
"it was remarkably low in content and the content hasn't survived. There are people who are I suppose slightly hurt because they thought Thornton was going to set the agenda but it never has set the agenda"

<Internals\Main Interviews\V> Reference 3 - 0.75% Coverage
"it did change the atmosphere ... Content of course drove it because it gave us something to say to each other but I don't think content and outcomes were not really an important factor".

6.5 Post-Strategy Action

Following on from this review and the dissemination of the report to all staff, a faculty meeting was held and a strategy was presented to staff. The powerpoint slides developed

for this presentation are contained in appendix B. The main recommendations are set out in this powerpoint and reflect the outcomes from the review as outlined in section 6.2 of this chapter. The main action proposed by the dean following on from the review was the establishment of a new structure for faculty to include:

1. Faculty Management Committee
2. Committees to address the recommendations arising from the retreat

- Staff Development, Promotions & Chair Strategy Committee
- Faculty Resources Committee
- Tercentenary Development Group
- Finance Control and Procurement Committee (Ways and Means Committee)
- Faculty Curriculum Committee
- Research & Peer Review Committee
- Ethics Committee

The dean proposed the membership of each of these committees, and announced them at the full faculty meeting on 19th November.

6.5.1 Reactions to the Proposed Strategy

Following the review, a strategic document was developed and presented in the format of a powerpoint presentation (see appendix B) at a full faculty meeting. A brief questionnaire was distributed to staff who attended the meeting and later circulated to all faculty staff to gauge their reactions to the review report and to the Proposals for Strategic Development presented at this meeting. Participants were asked if they felt they had the opportunity to contribute to these proposals and by what mechanism. Respondents were also asked to indicate whether they felt the faculty had the capability and resources to achieve the proposals. A total of 65 responses were received. Of these 63.1 % had attended the faculty meeting and 60% had attended the faculty review.

Participants were asked if they felt they had the opportunity to contribute to these proposals and by what mechanism. Percentage responses are reported in table 6.3 below.

How you contributed	Number	Percentage
Directly by meeting with dean	29	46
Directly by attending review	38	60
Directly by attending this meeting	38	60
Indirectly through department representative attending review	11	18
I have had no opportunity to contribute	8	13
No response to this item	2	3

Table 6.3 Mechanisms by which staff contributed to strategy proposals

Respondents were also asked to indicate whether they felt the faculty had the capability and resources to achieve the proposals. Table 6.4 shows the responses.

Proposals for Strategic Development	None of the proposals	Some of the proposals	All of the proposals
Do you believe the faculty has the ability to achieve the proposals?	0	45 (73.8%)	16 (26.2%)
Do you believe the faculty has the resources to achieve the proposals?	2 (3.1%)	56 (86.2%)	2 (3.1%)
Do you believe the faculty can obtain the resources to achieve the proposals?	1 (1.6%)	51 (83.6%)	9 (14.8%)

Table 6.4: Staff Perceptions of Faculty's Capability to deliver on Strategy Proposals

6.6 Summary

This chapter has presented data from different sources taken at different times to access the degree to which there is consensus and consistency in faculty members' views of the problems the faculty needs to address. Surveying staff prior to the review allowed the exploration of individual staff views before they might be influenced by the consultative document or the materials presented in the workshops. The structuring of the review, the observations of the workshops, the post-workshop interviews with the chairs and the post-strategy survey allowed an assessment of the quality of the interaction and the degree to which people felt enabled to contribute to the review.

The consultation document and workshop themes had been developed but not circulated before staff were surveyed, so there was no possibility that this influenced staff perceptions about the faculty. However, there is a surprisingly high degree of consensus between the themes that emerged from the pre-strategy survey and the issues that were discussed at the workshop. For example the identified faculty weaknesses, leadership vacuum, poor administration, fragmentation are reflected in the discussions on governance and the proposed action of setting up a management committee. Weaknesses such as undergraduate education and curriculum are reflected in the emphasis on curriculum reform and the establishment of the Faculty Curriculum Committee. Staff development, and clinical staff de-motivation were mentioned as a weakness and a threat respectively and these are reflected in discussions of the reward and development of staff and in the establishment of the Staff Development, Promotions and Chair Strategy Committee. Under-resourcing was perceived as a faculty weakness by 73% of the respondents to the survey and lack of funding was perceived as a weakness by 57%. Although funding was not a specific workshop topic for discussion in the review, nonetheless it is something that was discussed and resulted in an action to establish a Faculty Resources Committee. The Financial Control and Procurement (Ways and Means) Committee which was to focus on the allocation of resources was a response to the concerns about lack of accountability and transparency. Another topic that had not been identified for discussion was student concerns, but yet recommendations emerged for improving the student experience. This happened despite the fact that students were in the minority in all of the workshop groups they attended.

These findings provide support for the review mechanism as one that can harness the views of staff in a fairly democratic manner and enable the issues that are concerning staff to shape change and development of the faculty. It is also a testament to the dean's listening skills and his ability to translate what he had heard whilst meeting people into a comprehensive guide for discussion. The cross-cutting themes of calls for clearer structures, more transparency and improved communication are indicative of the tendency to decide priorities and set agendas for the faculty behind closed doors. These are themes that we will return to in subsequent chapters. However it is worth noting here that the dean attempted to address these by establishing several large and inclusive committees to implement various aspects of the strategy. The call for a more integrated learning experience and support and development of staff, point to the outcome of the Medical

Council assessment of the undergraduate medical curriculum. This negative report is an external threat that is driving change within the faculty, something that becomes more evident in subsequent chapters of this study.

Finally, a distinctive feature of the review was its focus on solving problems and addressing immediate threats. Although many staff identified strengths and opportunities for the faculty, very little of the discussion or recommendations seemed targeted to exploiting these opportunities or developing new initiatives. This may be reflective of the sense of crisis. It is also possible that it is simply reflective of an organisation with strong concerns about transparency, communication and accountability.

CHAPTER SEVEN: Strategy Implementation by Committee - Practices

7.1 Introduction

Practices are the everyday occurrences that define and implement strategy within an organisation. There is a formal structure that allows this to happen, but often there is an informal mechanism operating alongside this. The established mechanism within the university in general and within the faculty in particular is the committee. Committees are the main vehicle by which the day to day business of the university is conducted. The strategic review, discussed in the previous chapter, resulted in the establishment of several committees, the assumption being that these committees would implement the strategy. The Faculty Management Committee, established by the dean, was envisaged as the main decision making body. This chapter explores the work of a sample of these committees through an analysis of the agendas and minutes and also through interview and survey data gathered from the members of the committees. All members of the management committee agreed to be interviewed, however it proved logistically impossible (due to their clinical and other commitments) to arrange a suitable time for interview with two members of the committee. Data from all others is included in this study. As there was considerable overlap in membership of the various committees, those interviewed also commented on the other committees they were involved with. Two committees, the Accommodation Committee and the Financial Control and Procurement (Ways and Means) Committee were selected for detailed analysis through minutes (from October 2003 to April 2005) and interviews. All data was analysed using Nvivo 8 software. The committee minutes were analysed using a coding framework to identify outcomes. This framework is replicated in table 7.1. The analysis of the interviews is described in chapter five. These committees were selected from the committees that met regularly and seemed to be functioning well (as assessed by the faculty administrator). All committees are commented on in the interview data. In addition interviewees were asked specifically for their views on how well the Management Committee works.

7.2 Committee Functioning

7.2.1 Progress in implementing strategy

An analysis of the minutes showed that progress was being achieved, decisions being made and actions planned. Table 7.1 gives examples of the typical outcomes from the committee meetings..

Coding Framework	Reference	Text of meeting minutes
Action taken	<Internals\accommodation committee\Minutes 29_01_04> - Reference 1 - 1.83% Coverage	The two new computer rooms will be put onto the timetabling system for both teaching and student purposes.
	<Internals\accommodation committee\Minutes 30_03_04> Reference 1 - 2.38% Coverage	**SJH Campus Committee** – to be re-established under the Chair of M It was agreed to move from the current income and expenditure method of accounting to an accrual system. Ms W explained the difference between the two methods. This system allows for strategic planning and HR planning. A template was circulated which could be used on either a low or high level. It could also be used in the event of College restructuring. Ms. W to meet with all Head of Departments/Schools to put accounts into an accrual system.
	<Internals\Ways and Means Committee\WMC 28-05-04> Reference 1 - 9.84% Coverage	
Decision taken	<Internals\accommodation committee\Minutes 27_04_05> Reference 3 - 11.63% Coverage	It was agreed to include the refurbishment of rooms (Rooms 0.121 and 01.22) for the clinical skills space as part of the minor works submissions. The group agreed that priority should be given to teaching vs office and teaching vs research space. It was agreed that Dr. Q and Ms G would circulate the bids and ask for group to prioritise bids. It was agreed with IS Services that 2 staff members would be recruited and funded from Faculty Funds. it was agreed that room 1.80 would be used as a PAC room.
	<Internals\accommodation committee\Minutes_09_10_03> - Reference 4 - 3.19% Coverage <Internals\accommodation committee\Minutes_09_10_03> Reference 5 - 1.97% Coverage	Budget allocations It was agreed for future allocations a standardised application would be used. Templates were circulated. In October of a given year a request for bids would be submitted based on agreed parameters. This would be a transparent and formal process. The allocations would need approval from the Faculty Executive and Full Faculty. With reference to recurrent equipment budgets it was noted that the asset register should be updated by each Department and co-ordinated by the Faculty office.
	<Internals\Ways and Means Committee\WMC 28-05-04> Reference 3 - 10.59% Coverage	

Table 7.1: Strategy Implementation – Committees' Decisions and Actions

Coding Framework	Reference	Text of Meeting Minutes
Process decision	<Internals\Ways and Means Committee\WMC 15-04-03> - Reference 1 - 18.69% Coverage	It was agreed that the main functions of this group are as follows : 1.To introduce and implement a transparent financial reporting system 2. To review and advise the Dean regarding the School of Medicine DO2398 income account 3 To give advice to schools and departments with regard to raising revenue
	<Internals\Ways and Means Committee\WMC 20-02-03> - Reference 3 - 5.63% Coverage	No schedule for meeting was established, however it was agreed that sub-committees drawn from the full Committee will be established to deal with the issues as they arise.
	<Internals\Ways and Means Committee\WMC 20-02-03> Reference 4 - 2.83% Coverage	It is envisaged that the full Committee will meet on a bi-monthly or quarterly basis.
Information imparted	<Internals\Ways and Means Committee\WMC 23-09-03> - Reference 1 - 6.06% Coverage	The Chair informed the group that the schedule of accommodation for the Old Stone Building had been forwarded to the Architect. Included in this schedule was the suggestion that the ground floor would be allocated to student space and the top floor to staff space. The Chair suggested that the issue of security and attendant staff and cleaning for the old stone building should be raised at the SJH Campus Committee.
Discussion or suggestion	<Internals\Ways and Means Committee\WMC 23-09-03> - Reference 1 - 13.73% Coverage	Dr. U suggested that a similar system as used on the Yeats Centre site in Merrion could be used for the old stone building i.e. Student access to the centre in Merrion could only be used until the porters leave at 10.00pm.and swipe card access for postgraduates and staff outside these hours. .. The Chair reported that Ms.P14 would be discussing the proposal of a satellite Senior Common Room in the old stone building with H (executive secretary) and Ms G.M (Hon.Sec) who administer the Senior Common Room on College campus. It was suggested by various members of the group that if the proposed Senior Common Room in the old stone building was linked to the College Senior Common Room that it could potentially strengthen hospital and college links.
Further action or investigation	<Internals\accommodation committee\Minutes 14 10 04> Reference 1 - 0.75% Coverage	To seek advice at Officer level in College re catering in Old Stone Building
	Reference 2 - 1.14% Coverage	To determine if space can be allocated in the Old Stone Building

Table 7.1: Strategy Implementation – Committees' Decisions and Actions

7.2.2 Perceptions of progress

In general perceptions were positive about the committees' work in progressing the strategy. The following quotes illustrate that staff perceived the committees as having made progress on many different actions that had arisen from the strategy.

<Internals\Main Interviews\G> - Reference 1 - 0.61% Coverage

"do feel that they are working well. Staff development we recently got through the clinical titles and I think that would be a key issue that's gone through and that was with the help of that group. That group pushed for it really".

<Internals\Main Interviews\J> - Reference 1 - 0.62% Coverage

"I have to say the two that I am involved in – it's not because I'm involved but it's probably due to the people leading them – have tried to drive things forward."

Reference 2 - 0.29% Coverage

"I think the allocation of resources has become more and more transparent".

<Internals\Main Interviews\K> - Reference 2 - 0.18% Coverage

"The students seem to be very positive about them".

<Internals\Main Interviews\M> - Reference 1 - 3.82% Coverage

"I think some how – I have to say the Ethics Committee worked very well in the way that there was set tasks and people did review the material and sent it back and it kept moving on."

<Internals\Main Interviews\N> Reference 1 - 0.60% Coverage

"The student affairs committee while I was on it was working very effectively, that was really, there were clear decisions at the end of each meeting and in the few I've been involved with I feel that one has worked best."

Building refurbishments was one example given of progress. In particular one building that had been refurbished to create more teaching and social space for students was mentioned several times.

<Internals\Main Interviews\G> - Reference 1 - 0.49% Coverage

"There are a lot of things going on. We have the old stone building being refurbished at the moment and we had a meeting about that this morning and that's progressing nicely as well."

<Internals\Main Interviews\M> - Reference 1 - 3.82% Coverage

"I was on the Stone Building as part of the faculty resources, that sort of refurbishments and looking at plans for that and again that was a short timeframe where we talked to the architects to get the plans and what we could change and that worked very well because it was concise piece of work that had to done in a fairly short period of time."

Curriculum development was another area where progress has been made. This committee received a considerable amount of support from two people specifically appointed to work on the re-design of the curriculum and they did a considerable amount of work with individual heads of departments outside of the committee meetings. This may have contributed to the success of the committee.

<Internals\Main Interviews\A> Reference 1 - 0.35% Coverage

"the curriculum development, I mean there have been great strides made there and people can see concrete evidence that something has happened."

Some had a more philosophical view and possibly lower expectations of the purpose and potential value of committees and were satisfied that progress had been made on the process of establishing a mechanism for implementing strategy as demonstrated by the following quotes.

<Internals\Main Interviews\M> - Reference 1 - 0.75% Coverage

"even though it's probably really cumbersome there is such a structure there for all the requirements of the faculty with all the different committees that have been set up."

<Internals\Main Interviews\N> - Reference 1 - 1.10% Coverage

"I think it's completely unrealistic to expect that in the space of a couple of years that everything is going to change radically and to me the most important thing is to put the mechanisms in place first and then over time to monitor how well those mechanisms are meeting the desired aim which was to create greater transparency, greater sharing, greater ownership of decision making within the faculty."

7.2.3 Negative perceptions about the functioning of committees

There was considerable variation in opinion on whether the committees are effective with many clearly of the view that they are working well whilst others feel they are "*just talking shops*". There were several interviewees who had concerns or negative perceptions about how committees work. Samples of these comments are provided in table 7.2 below.

Source	Quote
Internals\Main Interviews\N> Reference 1 - 0.60% Coverage	*I think if you've got certain influential people on certain committees for example it's very difficult to actually, to work against*
Internals\Main Interviews\T> - Reference 1 - 1.31% Coverage	*just lumbering and clumsy and overloaded with people and attempts to be representative which were pretty meaningless and unclear agendas and overlapping agendas and no clear decision-making mechanisms. It's just hopeless the whole structure and what it does is deflects attention from the fact that all the real decision-making is going on in the dean's office or maybe with the Management group, I don't know.*
<Internals\Main Interviews\T> Reference 1 - 0.48% Coverage	*I mean I haven't seen very many of them happen, many of them have only had one meeting, it's over-determined, over-committee'ised, over everything you know. It's ludicrous, absolutely ludicrous.*
<Internals\Main Interviews\T> Reference 1 - 0.48% Coverage	*One sticking point is preparation time, which is not easy to put aside, and it's not easy to get everybody's opinion in a reasonable timeframe. When meetings are scheduled sometimes they get cancelled at short notice for reasons that may or may not be obvious and then they have to be rescheduled and other meetings that are dependant on decisions being taken at that are put off. The sequence is put off, it doesn't always happens but sometimes it has been a problem.*
<Internals\Main Interviews\Q> - Reference 1 - 0.68% Coverage	*Chairing the committees is going to be difficult and it will be clear that there will be a very limited number of people who are willing to give their time to the whole exercise*
<Internals\Main Interviews\I> - Reference 1 - 2.44% Coverage	*Well I don't see debates really active debates about.. well you do probably in the promotion side of things. If it comes up that there's a chair being appointed in you know gynaecology or something like that and F would outline 3 or 4 chairs that are coming up and then T might come up and say you know what about our chair and it's really on important issues, I presume a lot of those things are decided behind the scenes you know in consultation between the head of the school and the dean*
<Internals\Main Interviews\U> - Reference 1 - 1.11% Coverage	*I think people maybe feel overwhelmed with committees and paper. My own personal feeling is that if you want transparency, that's one thing that it comes with. It comes with a price and the price is committees and lots of paper and downloading from email.*

Table 7.2: Negative Perceptions of Committee Functioning

7.3 Faculty Management Committee/Group

The management committee was established by the dean to assist in the overall management of the faculty. The membership of this committee was decided by the dean. It included the heads of all the medical school departments, the head of the Dental School,

Nursing and Midwifery School and a representative of the therapy schools. Within 5 months of its establishment the group had made some progress on a number of the issues raised by the faculty review. For example, approval for the re-structuring of the faculty and to introduce a parallel promotion track for clinical staff had been obtained.

<Internals\Faculty Mgt group\minutes\FMM 08-04-03> Reference 1 - 11.66% Coverage
Council's Approval of Faculty Restructuring: The Dean informed the meeting that a document was circulated to a joint meeting of Board and Council on 2nd April 2003 seeking College approval to implement radical and strategic reform of structures in the Faculty of Health Sciences. All of the proposals outlined in the document were agreed. It was noted that the titles Clinical Lecturer, Clinical Senior Lecturer and Clinical Professor were agreed in principle.

Further progress on the promotion track to the point where submitted applications were under consideration was documented at a meeting 20 months later.

<Internals\Faculty Mgt group\minutes\FMM 08-01-05> - Reference 1 - 14.49% Coverage

1. Senior Promotions: It was agreed that additional advice from an external assessor was needed in relation to the implementation of the Clinical Senior Promotions and that that those who had applied for Clinical Senior Promotion should be considered by all full time Professors in the Faculty prior to the first meeting of the College Senior Promotions Committee.

Another critical issue raised by the review was the lack of formal teaching agreements between the college and its teaching hospitals, and again the minutes suggest that some progress had been made in attempting to address this problem.

<Internals\Faculty Mgt group\minutes\FMM 10-02-04> - Reference 1 - 22.98% Coverage
Partnership: The Dean confirmed that preliminary discussions had taken place between the Provost, the College Secretary, the Chairman of the Board and The Chief Executive Officer of MERRION, the Chairman of the Board and The Chief Executive Officer of St. John's Hospital and the Dean with a view to agreeing a new structure to replace the current teaching agreements between College and the hospitals. The Board of both St. John's and MERRION are positively disposed to a new arrangement and the Provost is strongly supportive for this initiative.

In addition, the faculty had been successful in obtaining the financial cuts required by college.

<Internals\Faculty Mgt group\minutes\FMM 08-04-03> Reference 2 - 3.71% Coverage
Budget submission to College: The combined work of all departments on the budget submissions brings the Faculty within the figure required by College. The Dean acknowledged the work undertaken by all departments and thanked them for their efforts.

There was a particular concern with finances and increasing the faculty budget that seemed to emerge regularly in committee meetings. Much of the discussion was focused

on financial cuts and strategies to increase funding available to the faculty, in particular: 1) the financial cuts imposed by the government on the university and the implications of this for the faculty 2) developing an improved resource allocation and financial management system for the faculty 3) persuading college administration to return a greater portion of non-EU student fees to the faculty, and 4) persuading the associated teaching hospitals to contribute towards the financing of a full-time dean of the faculty.

<Internals\Faculty Mgt group\minutes\FMM 08-01-05> - Reference 1 - 8.49% Coverage

To increase income in the School of Physic it is proposed that the student intake be increased to double the current number with a ratio of 60:40 non EU students and non EU fees be increased to €30,000.

<Internals\Faculty Mgt group\minutes\FMM 08-01-05>Reference 2 - 13.87% Coverage

In relation to funding it was noted that €80,000 had been set aside by the Faculty towards the cost of the incoming Dean and further discussions would take place with the CEOs of the two main teaching hospitals in relation to funding for the post. It was agreed that conditions must be agreed prior to the appointment of a new Dean.

The minutes indicate that decisions were taken by the management group and a pattern emerged that once a decision had been taken a task force or sub-committee was established to help implement the decision.

<Internals\Faculty Mgt group\minutes\FMM 11-03-03> - Reference 1 - 10.73% Coverage

The Dean informed the meeting that as part of the budget cuts the Provost was keen to consider rationalisations within Faculties and Schools. It was agreed that a task force should be set up to make proposals in respect of the School of Medicine.

<Internals\Faculty Mgt group\minutes\FMM 11-03-03> - Reference 2 - 13.05% Coverage

Global Health and Faculty of Health Sciences: The concept of establishing a Centre for Global Health within the University is generally regarded as a positive initiative and it was agreed that a committee be formed to write a policy document for the Faculty. The membership was agreed as follows

7.3.1 Perceptions of Management Committee/Group

Perceptions of the role and functioning of this group were quite varied. Some felt the group was too large to function effectively. There was also concern expressed about the duplication of function between this and other committees

<Internals\Main Interviews\G> -Reference 1 - 1.45% Coverage

" *really don't think it's functioning that well at the moment because I tend to go to these meetings and really be observing as I don't have a role in them at the moment and I*

wouldn't think that would be part of my brief if I was ..., but I think it seems to be a lot of the points/issues that are raised at the Faculty Executive Group seem to be cropping up at that Management Group and vice versa. It seems to be the same types of issues and there's no differentiation between the two at the moment and I think they're quite blurred still."

Some were more positive about its functioning and their expectations of it as evidenced by the following quotes.

<Internals\Main Interviews\E> - Reference 1 - 1.13% Coverage

"I think it probably works well in that .. First of all I think it's working to a plan and secondly I think it supports Dean and the senior people on it in pushing the agenda forward, which I think is the right agenda."

<Internals\Main Interviews\S> - Reference 1 - 0.89% Coverage

" think it will work well because I imagine I don't know the personalities involved, but I imagine Dean has carefully selected them, not only on their personal characteristics or their stature within the schools or their positions."

However, a majority of people did not see this group as making the decisions for the faculty and expressed this in a variety of ways.

<Internals\Main Interviews\V> - Reference 2 - 1.34% Coverage

"Oh I don't think so no (in response to a question on whether it makes decisions). It is very difficult to manage where you don't have the resources and all you're doing is getting people on side for a pragmatic course of action and the pragmatics are dictated by lack of resources."

Reference 3 - 0.71% Coverage

.. It's not a management group in the sense that it manages, it doesn't.

<Internals\Main Interviews\A> Reference 1 - 0.78% Coverage

"I do feel sometimes that we are sitting there listening and Dean has made the decision and that is not a crib at all because as I say 99% anyway I agree but I'm still waiting to do some work actually. I'm willing to do work."

<Internals\Main Interviews\A> - Reference 1 - 0.67% Coverage

"Well you see, maybe we are all a bit passive after all we've been socialised into it for a few years quite apart from where we might have been socialised before that".

There were also some suggestions on what the management committee ought to be doing, again indicating that these people did not perceive it to be functioning as well as it could be. This is illustrated by the following two quotes from one interviewee who is a member of the management committee.

<Internals\Main Interviews\A> - Reference 1 - 0.88% Coverage

"Maybe a bit more strategic planning. I thought we'd be looking ahead and doing a 5-year plan as to where the faculty should be and what our aims should be but we don't seem to have done that. Now again, there was a crisis with the money last year that we had to oversee and deal with so you know maybe that was it, maybe this year we'll start planning."

Reference 2 - 0.62% Coverage

"I do think we should be starting to do some strategic planning now maybe around the faculty and where it's going and what the next 5-10 years will bring and planning exactly what we should be branching out into if anything in order to secure it's future".

7.4 Factors influencing Committee Functioning

7.4.1 Optimal Size of Committees.

The committees when first established varied in size from 8 members to 25 members. Many of the interviewees felt that the committees were too large and that reduced size would lead to more effective meetings. The composition of the committees reflected a desire to ensure representation from the various schools and departments in the faculty as would be the normal practice in college. This practice emerged from a culture where there was little trust and a concern that in the absence of representation on every committee a particular school or department might be at a disadvantage. Although there was general acknowledgement that smaller committees work better, concern was expressed about reducing the membership of the committees. The issue of representation is still prominent in a culture that is now acknowledged as being more open and transparent with some questioning of committee member selection. The most common observation on the

functioning of committees was that there were too many committees and they were too large.

<Internals\Main Interviews\I> Reference 1 - 1.39% Coverage
"I think you can have too many committees around the place and it takes up a lot of time for individuals and they just at the end they just won't attend so I think limiting the number of committees and if there are issues that they tackle them or get task forces to do it or small groups to report back to a main committee and get on with it from there is probably a better way of doing it but I think because of the size of the place it was important to get people involved."

The suggestion that task forces or working groups would need to be established to address the issues that emerge in the committee's deliberations is something that does happen as evidenced in the minutes of certain committees.

<Internals\Ways and Means Committee\WMC 20-02-03>Reference 3 - 5.63% Coverage
"No schedule for meetings was established, however it was agreed that sub-committees drawn from the full Committee will be established to deal with the issues as they arise."

In addition the reduction in the size of committees was something that was suggested from the higher college authorities and later addressed within the groups themselves.

<Internals\Faculty Mgt group\minutes\FMM 08-04-03> Reference 1 - 13.08% Coverage
"It was agreed by Board/Council that working groups should be reduced to a membership of ten and that these groups should be sub committees or working groups."

7.4.2 Poor attendance and involvement

Several concerns were raised about the degree of engagement in committees, from members not showing up, to particular schools being less active because they were to some extent protected from the issues being discussed, to the failure of representatives on committees to give feedback to other members of staff, and the committee structure preventing heads of departments getting the recognition they should have. Many people raised the issue of people not attending committee meetings and the negative impact this has on their functioning. There seemed to be a general understanding that people are busy and sometimes agree to become involved when put under pressure, without really having

the time to be involved.

<Internals\Main Interviews\Q> - Reference 1 - 2.46% Coverage

"Many people who were supposed to be involved in this haven't come to the meetings and I think this is the same with any committee. People who have been asked to go on the committee when they are under duress to say yes and then they don't go. Either they are not interested or they're too busy or they don't feel they can contribute but they don't go. There are people who don't go because they couldn't be bothered and then they want to have the minutes and to know what's happening and they argue about the decisions. There are many others that just don't go and don't respond to anything and that's the problem with any committees".

There was also concern that attendance might reduce because the committee agendas are dominated by issues that are of concern to the medical school

<Internals\Main Interviews\U> Reference 1 - 2.87% Coverage

"My anxiety is that people would stop coming because they didn't feel that is was important or relevant, particularly the non medical representatives because most of the issues were medical school because most of the other schools seem to be better run then we are or were in the past and that was a worry I had. I think we're shifting the balance now to Faculty issues. Certainly at the last meeting I got a sense that people were engaged because most of what we were talking about was Faculty and not just the medical school. I think it's still not settled, bedded down yet but I think it could become quite important to try and systematise policy through the Faculty."

On the positive side comments about the ability of committees to make people feel more involved and giving people a sense of belonging were expressed by a considerable number of participants.

7.4.3 Time and Commitment

There were several comments from interviewees about the time-consuming nature of the committee meetings, with some expressing frustration at the amount of documentation

associated with committee meetings and the lack of time to read this. Many mentioned the scheduled time for committees as a problem.[2].

<Internals\Main Interviews\B> - Reference 2 - 0.29% Coverage

"and personally I don't like it because I find it to be a disagreeable time of the day to have meetings."

<Internals\Main Interviews\H> - Reference 1 - 1.14% Coverage

" I think if I was to make a comment it would be you know, endless meetings into the night are not a good idea and they certainly as winter draws on I think people will be even less enthusiastic. But I think next week there's another double meeting and I will probably have an 8.00 o'clock meeting on Tuesday morning and I'll be on until 8.00 or 9.00 o'clock that night. I don't want to do that for the rest of my life."

7.4.4 Role clarity and linkages between committees

A dominant theme was the lack of clarity in terms of reference for each of the committees and the failure to put in place a mechanism that could effectively link the committees and provide the management committee with an overview of progress.

<Internals\Main Interviews\S> - Reference 1 - 2.84% Coverage

"I think there is probably too many of them too quickly and there's almost a diffuse responsibility, nobody's quite sure who's doing what or what they should be doing in some of them. I think initially they were too big well some of them were too big and some people were put on them so that there was a feeling of participation and ownership and if its that big it's going to be very slow to develop so I think my perception is a lot of them are developed with 2 or 3 key people in each committee and they progress things almost independently. So yes I think it's worked in helping to bring those people to positions where they could make decisions. But as a committee I'm not sure the committees function as one would expect a committee to function."

One of the difficulties that has arisen in establishing the roles of the committees is created by the need to conform to the structures that are in place elsewhere in college

[2] Many of the Committee meetings were scheduled in the evening after 5 pm and it would not be unusual for a meeting to continue until 8 - 9 pm. The late scheduling was to facilitate the medical staff as daytime meetings might disrupt their clinic schedules.

(i.e. Faculty Executive as the decision making body) whilst trying to develop new and more focused structures (i.e. the Management Committee).

7.4.5 Decision-making

An analysis of the minutes of the two committees selected showed that decisions were being taken by committees and these ranged from faculty-wide issues such as financing systems and prioritisation of space needs, to school specific issues to process issues such as how the committee operates.

<Internals\Ways and Means Committee\WMC 28-05-04> Reference 2 - 4.69% Coverage
It was agreed to recommend financial controlling in respect of operational units i.e. to develop resource allocation model for each unit e.g. Psychiatry divided between SJH and Yeats, Obstetrics and Gynaecology divided between different sites

Reference 4 - 9.84% Coverage
Future Budgetary Process
It was agreed to move from the current income and expenditure method of accounting to an accrual system. Ms X explained the difference between the two methods. This system allows for strategic planning and HR planning. A template was circulated which could be used on either a low or high level. It could also be used in the event of College restructuring.

<Internals\accommodation committee\Minutes 27_04_05> Reference 3 - 11.63% Coverage
It was agreed to include the refurbishment of rooms (Rooms 0.121 and 01.22) for the clinical skills space as part of the minor works submissions.

<Internals\accommodation committee\Minutes 14 10 04> Reference 1 - 5.08% Coverage
The group agreed that it was acceptable for the Faculty Secretary to make decisions concerning space allocations, in consultation with the Chairman of the group when practicable, during vacations or when urgent decisions were necessary in long intervals between scheduled meetings of the group.

However, several of those interviewed expressed some scepticism about the decision making within committees, with some believing that decisions are taken by a smaller group or one individual.

<Internals\Main Interviews\Q> - Reference 1 - 0.93% Coverage
"In the Ways and Means Committee I was not aware of any involvement in any decisions.

The decisions were made by the Chairman and by discussion with the Dean and maybe one other individual. I think every Committee is operating differently."

<Internals\Main Interviews\S> - Reference 1 - 1.71% Coverage
"Well I suppose they should be made by committees.(decisions)....I doubt it, I doubt it really. You can work a committee any way you like it if you're a good operator you can design a committee to put through your own decisions and bombard them with paper and agendas and work and push through decisions and again that's not malicious I don't think. I imagine it's one or two people are making decisions. That would work in every sphere."

Others feel that committees consent to decisions, but don't dissent and that there is continual background work outside of committees to ensure that decisions are agreed by the committee.

<Internals\Main Interviews\Q> - Reference 1 - 2.38% Coverage
"The committee makes its decisions and passes the decisions on as decisions and they are vetted as far as I can tell by the dean and G who is the one who passes those decisions on to him and discussing with him when he's in the office and she's in the office and I haven't had any of the decisions argued with by the Dean or by anybody else and they were adopted as decisions by email to the members of the committee and there were no dissenting voices, apart from one perhaps, who had a slight problem with one of the decisions which has been held until it's been resolved, but that's just one example."

<Internals\Main Interviews\K> - Reference 1 - 2.12% Coverage
"Decisions are taken by committee, but the committee approves the decision or its not dealt with. There is no 'no' vote it is just a 'yes' vote or a deferred vote for discussion. I think that's really the way it works in this university. ..I think with this university in general it's a well thought out plan and it's been done in discussion with key people and it is presented and approved and if it's not going to be approved you discuss with the people involved to find out a plan that does work."

There was also suggestion that only certain types of decisions are taken by committees, as illustrated by the following quotes from one interviewee.

<Internals\Main Interviews\J> - Reference 1 - 0.55% Coverage
"I think at what's called the smaller level, the 'micro level' things are priorities say for example room allocations are decided within committees"

<Internals\Main Interviews\U> Reference 1 - 2.20% Coverage
"committees – they're beginning to take on some of these decisions. Now whether their recommendation will actually be acted on by the dean in the faculty remains to be seen ..."

7.4.6 Transparency and trust

An underlying theme throughout many of the interviews and other data sources was the issue of balancing representation and trust. This manifested itself in commentary about the size of committees, how committees were established and the need to reduce the size of committees to increase their efficiency and effectiveness. The previous deanship was perceived as one where there was very little consultation and decisions were made without agreement. This may have influenced the widespread concern about trust, transparency and representation that manifests itself in the following quotes. An Nvivo text query for the words "trust" "transparency" or "representation" showed that 22 of the 51 cases (interviews and surveys) spontaneously used these terms in their responses.

<Internals\Main Interviews\U> - Reference 1 - 3.06% Coverage
"I suspect that Dean was wise to set up huge numbers of large committees initially so that people would begin to trust again because what I haven't said earlier in terms of what blockages in change of the faculty, is that there was a huge mistrust of the of the senior administrators, of the Dean, the previous Deans and people were disaffected and very mistrustful. Now by having these transparent committees and minutes of everything being circulated all around the place. People really have no right to be so distrustful anymore because the documentation is all there for everybody to see. I think that last years process of engaging so many people probably was an important one to build up trust again."

<Internals\Main Interviews\Q> - Reference 1 - 0.62% Coverage
"I think it depends on who is involved and whether the people involved are trusted by the people around them and if somebody is given a task of making a decisions."

<Internals\Main Interviews\G> - Reference 1 - 1.50% Coverage

"If the faculty gives the trust to those groups to make decisions on their behalf I think that's the key point. If they're doing it by representation I think you're going to have 24/25 people and you are going to come to a stage where you are not going to be able to make the decisions, because there's too many people involved and you have too many voices at the table etc etc."

7.4.7 Representation

Traditionally, committees established in college have included representatives from departments and faculties, and the concept of representation seems to be core to the collegial nature of the college. Some interviewees are concerned about "equal representation", whereas others are more concerned about effective representation and reporting back to those represented.

<Internals\Main Interviews\O> - Reference 1 - 2.53% Coverage

"I think what's going to be really important is the decision on how many committees and how fair the representation is on them. I think last year they were all chaired by medics, almost all of them and there was a heavy weight. Now again, in the real world that's fair and equitable but it did cause some distrust or unrest. I don't have that much of a hang-up about it on a personal level, because I think if someone is good then let them do the job. I don't actually care who they are or where they're coming from but other people do, so you have to draw a balance. Ok, you do have to have a structure."

This issue of representation is a recurring theme at all levels of college. For example, during the restructuring of faculties and departments, the issue of representation on the new school governance structure i.e. the School Executive Committee was an issue that was extensively debated. The Board approved the new governance structures at its meeting on 6th July 2005 (Minute BD/04-05/366 & BD04-05/367). However, at the same meeting three of the new schools put forward a proposal that there would not be student representatives on the Executive Committees for their schools (Board Minutes 6th July 2005: Minute BD/04-05/369). The Medical School proposed the establishment of a Student Liaison Committee that would have "the right of representation at the Executive Committee, upon request, for matters of direct importance to the student community" (Board Minutes 6th July 2005: Minute BD/04-05/369)

The student representative on the college Board advised the Board that the proposed deviations from the approved procedures were unacceptable to students and that they represented a departure from long-established practice in college whereby students participated in Faculty Executives unless possible conflict of interest required them to withdraw. It is also minuted that "conflicting views were expressed" with some Board members supporting the student views and others supporting the concept of small Executive Committees which would manage the School in accordance with policies developed at other School committees on which students would be represented. As consensus was not reached the Board agreed that the Senior Lecturer would meet with the various parties to try and resolve the issue.

The issue was raised again at a Board meeting on the 28th September 2005, where the Senior Lecturer advised the Board that discussions had taken place over the summer and were still ongoing. At this meeting it was also noted that "School Executive Committees are currently meeting without student representatives and as such are operating outside the Board approved guidelines, noting that unless this is addressed as a matter of urgency there is a risk that other schools could also start to operate outside approved governance structures." (Board minutes 28th September 05:Minute BD/05- 06/005).

The issue of representation again appears in discussions on the college restructuring to three clusters to replace the six existing faculties. A member of the board made comments in relation to the need for balance in the management of clusters which had led to the recommendation that, in addition to a Vice-Provost, there should also be a Pro-Vice-Provost to represent constituencies other than that of the Vice-Provost. He supported the Working Group's proposal that the appointment of Vice-Provosts and Pro-Vice-Provosts should be by election within the cluster, with a nomination process to ensure that candidates had the requisite experience and skills, and with the Provost having a veto on candidates for election. (Board Minutes of 22 November 2006:BD 06-07/061).

7.4.8 Democracy

Democratic selection of committee members to avoid a situation where a small group of people are making all the decisions was another suggestion to improve the functioning of committees, particularly the management committee.

<Internals\Main Interviews\G> - Reference 1 - 1.50% Coverage

"I think the choice element would be if the faculty would nominate I know they were nominated but it probably wasn't in the most democratic way possible initially that the reps on those committees."

<Internals\Main Interviews\D> - Reference 1 - 1.22% Coverage

"I think it is working but as I say whether it needs to be a sort of separate stand-alone structure because I think in effect is what happens is at some of the other committees is that the same people are there and they are expressing their opinions and to some extent what's happening at the Mgt committee is that the doors are closed, some people are locked out and the same people are saying the same things."

Other pertinent comments included "*they are all chaired by medics and this leads to some distrust*" and "*the management committee was not democratically elected*". However there were others who were of the opinion that informing people of decisions is more important than representation or democracy.

7.5 Summary

Committees as a practice are demonstrating some success in implementing the faculty strategy. However, the dominant perception is that progress is hampered by the large size of these committees and the fact that there are so many committees with the same individuals as members. This leads to further problems in terms of individuals being overcommitted and unable to find time to attend all the committees in which they have involvement. In addition, there seems to be a lack of clarity on the roles of the various committees leading to some overlap in their remits and functioning.

There was some concern expressed about the role of committees in decision making with some members believing that the decisions are taken by a smaller group i.e. the dean and his advisors, and are simply endorsed by the committees. As an observer at the Management Committee meeting, it was notable how infrequently there were robust discussions with dissenting voices being heard. The more usual format of the meetings was for the dean to present a proposal for approval. In the few cases where a proposal was not unanimously approved, it was re-worked and presented again at a later date. As such the Management Committee did appear to function in the role of confirming the dean's decisions and actions rather than driving the development of the faculty. This is

also evident from some of the interviewees' comments about the lack of focus on strategic planning within this committee.

The impression that decisions are taken by a small group of advisors and the dean is linked with a more widespread concern about a lack of transparency in how the faculty functions. Although many acknowledge that there is more transparency now than in the past, the term "trust" appears frequently in people's concerns. This seems to manifest itself in the more concrete concern about representation on committees and decision making bodies. The issue of representation seems to be replicated at several levels in college, as is evident from discussions at Board meetings. However, the progress that may have been made on this issue by establishing inclusive committees was shortlived, as the college restructuring (discussed in chapter nine) heralded the end of faculties in their current form. It is also evident from the School of Medicine strategic plan (2006) that the governance structure for that school reverted back to a smaller Executive Committee.

The analysis of committees as a practice within this organisation has been useful in surfacing some of the key barriers to strategy implementation in this organisation. The issues of trust and transparency, and the need to address these concerns whilst ensuring that committees are efficient, are key themes that emerged from this analysis. The established characteristics and behaviour of committees, such as a) approving decisions rather than questioning and debating them; b) setting up working groups or sub-committees to implement actions; c) having medical staff as chairs and having an over-representation of medical school members; and d) scheduling meetings late in the evenings, are evident from this analysis. What is also evident is that these practices continue, even though some members are clearly aware of them and the constraints they place on progress and development. The next chapter delves deeper in the exploration of strategy implementation by examining the roles of strategy practitioners, both within the practices explored in this chapter, and more broadly.

CHAPTER EIGHT: The Practitioners

8.1 Introduction

Practitioners are the actors in the change process. More specifically they are the actors who shape the construction of practice through who they are, how they act and what resources they draw upon. This chapter explored the characteristics and influences of the main actors or groups of actors both internal to the faculty as well as significant external actors that were referred to by interviewees. The data sources for this chapter were the qualitative interviews with 28 internal and external actors. These interview transcripts were subjected to a thematic analysis using NVivo 8. A combination of framework and bottom-up coding was utilised. The data presented in this chapter, in the main, reflects emergent codes from the bottom-up analysis. For example, interviewees were not specifically asked for comment on the dean or leadership style (apart from the dean himself who was asked specific questions on this topic in a mid-term review interview), but comments on leadership emerged spontaneously from interviewees and was coded first to free nodes and in the second-level coding was re-coded to higher level emergent nodes.

8.2 Internal Actors/Practitioners

8.2.1 Leader and Leadership style

The dean who began this process of strategic change for the faculty came to the position with a track record of having successfully developed the infrastructure of the dental hospital and radically reformed dental education through the introduction of problem-based learning. He was encouraged to become a candidate for the deanship by some of the senior professors in the medical school. His own assessment of his suitability for the post in comparison to the other potential candidates is captured in the following quote.

"But I don't think they had the time or the experience of college or the ways of making change and I felt that particularly the school of medicine was in need of significant reform in its educational processes and I saw a lot of issues there that I think, that I thought I had an understanding of and perhaps more experience in. And I felt that if I had the support of the senior clinical professors particularly in the school of medicine that I would be able to use their knowledge and experience and facilitate that and empower that and direct the faculty."

He also identified very specific goals that he wanted to achieve within his 3-year term.

"I saw it as an interim arrangement. I thought that I would put in place structures, the success I had in the Dental school was putting decision-making structures in place that were effective and I thought that was a very important element. I also felt there was a lack of integration, there was a lack of an overall understanding of curriculum matters and I wanted to do that. I wanted to I suppose improve the relationship between the faculty and the college in that it had gone down quite significantly and I also had an interest in the faculty of health sciences as an integrated faculty rather than a set individual schools and I thought I could contribute there".

8.2.1.1 Inclusiveness and engendering ownership

From the outset the dean adopted an approach of inclusiveness and attempted to involve as many people as possible in the development of the strategy. Prior to the deanship elections he met with many individuals including heads of departments and others he felt might have a contribution to make in developing the faculty. This is reflected in the responses to the post-strategy survey, where 46 % (29) of respondents indicated they had the opportunity to influence the strategy through a direct meeting with the dean. This pattern continued with the 2-day review in which 106 staff participated.

Spontaneous comments from interviewees referred to inclusiveness and openness to describe the dean's approach.

<Internals\Main Interviews\C>Reference 1 - 0.44% Coverage

"I think our present dean is much more inclusive than previous deans".

<Internals\Main Interviews\J> - Reference 1 - 0.71% Coverage

"I would say there is a lot more openness and people have a fair idea of what's going on in the faculty whereas 2-3 years ago, we didn't know. There's a lot more information out there."

A small number of people felt that inclusiveness is not necessarily a helpful attribute for a dean to possess and may not always lead to positive outcomes.

<Internals\Burke interviews\B3> - Reference 1 - 8.75% Coverage

"The faculty is internally focused on decision making processes - I don't think this will help. It contributes to the slowness. If you want to be all inclusive you will be slower.

Too many issues get out into open forum too soon..). The ideas are not well enough formulated to go out. Need to be able to formulate issues with small coterie of individuals."

<Internals\Main Interviews\R> - Reference 1 - 4.55% Coverage

"Now more people are involved in reaching consensus but it is not necessarily better as it can lead to more confusion."

8.2.1.2 Drive and Charisma.

Many staff referred to the dean's drive, charisma and positive personality as being a significant influence for change in the faculty.

<Internals\Main Interviews\M> - Reference 1 - 1.26% Coverage

"I think the dean has a great way of getting people to work and a great way of getting people on board and he's really good with people. I think he has really great personal skills in driving that and facilitating that".

<Internals\Main Interviews\J> - Reference 2 - 2.20% Coverage

"I think the dean himself definitely helped progress ... He amazes me, his ability to make people even if they're not feeling too good about themselves and get people on board and working and doing things. I don't know how he's done it or whatever but there has been where people are co-operating a lot more. I don't think the dean's role can be understated."

8.2.1.3 Leader's concerns about personal attributes

The dean did have some reservations about accepting the deanship position and these mainly centred on what he perceived as weaknesses or disadvantages he might have over alternative candidates. Prior to the appointment of this dean the position had always been held by a medical doctor, with one exception. The previous dean was a physicist, but was employed within the school of medicine. Although the previous dean declined to be interviewed as part of this research, comments from staff suggest that his style of leadership was very different from the current dean's style and staff felt they were not kept informed of developments within the faculty.

<Internals\Main Interviews\A> - Reference 2 - 0.67% Coverage

"the last 3 years or before a year ago I think everyone was just keeping their head down and hoping not to get shot, behaving themselves and getting on with their lives as best they could. I don't think anybody was interested in changing or moving or doing anything new."

<Internals\Main Interviews\P> - Reference 1 - 2.29% Coverage

"I would be very familiar with a very different, much more closed approach to the administration of the faculty. There was a great big barrier, which nobody got through and it was kind of all black boxed up. I can remember some pretty horrific battles at the Executive."

The current dean would have been aware of such perceptions before taking his position and expressed his concerns as follows:.

"Here are two different aspects of the concerns I have. First of all from a personal point of view coming in as a dentist into a faculty that previously had always somebody from the school of medicine, and previous dean although not a dentist had been through the school of medicine, that was a major concern and continues always to have an impact more on me I suspect than on others. It has worked very well with the support of the medics .... So while I would have more reservations about it than others, I also had worries that the faculty of health sciences there were significant researchers, major research - the DMMC, big players in Irish Medical Research and I don't have a good research track record. That concerned me as to how credible that would be. The other area of course from a personal point of view was my relationship with the teaching hospitals. I knew that was a major item." Dean

There is some evidence in the data that these perceived concerns or weaknesses influenced how the dean performed. For example there are several examples of him referring to heads of medical departments as "heavy weights" and he ensured that every decision making body he established would be chaired by a medical person and those medical school staff he considered to be high achievers were all members of his management committee and were regularly consulted by him before introducing policy or structural

changes in the faculty. In addition, when asked directly he acknowledged that it had impacted on his approach.

EM: Do you feel you over-compensate for not being in the school, from the medical school– for being a dentist?

"*Yeah, I always did but that's an insecurity, that's a personality trait more than an issue for anybody else coming into that, coming from the school. But now obviously I do think that it would be very helpful to have a very strong clinical research base coming into this job and doing it*". Dean

8.2.2 Continuity and succession

Many staff expressed concerns about what would happen at the end of the current dean's term of office. Table 8.1 illustrates some of the concerns expressed.

Source	Quote
<Internals\Burke interviews\B6> Reference 1 - 0.84% Coverage	*We're trying to get him to stay another 2 years but he won't. He's stressed out of his brain. But it is his own fault.*
<Internals\Main Interviews\E> Reference 1 - 2.77% Coverage	*I think you need somebody who is fairly strong at the moment and somebody who has an understanding of government (Dept of Health) and hospital politics and particularly also knows how the front of College works and I think that's why D is so crucial for the next couple of years. It does worry me what will happen when he goes and he seems quite determined that he will go. He sees himself as somebody who is changing things and setting it up but then somebody else has to then take over and he's not going to be an easy act to follow.*
<Internals\Main Interviews\J> Reference 1 - 1.19% Coverage	*the one thing and I think a lot of people will fear is that, and it's not personality, is that whenever D does go, that you know people say that we'll we have this committee system or whatever. I do think a new dean could pull back in as much power as he wanted and keep all the decisions to himself.*
<Internals\Main Interviews\K> - Reference 1 - 0.57% Coverage	*It really does come down to people. That's what I would worry about when D leaves, who replaces him and will they have the same dynamic drive.*
<Internals\Main Interviews\O> Reference 1 - 1.25% Coverage	*if the structure is left in place. Say, I think it will take 2-3 years to put a comprehensive structure in place that will then work and that's going to depend on whether that structure is going to be left in place or whether the next dean is going to decide whether he wants to do something different*
<Internals\Main Interviews\P> - Reference 1 - 0.97% Coverage	*The difficulty, I suppose is when you try to visualise how it can go on when he isn't there or even if he were to stay there he would burn out at some stage. I know he stayed for 20 years (in the dental school) and kept things moving but I don't think that that is something he could physically or mentally do now.*

Table 8.1: Leadership Succession Concerns

8.2.3 Distinctive and Comparable Leadership Characteristics

In order to identify the dean's distinctive leadership qualities a comparison with previous deans' leadership styles was originally planned as part of this research. However, this part of the research was compromised by:

a) the dean's immediate predecessor declined to be interviewed
b) the 3-year term of office of dean and the fact that one dean did a six-year term meant that it would have been necessary to go back 12 years to get a third interviewee. The limitations of recall memory may have influenced the veracity of the data in such circumstances.
c) Many of the senior members of the faculty staff who were in post at the time of the deanship that began 12 years before have since retired and therefore it would not have been possible to corroborate the dean's own perception of his style of leadership with staff perceptions of his style.

For comparative purposes therefore two in-depth interviews were held; one with the current dean and one with the dean who had served for 6 years and had finished his term of office 3 years prior to the commencement of the current dean's term. Table 9.2 compares the leadership characteristics of these two deans. The data contained in this table is all taken from the in-depth interviews with the deans. Commentary on how the deans compare on specific characteristics is included in the right hand column of the table for ease of reading.

Characteristic	Dean D (current)	Dean A (previous)	Comment
Goal setting	<Internals\Main Interviews\F> Reference 1 - 0.70% Coverage I was 60 and mine would be a short period as dean. So I saw it as an interim arrangement. I thought that I would put in place structures, the success I had in the Dental school was putting decision-making structures in place that were effective and I thought that was a very important element. Reference 2 - 0.33% Coverage I also felt there was a lack of integration, there was a lack of an overall understanding of curriculum matters and I wanted to do that. Reference 3 - 0.70% Coverage I wanted to I suppose improve the relationship between the faculty and the college in that it had gone down quite significantly and I also had an interest in the faculty of health sciences as an integrated faculty rather than a set individual schools and I thought I could contribute there.	<Internals\Burke interviews\B2> Reference 1 - 0.17% Coverage Open it up to faculty members and also have a much closer relationship between the hospitals and the faculty. Reference 2 - 0.25% Coverage a lot of people felt disenfranchised and they weren't consulted of major events etc. so I wanted to spread the power over more people. Reference 3 - 0.66% Coverage I had clear ideas then of the major things I wanted to do - expand the faculty which I did quite you know by taking in a lot of extra overseas students and that was the right kind of decision and we did so that we could be in the capital to fund major developments	Dean D's goals seem more internally focused on building relationships, integration and developing decision making structures whereas dean A seems more externally focused on relationships with hospitals and attracting students from overseas.

Table 8.2: Comparison of Deans' Leadership Characteristics

Characteristic	Dean D (current)	Dean A (previous)	Comment
Modus operandi			
a) Strategy Day	Dean A did not refer to the strategy day during the interview, but he had instigated the review meeting at the beginning of his term	<Internals\Burke interviews\B2> Reference 1 - 0.49% Coverage Well I suppose there has been a tradition of away meetings, I mean J had one when he became dean away back and when I became dean I thought it would be a good idea to have similar away meetings and we adopted Thornton and we discussed all the issues within the faculty and tried to order priorities and that.	Both deans began their terms with a two-day strategy workshop. However, it is interesting that none of the staff interviewed made reference to the first strategy day. This may have been because it was a smaller meeting and not many of the current staff had attended it. (as there was no record of the meeting held in the faculty office it was impossible to verify this)
b) Inclusive approach	<Internals\Main Interviews\F> Reference 1 – 1.08% Coverage I think that some have a heavier influence than others and the people who have a heavier influence are probably those you are relying on for the faculty survival and I'm thinking in terms there, the vice-deans, the heads of schools, heads of departments have a more significant impact than students or the junior staff. Then you'd have loads of people who you respect a lot and that you'd call for a view and an opinion. I think it's very important to have that.	<Internals\Burke interviews\B2> - Reference 1 – 0.19% Coverage I wanted to open up the scene I suppose and bring other people that hadn't been involved before and hear what they had to say	

Table 8.2: Comparison of Deans' Leadership Characteristics (continued)

Characteristic	Dean D (current)	Dean A (previous)	Comment
Modus operandi			
c) College support	<Internals\Main Interviews\F> Reference 1 - 1.38% Coverage I think never before have the faculty had the college Secretary, the college Provost involved. I'd have my own difficulty with some of the college officers I would imagine and that impacts on the faculty in a significant way but I don't know if it's any better than the time Dean A had very close relations with the Provost but I don't think he had as close relationship as I might have with the Treasurer or with the buildings office. These blow hot and cold but inevitably they would because I'm inclined to get into rows but you know the relationship is maintained.	<Internals\Burke interviews\B2> Reference 2 - 0.80% Coverage When I was dean there were very good officers whom I had a very good relationship with and again who were prepared to see the faculty develop and that. It changed a little bit during my second period, my second 3 years and there were more attempts towards centralised control and some people thought we would get just too big, our postgraduate programmes would get too big, everything was developing too rapidly and so I had more problems I think with some of the college officers during my second term than I had in my first.	Both deans refer to the difficulty of maintaining good relationships with college officers and both also recognise the importance of this. It was a widely held view that the intermediate dean (i.e. the dean who served for the 3-year term after dean A and before dean D) did not cultivate these relationships
d) external collaboration	<Internals\Main Interviews\F> Reference 1 - 0.94% Coverage I think the development of the group of (medical) deans in Ireland was very important I think to have a shared approach. That has been a fantastic advantage to the medical schools, I'm not saying that it wasn't there already but I think in one sense I facilitated the coming together of that because I needed their advice and they were very generous in that and I think we worked really hard together.	<Internals\Burke interviews\B2> - Reference 1 - 1.12% Coverage And the deans of the medical schools used to meet regularly once or twice a year and the general complaint was that it was very difficult for a dean to bring about change on his own in a school or faculty that the forces that were so popular in the faculty that they were frustrating change and I suggested at one of the meetings that if the deans collaborated ..and the deans were willing to change that everybody then would be interested to help. So we set up our meeting	Both deans valued external collaboration and worked to maintain this

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Characteristic	Dean D (current)	Dean A (previous)	Comment
Modus operandi			
e) decision making	<Internals\Main Interviews\F> - Reference 1 - 0.32% Coverage I would say that I influence a lot of decisions as dean of the faculty as they come through. We do have a faculty management group. It doesn't so much make decisions but it certainly offers advice and support and that advice is taken and put into policy and then policy has to be approved by a faculty executive and the faculty. But the faculty, major faculty there are too many people at that so it becomes a bit of a monologue and even the faculty executive is the same. I don't think faculty management is working as well as it might but I think it's a structure that needs to be protected and it needs to develop but I don't think they make decisions. … I think there's far more involvement, there's far more transparency and you've got to defend Reference 3 - 1.21% Coverage I'm not sure it'll ever be equitable.. I think that some have a heavier influence than others and the people who have a heavier influence are probably those you are relying on for the faculty survival and I'm thinking in terms there, the vice-deans, the heads of schools, heads of departments have a more significant impact than students or the junior staff. Then you'd have loads of people who you respect a lot and that you'd call for a view and an opinion. I think it's very important to have that.	<Internals\Burke interviews\B2> Reference 1 - 0.43% Coverage Yes, I think the Dean has an important role and I think that he, if the dean wants to change things then he has to think of how he is going to change or where he wants to go and I suppose what I did was I appointed as I said earlier a cabinet and I involved other people as well. Reference 2 - 0.46% Coverage Before I became dean the faculty was controlled by a very small group of people and they had held power for quite a long period of time and I wanted to change that and a lot of people felt disenfranchised and they weren't consulted of major events etc. so I wanted to spread the power over more people. Reference 3 - 0.38% Coverage I mean the dean had I mean a way of putting emphasis on different things that would help shape what was happening but as I said some of the officers, some of the people I had empowered or whatever would begin to develop initiatives also. …I would have worked quite closely with them and I would have been aware of what was happening, they wouldn't just spring something on me and that was how I worked and the same thing with the Provost I mean I wouldn't just spring things on him, Reference 5 - 0.58% Coverage I would bounce various ideas off people and then think about them and then others sort of said well go off but come back and we will discuss it. I think that often more progress is made sometimes around the perimeters of a meeting than actually at the table, that people come up with suggestions or whatever or issues that are bothering them and that needed to be addressed.	Both deans have a similar approach to decision making, recognising that the dean's role is critical but also appreciating the expertise of others and consulting with them. Although both established advisory/support structures, neither held the view that these were democratic or that they should take decisions on behalf of the faculty. Interestingly both deans felt that they achieved more transparency and involvement in decision making than their predecessors

e) decision making (continued)	Reference 4 - 1.33% Coverage The other issue I think you should take into account there is that we created liaison groups between college, the Provost, the Secretary, hospital CEOs and the Chairpersons of the hospital boards and they are, they have by far the single biggest decision making influence in where we're going. They will say what's possible and what's not possible ..and that's why it's very important to check those out with them before you try to run with them and they change and that's one of the frustrations.	Reference 6 - 1.42% Coverage Yes well I think certainly that lots of people felt outside because they there was a very small primitive power structure and there were people at the top of the pyramid who decided the strategy and in a very significant way before I became dean and that changed Reference 7 - 1.54% Coverage I think it was an issue for some people. It was far more transparent then I think . .it wasn't absolutely transparent. It wasn't either at times that there were some things that weren't generally shared, sensitive things that were going on, issues that were going on and that we couldn't share but there are different views of how I ran things, I tried to do it as openly as possible but others will see it as a few others saw it differently,	

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Characteristic	Dean D (current)	Dean A (previous)	Comment
Perceived obstacles	<Internals\Main Interviews\F> Reference 1 - 1.19% Coverage the biggest stumbling block has been the reduction in funding third level education… an atmosphere within the general university that we were fat cats and we're not – we're very badly funded. Reference 2 - 1.84% Coverage The biggest, the other stumbling block I suppose is the diversity and dissipation of resources around the city, going from the mental hospital in D to the major teaching hospitals, the competition for time from senior clinical academics with research, clinical demands, teaching being low on the list of priorities and within some of the clinical areas a very significant factor is the lack of involvement in affairs that relate to the college, and vice versa the college's attitude towards teaching hospitals. Reference 3 - 1.99% Coverage Another area I suppose which was a major stumbling block was the lack of contact directly with the health boards and the dept. of health.	<Internals\Burke interviews\B2> Reference 1 - 0.56% Coverage I think that there was very strong science faculty influence on the faculty of health sciences and in a way because the numbers game but if the dean of science biochemistry for instance wanted numbers to justify staff and similarly physics the numbers helped with their calculations and so there was a vested interest from the point of view of forces outside the faculty Reference 2 - 0.67% Coverage a lot of senior people who were here for many years as professors …. so you can only go so far with people who were there for many years but having said that some of them had very strong views and they didn't want much change	The deans differ here, dean D being more focused on resource constraints and dissipation of resources while dean A views the vested interests of internal staff members and departments in other faculties as being the major obstacles.

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Characteristic	Dean D (current)	Dean A (previous)	Comment
Perceived facilitators/ drivers	<Internals\Main Interviews\F> Reference 1 - 0.54% Coverage And I felt that if I had the support of the senior clinical professors particularly in the school of medicine that I would be able to use their knowledge and experience and facilitate that and empower that and direct the faculty. Reference 2 - 0.63% Coverage I think first of all the new pressure for change is the financial awareness …it has come in a very significant way, value for money, the analysis of outcomes and we're only I'd say beginning on that and so that is a major driver. Reference 3 - 1.64% Coverage changed emphasis, putting the student and the patient at the centre of what we do as opposed to the teacher, the university. And that again has been a major driver of change. The students themselves have been drivers of change Reference 4 - 1.22% Coverage I still think the dean must have a very significant role in identifying the priorities of change.	<Internals\Burke interviews\B2> Reference 1 - 0.88% Coverage I was aware that these changes would occur so that in a sense you have new people coming in and you have an opportunity to change things and bring in people with new ideas into the system but I think that there are opportunities there now because of the fact that you've got a very impressive team of people with training in different concepts abroad etc. so that facilitates.	Both deans mention the importance of internal support of colleagues as a facilitator. Dean D also feels that external financial pressures and the students are drivers of change.

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Characteristic	Dean D (current)	Dean A (previous)	Comment
Focus of activity	<Internals\Main Interviews\F> Reference 2 – 0.55% Coverage that the faculty office itself was seriously dysfunctional and that needed to be built up … that in a period of 12 months the entire office changed, everything and we had to create a whole new structure and we're still learning things that would come as second nature if it was any.. Reference 1 - 0.63% Coverage I felt that I would have strength with the schools, but as the year and a half turned out my emphasis has been on the school of medicine, the teaching hospitals and the overall strength of the faculty as opposed to dealing with the individual issues of the schools. <Internals\Main Interviews\F> - Reference 1 - 0.96% Coverage One of the big challenges I faced when I came in was ..very critical approach from the medical council on the standards of training and a lot of the first year was spent addressing those issues. Reference 2 - 1.85% Coverage I don't think there's a sufficient understanding of education principles and methods in an educational institution, …The previous curricular changes have been rescheduling, redrafting schedules, there haven't been major curricular changes, this is very major and we're carrying a lot of difficulty now with people showing resistance to that and this inevitably I believe will come in. So I hope that's sustainable, it's very important that those changes would be sustainable.	<Internals\Burke interviews\B2> Reference 2 - 0.55% Coverage So as a dean I spent a lot of time and periods of my deanship I was actually spending more time, I was conscious of it, I was spending more time on the other schools than I was on the school of medicine but then issues of change and change in the opposite direction but there were certainly times when I was spending more time working on the other schools. <Internals\Burke interviews\B2> Reference 1 - 0.93% Coverage …and part of the thing was to try and facilitate a reform of the curriculum, it was a big part of that and we followed action ..and I think about a year later to review progress and to try and chart curriculum change and change within the faculty so my memory of the curriculum side of things is that there were various complaints of the curriculum not moving with the times and I was keen to see some change but at the same time I was keen not to throw the baby out with the bathwater! Reference 2 - 0.83% Coverage Well there was a curriculum committee set up and, we certainly had a group of directors kind of a small cabinet .. we tried to and we did bring about some degree of change. I suppose more happened at a pre-clinical level than at the clinical level Reference 3 - 0.42% Coverage The main thing was trying to reform the curriculum and the arguments were around that and that was where we started so you know the vested interest in science and science subjects and they were the main things.	Common focus on curriculum although dean D seems to be focusing on a more fundamental reform from his perspective.

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Characteristic	Dean D (current)	Dean A (previous)	Comment
Personal Style	<Internals\Main Interviews\F> - Reference 2 - 0.68% Coverage I am much more a strategist than a tactician I think, if that's not too pompous, but I would be much more focused on the long-term objectives and try and keep the show on the road .. Reference 3 - 0.75% Coverage I would say I've made least progress in devolving responsibilities and sharing responsibilities in the faculty. I think also there would be, I have not made very much progress in having the consultants in the teaching hospitals feel part of the college, particularly those who are not remunerated by the college. Reference 4 - 1.09% Coverage I haven't been able to get away from the detail sufficiently and I'm too involved in too many things....A strategist in thinking but not in application. But the problem with some of the detail is if you don't get in on it you could spend more time correcting it and I'm a worrier, if I see something that I know will have an implication for another aspect and I'm not alone in that I know, Reference 5 - 1.01% Coverage I try to think in the context what's going to happen in the next dean's term of office rather than mine and pretend that I'm there for an extended term and what I would like to do. I'd worry about there could be a tendency say just to shore things up and see them through and perhaps that's part of the way of managing the place, but I don't think that pays dividends in the long term so that makes it more difficult.	<Internals\Burke interviews\B2> Reference 1 - 1.20% Coverage what amazed me was that once you gave people your support and if you were there for them when they run into trouble, that you literally didn't just drop them, that it really amazed me how they took to things in directions that I hadn't even thought about so I think a lot of time if there is a symbiotic thing that if you are have dean who is willing to empower people and not to micro-manage everything and then you have people prepared to work, which is a very important thing as well, I learned when I was dean very definitely, but if you have people prepared to work and you empower them, the place begins to develop Reference 3 - 0.47% Coverage but in other issues I worked with people and worked quite hard in for a time they would run the baton and then they would hand it to me and then I would run with it and the Burke Institute would be a very good example of that where I worked closely with Dean C who was my director in postgraduate	These comments on personal style highlight that Dean A is better at delegation than Dean D. Dean D works by encouraging and motivating people, but by his own admission finds it difficult to stand back from the detail and let others get on with it.

Personal Style (continued)	Reference 7 - 0.57% Coverage I'm not a good manager, I think you can be a strategist and have a vision without being good at managing that vision. It would be great if there was a manager there, I think the team has built up a very good but I'm not a good manager. Reference 8 - 3.05% Coverage I think I'm a person manager and I listen to people's problems. I try to explain to them what the realities are. Sometimes I know that they're not going to listen and they're not going to understand in certain issues and it's so, they're so antagonistic towards a particular reality, there's no point in going there. …I encourage them; I identify what they have done as being good. I thank them I think not enough, I try to. And I tell them I am reliant on their expertise and I think that is something that, I think I have won the trust of a lot of the faculty in doing that… but what I'm inclined to do is if I ask someone to do something and it doesn't happen I do it myself – that's a bad thing. But at the same time there are some things that I would be very impatient. I'm impatient, I'm mercurial in doing things and then if I you know one of the weaknesses is if I get into an argument I'll want to win the argument rather than thinking of the long term which is the opposite of being a strategist. I try to avoid that as much as possible but sometimes it's inevitable.		

Table 8.2: Comparison of Deans' Leadership Characteristics (continued).

Clearly there were many similarities between these two deans. They both recognized the value of support both from the college and senior staff in the faculty. Both worked hard at maintaining good relationships with college officers. Both were concerned about the pressure for curriculum change being exerted by the Medical Council. Both gathered a trusted group of advisors to assist them in running the faculty. One major difference in terms of *modus operandi* is that dean A delegated tasks to trusted individuals to complete, whereas dean D established structures to make decisions and implement strategy, but rarely delegated in full. By his own admission he had difficulty stepping away from the detail.

8.2.4 Medical School Practitioners

The obstacles to change are perceived to be primarily internal and reflective of the culture and tradition of the faculty over time. These include the perceived dominance of the medical school over other health sciences schools, a theme that emerged very strongly from the majority of interviewees in other schools in the faculty.

<Internals\Main Interviews\A> - Reference 1 - 1.51% Coverage

"I think as well as that with the School of Medicine you have got the age old problem of medics thinking in any group that they're the leaders.... They did have to go through a change when the Faculty of Health Sciences name came in, which was not that long ..When I came in it felt like the Faculty of Medicine only the name was different but it is changing. .. in 1996 .. it felt very much dominated by the medical field. Now a lot of the older professors who were around at this time have gone or retired and some of the newer ones still have the same views, they hide it a little bit better but they – you know it can take a long while for that to filter out, I think."

<Internals\Main Interviews\N> Reference 1 - 0.80% Coverage

"But when it comes to faculty-wide change my perception has been in the past that was very much linked to 'old boy' networks. They didn't have to be old boys but they were driven primarily from the school of medicine but very heavily male dominated and very sort of hardcore medical dominated too."

A specific negative impact of this medical dominance that was mentioned is a

tendency towards conservatism as illustrated in the following two quotes, the first from a medic and the second a non-medic.

<Internals\Main Interviews\V> - Reference 1 - 0.44% Coverage

"when the medics dominate there is always conservatism. It tends to be that kind of faculty - that kind of approach."

<Internals\Main Interviews\A> Reference 1 - 0.98% Coverage

"...strongest area that I feel it from is the School of Medicine and that would tend to be maybe the older, more established professors etc – you get that in any elderly population – I don't mean that quite as rudely as that would come over but you know, people in my age group – my age and up, we have been around a long while and we get entrenched and we don't want to change and we are comfortable."

Although the faculty is now named the Faculty of Health Sciences (since 1996) and the School of Medicine (previously School of Physic) is one of several schools within the faculty, there is still the tendency to speak about the faculty and the School of Medicine as if they are one and the same. The following quotes illustrate how this is manifested.

<Internals\Main Interviews\S> - Reference 1 - 0.99% Coverage

" it's almost as though the medical school was doing its own thing and everything moved in the wake of that. That's what I would have perceived. The previous deans to me were quite happy with that or seemed quite happy with that. It made life easy I suppose."

<Internals\Main Interviews\T> - Reference 1 - 0.62% Coverage

"Yes but you know the two have long been identified and the school more or less runs the faculty and runs it for itself. That will ever be part of our problem here with the faculty is that the value system is very much dictated by the school of medicine.."

Although the tendency for medical school issues to dominate the agenda at many faculty meetings is widely acknowledged, and there are some who are clearly very frustrated by this

<Internals\Main Interviews\T> Reference 1 - 2.18% Coverage

"...Our neighbours here in physiotherapy, they recognise and acknowledge that the school of medicine is the flagship of the faculty. That's utter nonsense as far as I'm concerned and totally irrelevant to us and something one shouldn't be hearing. It should be gone with the ark you know, I don't want to hear that kind of rubbish but they believe it. The dean promulgates it and the school of physic promulgates it and it's all part of this you know, ...I think its all part and parcel of the hegemony within the faculty and therefore should be challenged."

there is also a strong degree of acceptance of the situation.

<Internals\Main Interviews\O> Reference 2 - 4.05% Coverage

"yes it would be lovely if this was a completely autonomous faculty where everyone had equal voice ..but if you look at how you can view it differently and accept that yes, the Medical School probably always will be the biggest and the most powerful but how can the other schools link into that and support and benefit from it. I think it's a more constructive way to go forward because even though I'm Vice dean for the schools and I see a lot that we can do together but we will never have that sort of power I suppose or ability to attract major funding – that's very unlikely to happen. It's not just here but I don't see a history of that anywhere in the world – I think that's just the real world."

As a consequence, and despite interviewee T (above quote) stating that it should be challenged, this is an issue that is never openly discussed at meetings and the dean has never been directly challenged on this.

For many interviewees outside of the School of Medicine there is a sense that, because of this medical dominance, there is very little attempt to integrate other schools into the faculty or to prioritise the issues that are of concern to them.

<Internals\Main Interviews\T>Reference 2 - 1.47% Coverage

"The school of medicine should hive itself off and should deal with it's problems and relate to the world like the hospitals and dept. of health and all the rest of it, in the way that it needs to and. That should be separate and insulated. And then the rest of

us then could be empowered you know and come back in then just as a component rather than dictating as they always do, because it's this attempt, and I think it's a foolish attempt to have this pretence that we all share a faculty and we all share a set of values and we all share the same philosophy and direction. It's simply not true you know."

In terms of decision making for the faculty, staff also perceive the medical school as playing a dominant role.

<Internals\Main Interviews\O> -Reference 1 - 2.53% Coverage
"I think what's going to be really important is the decision on how many committees and how fair the representation is on them. I think last year they were all chaired by medics, almost all of them and there was a heavy weight. Now again, in the real world that's fair and equitable but it did cause some distrust or unrest. I don't have that much of a hang-up about it on a personal level, because I think if someone is good then let them do the job. I don't actually care who they are or where they're coming from but other people do, so you have to draw a balance. Ok, you do have to have a structure."

<Internals\Main Interviews\T> - Reference 1 - 0.49% Coverage
"I presume Dean sets them (priorities). *I have no idea or Dean in consultation with a handful of the important, what he calls the senior medical professors. That's how priorities are set, I mean that's obvious."*

This dominance by the medical school is perceived by some as having a negative impact on the other schools in the faculty.

<Internals\Main Interviews\N> Reference 1 - 1.01% Coverage
"I think clearly the medical council review has been a major focus for the last 2 years so the general re-organisation into getting the school of medicine curriculum up and running has been a major focus but I think there really has been a blind spot which is that as schools the allied health professional schools are really, they know we are facing some very tough times."

<Internals\Main Interviews\T> Reference 1 - 0.19% Coverage

"I mean we are totally dis-empowered and lacking influence in the faculty."

<Internals\Main Interviews\U> Reference 1 - 2.46% Coverage

"probably not. I would think the schools would feel that they're excluded from most of the decisions and processes, is a sense I get from the committee I chair. For example, I suggested that one way of reducing the number of people on the committee would be to just have one representative from the combined single department schools and they rejected that. They wanted one person from each of the single department schools and I sympathised with their positions, so I got a sense that that's probably quite the pervasive feeling of under representation in decision-making."

Another example of the dominance of the medical school is evident in the re-naming of the school following the restructuring of the university (discussed in more detail in chapter nine). Prior to this the school had been titled the School of Physic (although for clarity all references to it in this thesis have been changed to School of Medicine). An email from the Faculty Secretary to all members of the faculty dated 16th June 2005 read as follows:

Dear Colleague

Two titles have clearly emerged as the most acceptable for renaming the School of Physic. 50% voted in favour of "The School of Medicine and Health Sciences , Yeats College, Dublin ". The problem with this title is that it is long and could cause some confusion with the Faculty of Health Sciences. The second preference with 30% of the vote was the title "School of Medical Sciences, Yeats College, Dublin". This would seem more traditional. The Dean asked the School of Physic in the tradition of recent EU referenda, to vote again. This will constitute the final decision. Click here to vote

There was no further correspondence on this issue, but the new school title is the "School of Medicine".

8.3 Actors/Practitioners External to the Faculty

8.3.1 Hospital-Based Staff

Many staff in the faculty hold dual appointments with the university and one of its teaching hospitals. This is true of all the senior staff in the medical school for

example. This presents a significant challenge in terms of balancing commitments to teaching, research and service delivery and leaves little time for involvement in strategy. This issue has been referred to already in relation to the leadership of the faculty and the need for the post of dean to be a full-time post. It is also an issue that was raised by several interviewees when asked about their willingness to participate in strategy development and attend committee meetings. This has implications for individuals' degree of commitment to the faculty. Some professors may decide that the service delivery aspect of their job is more important than teaching and research or it may simply be that service delivery pressures dictate that they commit more of their time to this activity.

<Internals\Main Interviews\K> Reference 1 - 1.49% Coverage

"Consultants who are not connected with the faculty and therefore you can't actually hold a big stick over their head and say 'you have to do this' and they're not employed and you can't force them to do anything. They just do really what they like and so when you have a lot of people that you cannot materially say you must do this or you will lose whatever privileges- and they are not getting anything anyway."

<Internals\Main Interviews\D> Reference 1 - 2.00% Coverage

"... But am I going to give up the day job and pursue that no, and I didn't and so but I mean I'm extremely happy this is happening now."

This is a view that is also shared by those who are full time staff members and don't have a clinical workload

<Internals\Main Interviews\U> Reference 1 - 1.78% Coverage

"I think one of the problems really is that there is just not enough full time committed clinical academics. I tend to talk about medical school because I'm familiar with it. I think there are too many part time professors who are busy not teaching much and are busy with their clinical work and some of them are busy with their private work and their academic appointments are just an add on and are treated as such."

The impact of this on faculty reform is manifested in the number of such heads of department who accept membership of committees but then fail to attend meetings or attend them only very infrequently. This has a considerable impact on progress, particularly where such an individual is chairing a committee.

<Internals\Main Interviews\Q> Reference 1 - 2.46% Coverage

"Many people who were supposed to be involved in this haven't come to the meetings and I think this is the same with any committee. People who have been asked to go on the committee when they are under duress to say yes and then they don't go. Either they are not interested or they're too busy or they don't feel they can contribute but they don't go."

Another group of hospital-based staff featured strongly in the priorities that the faculty should be addressing – staff who have no formal contract with the university and are full time hospital employees, yet provide the majority of teaching in the undergraduate medical course. The nature of staff contractual arrangements has presented several problems for the faculty in terms of the time and commitment staff are willing and able to devote to developments within the faculty. One of the issues here is that much of the teaching in the medical school is provided by clinical staff whose employment contract is with the hospital and not the university. There is no reward or incentive structure in place to encourage these staff members to engage in teaching or research. This creates tensions in how staff balance their inputs into the different elements of the tripartite mission.

8.3.2 College Officers

The appointed college officers (senior officers appointed by the Provost to assist in the running of the university) have an important role in decisions pertaining to college-wide policy and provide a source of advice to the deans of the faculties. They have the potential to influence both the Board and the Council of the university. All policy decisions require approval by these boards. The importance of maintaining good relationships with college officers is something that both deans interviewed emphasised as an important function within their role (see table 8.2: Section c). When the current dean took up office, there were concerns about the faculty's relationship with college officers and, amongst some, there was a perception that this relationship

had deteriorated during the previous deanship. There was also a widely held view that because the Faculty of Health Sciences has many more external relationships and engagements (i.e. with its teaching hospitals) that the college officers do not fully understand the faculty and possibly see it as more problematic than the other faculties.

<Internals\Main Interviews\N> - Reference 2 - 1.76% Coverage
"I think college has very little understanding of the diversity of the faculty of the different kinds of courses of what that actually means for the university for the promotional structures for the anticipated unit costs, for the time with student contact you know for all of those things I think college generally doesn't really understand what the faculty of health sciences is about and sets I mean Yeats is an old university and is slow to change and I think that's one of the things they haven't managed to do is get to grips with the nature of the beast – the faculty of health sciences. It's not surprising given the different campuses."

Another staff member referred to "marginalisation within college" as one of the threats to the Faculty. Yet another felt that a major issue for the faculty was to improve its standing with the college officers.

<Internals\Pre-review survey\B4> - Reference 1 - 1.68% Coverage
"Renewing its standing within college as a major contributor to college development."

Several members of staff referred to the negative image or lack of appreciation of the faculty by other members of the college community and particularly the college officers. These perceptions led the current dean to invite the college officers to a faculty meeting and also to focus on developing good relationships and keeping officers informed about faculty plans and proposed developments.

8.3.3 Medical Council

The Medical Council is a regulatory body that has the power to review and grant accreditation to medical degree programmes. It reviews all the medical degree programmes in Ireland every two years. A review of the faculty's medical course took place in 2001 and the outcome of this review was quite critical. In responding to

this review the faculty response states "There had been significant concern within the faculty about the quality of the undergraduate medical curriculum. The Medical Council report has been a catalyst in the faculty seeking radical reform and long term strategic planning to address the issues raised." (Health Sciences Faculty responses to Medical Council recommendations (2001), 2003:1). This response then describes in detail the plans that are in place to reform the curriculum, including the consultations that are planned with students and teachers. In addition the response addresses the Medical Council's concern about the lack of behavioural science teaching and ethics "It is proposed that a structured approach to Professional Development should be adopted through all the years of the undergraduate curriculum. This will include behavioural sciences and medical ethics."(2003:3)

A further review was pending when the current dean took up office and much time and effort was spent preparing for this review, with a particular focus on reforming the curriculum, as had been outlined in the faculty's response to the 2001 report. In general the dean and those who met with the council members during the review process felt it had gone well. The following excerpt from the dean's note to staff on the review, confirm this.

."the Council was full of admiration for the changes that had already taken place and that the Council was supportive of the focus and direction of undergraduate reform and development. They expressed concern about funding levels. This was a core issue.

The President said that he found a considerable difference in the period between the previous visit and this visit and complimented the entire Medical School for the manner in which these issues had been addressed. The Council was complimentary about the relationships within the faculty and encouraged the furtherance of these relationships in the development of faculty-wide consensus." (Excerpt from dean's notes on the Medical Council visit)

The main focus of the Council's concerns, following the October 2003 review, were:

- Lack of resources – the need for an accurate costing of the training of medical students was emphasised and the practice of increasing numbers of non-EU students as a method of meeting the shortfall in funding were particular issues raised.
- Staffing issues- the need for better staff to student ratios and for leadership in certain subjects such as ethics and behavioural sciences were emphasised. In addition the importance of staff training for people on part-time contracts was emphasised.
- Curriculum development – the changes that have taken place in the first three

years of the programme have been welcomed but the importance of rigorous evaluation of the extent to which these changes are producing the required skills in medical graduates was a strong recommendation from the Council. Also much attention was focused on the intern year and the need for supervision, guidance and accountability in ensuring students gain the required clinical experience.

- Development of subject areas- in particular the need for a stronger emphasis on primary care was highlighted. The Council also recommended teaching on pastoral care.
- Relationships – The Council recommended that the faculty introduce mechanisms to build understanding and improved communication between students from the different health professions. In addition the importance of developing better relationships with health boards and the department of health was emphasised.

The Medical Council was perceived by many staff members to exert significant pressure for change on the faculty.

<Internals\Burke interviews\B2> - Reference 1 - 1.43% Coverage

"I think that insofar as that it is a catalyst for change is a good thing but I think that there is a danger that it is beginning to dictate too much and that they are beginning to harmonise the medical training in all the different medical schools and the character of each school will go for instance and the ability of each individual school to experiment would go, trial initiatives could go if they became too powerful. And you would have to go and ask the council if you can do this and that but they are quite powerful and quite influential and tend to take an interest in things. ..that is a recent development they have become much more proactive and much more powerful and much more demanding in the information they want in recent years."

Several other references were made to the increasing power of the Medical Council.

<Internals\Main Interviews\J> - Reference 1 - 0.45% Coverage

"it would seem maybe the medical council are a lot more vigorous in their visits than they were maybe 10-15 years ago."

Again, when asked about what drives change in the faculty several references were made to the Medical Council's role as illustrated by the selection of quotes below.

<Internals\Main Interviews\J> - Reference 1 - 0.56% Coverage

"Well accountability, the fact, medical council reports say accreditation for ourselves, we have to be accountable, I think staff within the faculty."

Reference 2 - 0.61% Coverage

"I think maybe up to now some of it has come from external bodies, like would there have been changes in the medical school without the medical council report."

<Internals\Main Interviews\S> Reference 1 - 0.78% Coverage

"Problems identified by external organisations such as the medical council. That would be one case in point that there is an extreme urgent need from their visit and report that something needs to change."

8.3.4 Hospital Managers

Some referred to the tensions between the hospitals' and the faculty's agendas. Here again we see the problems of the competing elements of the tri-partite mission. There was also a clear consensus that the hospital managers (although external actors in the faculty) had considerable power to influence the faculty. Hospitals were also considered by some as a potential barrier to development.

<Internals\Main Interviews\R> - Reference 1 - 21.34% Coverage

"Hospital management is very powerful and this has a strong influence. The consultants are managed so that the CEOs get the most out of them. Because of this teaching is not a priority. Consultants need to assert themselves and acknowledge their responsibilities in teaching. The management process interferes with the achievement of the mission. Having no professional teaching staff in the School of Medicine is a problem. They seem to be operating a loose apprenticeship model. The teaching and service delivery need to be integrated and given equal priority."

One of the major issues that people referred to as having an impact on strategic development of the faculty is the competition between the two main teaching hospitals associated with the university.

<<Internals\Main Interviews\E> Reference 1 - 0.38% Coverage

"I think that inter-hospital rivalry is probably an obstacle to change."

<Internals\Main Interviews\K>Reference 1 - 1.15% Coverage

"The other pressures I see also are hospital politics between St John and Merrion. St John is the biggest hospital and has the biggest research, most consultants so therefore it is in some ways logical that they should have a lot of the research drive as well as the facilities. But Merrion does feel left out."

Those staff who have a strong affiliation with one or other of the hospitals have quite emotive views on the disparity between the hospitals as illustrated in the following quotes.

<Internals\Burke interviews\B6> - Reference 1 - 0.87% Coverage

"you don't see the change agenda being put forward for the benefit of the faculty, more the benefit of the service where it happens to overlap with the faculty and then you see a destructive selfishness on the John' site and you see a learned helplessness on the Merrion site."

<Internals\Main Interviews\B> - Reference 2 - 0.46% Coverage

"if you ask a number of the people who have been in John' a long time they will tell you that John' is the major teaching hospital and Merrion is an add on."

There was considerable optimism expressed by many people about the current dean's efforts to develop a more inclusive relationship with the hospitals as evidenced by the following quotes.

<Internals\Burke interviews\B4> Reference 2 - 1.26% Coverage

"I think the recent developments, recent discussions and what have you that have taken place at the senior levels both at college level and at faculty level I think are slowly but surely turning that around and I think the agenda we are now looking at in terms of a much much closer relationship between the faculty and the hospitals is one which I think will take it into a different sphere altogether – how successful it will be is another day's work."

<Internals\Main Interviews\L> - Reference 2 - 1.83% Coverage

"I think what Dean is doing with the hospital CEOs is very positive. It looks very positive on paper and hopefully in practice it will be a very positive development and clearly that's developing a new partnership between the college hospital and the university itself. Also bringing the CEOs into health management structure, perhaps new schools in the College – very positive, very current and very modern initiative. I think that is a really good thing to do. I'm optimistic with the current CEOs and the current dean that that can move quite some distance over the next year or two."

However, the fragility of this relationship and its obvious dependence on the personalities of key people such as the dean and the provost is highlighted.

<Internals\Burke interviews\B6> Reference 1 - 0.83% Coverage

"I think the current Provost has had a more active, I suppose at strategic level you have a strategic thing between the John' board and faculty with the Provost involved and it's the same with Merrion board. So he's involved at a strategic level in both hospitals."

Reference 2 - 0.96% Coverage

"but unfortunately or fortunately the personal relationship with the dean is a main driver. Now that's a fundamental weakness because it could imply that if that dean leaves, the next dean mightn't have it and if there's not a strategic intent at college level that could cause a vulnerability going forward."

<Internals\Main Interviews\B> - Reference 3 - 1.80% Coverage

"I think that there needs to be a lot of discussion and communication between the CEOs and the senior management of the faculty – the dean I suppose. I would imagine that that should be, in an ideal world most productively achieved by the dean talking to those people either conjointly or separately but if you have a dean who is uncomfortable with doing that then I don't know quite how you approach the situation. You certainly don't approach it in this particular faculty at this time by delegating somebody else to do it because that will not be accepted by the CEOs, at least it wouldn't be accepted by one of the CEOs".

8.4 Summary

The importance of the leader's role in formulating and implementing strategy is a key message in this chapter. The current dean's commitment, enthusiasm and energy is commented on by many members of the faculty as a critical element in implementing change in the faculty. Comments about the previous dean, and the negative impact his style had on communication and involvement is a further endorsement of this. Also the succession issues that were raised by several interviewees indicate the difficulties presented by a relatively short leadership term. The comparison of two deans indicates that they both recognized the value of support both from the college and senior staff in the faculty. Both worked hard at maintaining good relationships with college officers. Both were concerned about the pressure for curriculum change being exerted by the Medical Council. Both gathered a trusted group of advisors to assist them in running the faculty.

One of the main obstacles to the development of the faculty is perceived to be the dominance of the medical school. For many interviewees outside of the School of Medicine there is a sense that, because of this medical dominance, there is very little attempt to integrate other schools into the faculty or to prioritise the issues that are of concern to them. In terms of decision making for the faculty, staff also perceive the medical school as playing a dominant role.

The dual appointment between hospital and university is also an issue impacting on the implementation of strategy. This presents a significant challenge in terms of balancing commitments to teaching, research and service delivery and leaves little time for involvement in strategy. It is an issue that was raised by several interviewees when asked about their willingness to participate in strategy development and attend committee meetings.

One of the external actors influencing significant pressures for change in the faculty was the Medical Council. Their critical reports of the medical education programme were perceived as a significant threat to the survival of the faculty.

The teaching hospitals associated with the university were perceived by some as a

major impediment to development. One of the major issues that people referred to as having an impact on strategic development of the faculty is the competition between the two main teaching hospitals. The relationship between the university and the hospitals is something that many commented on as critical to the future of the faculty.

By exploring the roles of different types of practitioners, both internal and external and the role of the leader, this chapter has contributed to a better understanding of how practices can be more or less effective in implementing strategy. The dominance of one group of practitioners has focused strategy on particular priorities and impeded development in others. Rivalry or competition between two external entities, influences the practitioners that have an attachment to these institutions, and this spills over to effect their engagement in and contribution to practices. In addition, this chapter exposes the difficulties for implementing strategy in a pluralistic organisation. The nature of the tri-partite mission is that people have to make choices about the level of their contribution to each aspect of the mission. This has resulted in slower progress of committees than might otherwise have been achieved. In the next chapter, the strategic developments at the macro-level of the university are described and we see clear patterns emerging between the micro and the macro, particularly in terms of the barriers to development of the organisation.

CHAPTER NINE: The Evolution of a Structure jointly governed by the University and its Teaching Hospitals – A Macro-level Strategic Episode.

9.1 Introduction

Chapter five refers to the strategy-as-practice theorists emphasis on the importance of linking micro-analysis to macro-influences and outcomes (Johnson et al, 2003, Wilson and Jarzabkowski, 2004). Wilson and Jarzabkowski (2004) see strategy-as-practice studies as being conducted towards the micro end of the pole, examining individuals and their interactions in local communities of practice, but bearing in mind that these are always relative to macro issues, such that they seek to explain how macro-influences are interpreted at the micro-level or how micro-level activities influence more macro outcomes. This study deliberately sets out to explore this interplay between the macro and the micro. Chapters six, seven and eight are for the most part focused on micro-level activity. This chapter, on the other hand, documents and analyses a macro-level strategic episode occurring in parallel to the more micro-level strategy development at the faculty level. This episode is the attempt over several years to develop a partnership between the university and its two main teaching hospitals, St. John and Merrion. The chapter traces the establishment, development and demise of the Burke Institute, a jointly governed entity established during the previous Provost's term of office. Perceptions of this Institute are explored through reports, SWOT analysis, audit documents, University Board and Council minutes, University Finance Committee minutes, Burke Institute Board minutes and qualitative interviews with staff of the Burke Institute, CEOs of the two hospitals and with Dean B (referred to in chapter eight), who was in office when it was established. The chapter also explores subsequent attempts to develop a partnership, relying mainly on document analysis (as permissions for this research did not extend access to what were considered to be highly sensitive meetings between the Provost and Chairs and CEOs of the hospitals). However, the first meeting of the partnership group was included, as I acted as facilitator on the basis that I was granted permission to include it in my research. Although, Board minutes are public documents and are available on the university web site, permission to access these was obtained from the Provost and Secretary of the University. Board minutes during the period from 2003 to 2010 were included in the analysis.

9.2 The Establishment and Rationale for the Burke Institute

The concept of the Burke Institute arose from discussions which began in 1994 between the Faculty of Health Sciences and the two teaching hospitals; St. John's Hospital and the Merrion Hospital. It was felt at the time that there was a vibrant international market for post-graduate education and pooling the resources of the three organisations within the framework of a single institution would help harness resources to respond to this market. A steering committee was established and consultation took place within the three organisations.

In April 1998 "The Burke Institute for Graduate Education and Training in the Health Sciences Limited" was established with a joint Board. The Memorandum was signed by the then Provost of the University and the Chairs of the Boards of each of the hospitals. A Board was appointed with the Provost as Chair. It was agreed that the vice-Chair would rotate between the CEOs of the two hospitals every alternate year. Each organisation would also nominate a further two representatives. There was provision for a further six non-voting members to allow representation from any agency closely associated with the Institute if the Board felt it would be beneficial (Origins of the Burke Institute:p1). The main objectives of the Burke Institute as set out in its memorandum of Association are:

1. To promote and assist in the provision, organisation and co-ordination of graduate education, training, research and consultancy work in the health sciences (including medicine, surgery and related sciences together with such other disciplines, practices and professions and subjects as are developments thereof or are relevant thereto, or to health or the treatment of illnesses or disabilities).
2. To promote and organise such education, training, research and consultancy work in co-operation with universities, colleges, institutes of learning, hospitals and similar and to organise courses, studies, projects, research and similar in connection with such education and the validation thereof.3. To seek and facilitate various forms of academic or professional validation of the courses and training schemes offered by the Company and to seek and facilitate the granting of certificates, diplomas, degrees, fellowships and similar in connection therewith.
4. To promote or endow activities (including the funding of fellowships, academic appointments, professorships, lectureships and similar) in the members hospitals and health science schools in furtherance of the above objects of the Company. (Memorandum of Association, 1998)

The then Dean of Health Sciences perceived the Institute as a catalyst for a range of new initiatives in education and research by harnessing the resources of the three partner institutions, as he is quoted in the Irish Medical News *"In conceiving the Institute, a great opportunity presented itself both to the College and the teaching*

hospitals to use their resources co-operatively to develop postgraduate programmes and higher training in clinical specialities, and to market these actively both in Ireland and abroad" (IMN 1998, 31 Aug,). In this article the dean emphasises the harnessing of resources and expertise from the three institutions, the shared ownership of courses, the provision of practical help for students, the potential to attract high calibre staff to the hospitals and the university and to raise the standards of healthcare and ultimately benefit the patient. He also describes the Institute as a "one-stop shop" for postgraduate education, research and consultancy

In 1997, prior to the establishment of the Institute, the then Dean put a proposal to the University Finance Committee requesting that the cista communis (percentage overhead from course fees that are allocated to central college budget) should be split, with 50% of it being retained within the Burke Institute and 50% continuing to go to College funds. He states that "*the College will not suffer financial loss but that in the year of introduction (1997/1998) and subsequent years, the College will significantly increase registered postgraduate student numbers for unit cost purposes*" (Memo from Dean of Health Sciences to Finance Committee, 22 January 1997: 2). The Finance Committee agreed to reassign 50% of all cista communis charges on new self-financing taught postgraduate courses to be shared equally between the Burke Institute (for ongoing teaching developments) and the hospitals (for existing and expected increases in the use of their resources for teaching activity). (Origins of the Burke Institute)

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9.3 Evolving Role of Burke

9.3.1 Graduate School

In a document entitled "The Burke Institute and The Faculty of Health Sciences, Yeats College. Posts of Executive Director of the Institute and Director of Graduate Studies (Health Sciences)", produced in May 1998, it is stated that "The Burke Institute and the Faculty of Health Sciences, Yeats College have together decided to appoint one person to fill both of the above posts" (1998:1). The objectives of the Burke Institute are described in this document as follows:

"drawing on the richness of the resources available to its members (i.e. the three partner institutions) to facilitate the creation of vibrant national and international activity in areas such as:

•Post graduate Education and Training

•Management and Funding of Research

•Service Development and Consultancy" (1998:1).

The role of the Director is described as "to guide, influence and advise it (the Institute) in the implementation of its objects and business plan" (p2). These objectives are further elaborated on as:

"a. Establishment of University Certified Postgraduate Courses and other shorter courses;

b. Securing Research account administration commissions and contracts;

c. Developing the Institute's consultancy potential" (p2)

The role of the Director of Graduate Studies "encompasses the provision of a framework to consolidate and stabilise existing courses, to promote and develop new courses, to maintain standards, provide advice on examination procedures and standards, and provision of support to graduate students and their supervisors. The postholder is expected to report to the Dean of Health Sciences and to the Board of Governors of the Burke Institute".

Interestingly this is the first explicit mention of the Institute actively seeking research contracts and managing research accounts, something which was later a major concern for the College. It should also be noted that the Dean of Health Sciences who established the Burke in 1998, had been replaced as dean by the former Executive Director of the Burke.

In May 2000, the Dean of Health Sciences (formerly Executive Director of Burke) put forward a proposal to University Council for the establishment of a Graduate School in the Faculty of Health Sciences. The Dean of Graduate Studies had circulated a paper in November 1998, suggesting the establishment of faculty-based graduate school to administer the College's growing postgraduate activity. The proposal refers to the role of the Burke Institute in this growth as follows "This (Burke Institute) was an extremely innovative initiative and is associated with the development of over 30 new taught postgraduate diploma/masters programmes, bringing an additional 260 students per year to College." (Proposal to Establish a Graduate School in the Faculty

of Health Sciences: 1). The proposal also states that "For practical purposes the Burke Institute function as a graduate school but for technical reasons, within College, we require the facility to group these activities within the framework of a formally recognised "Graduate School". Other references to the Burke in the proposal relate to the provision of a secretariat and other supports that would be required by the Graduate School being provided by the Burke Institute and also that the School could be established "without additional costs while continuing to use the framework of the Burke Institute."

Council welcomed the proposal but "noted that it represented a substantive policy issue for the University as a whole and as such it was appropriate that the Council should be aware of the detailed implications and relationships with current structures which were proposed. It was noted that the existing Graduate School of Engineering Studies did not function in a manner similar or have the same range of responsibilities as those proposed for the Health Sciences Graduate School"(Council Minutes of 3rd May 2000:Minute 96A.) In a note of clarification to Council the Dean states that the proposed Graduate School would not require any change in the central functions of the Dean of Graduate Studies or the Graduate Studies office (GSO) but would instead support that office by acting as a coordinator of documentation pertaining to post graduate courses and as a point of contact for the GSO. This note of clarification emphasises courses that are cross-disciplinary or highly specialised in nature and do not fit naturally in any existing departments and the need "for a clear means by which College maintains control and direction of developments such as these" (p2). It also stresses that in terms of the other Schools and Departments that the Graduate School would exercise a "light touch" and provide "enhanced support". The note of clarification concludes by stating that the Burke Institute will provide administrative support, thus ensuring that the Graduate School will be cost neutral to the College.

The proposal was approved at the council meeting of 31st May 2000 "Council approved the establishment of a Graduate School in the Faculty of Health Sciences, noting that there were a number of issues referred to above (notable whether the School should act as a court of first appeal for postgraduate examinations) to be addressed by the Deans of Graduate Studies and Health Sciences" (Minute 104B)

On the 6th December 2000, the dean requested that a separate cost centre be established for the Graduate School. The College Finance Committee considered this proposal and agreed on the basis that "the new arrangements will not give rise to any cost consequences for the College (to be met from Burke or from existing Faculty resources)." (Minute 2001/37, Finance Committee 14-12-2000). However in the same minute there is clear indication of concerns about other aspects of the Burke functioning "The Committee indicated however that an immediate review needed to be undertaken by the College in consultation with the Faculty of Health Sciences and the Burke Institute in relation to setting up an agreed structure and guidelines for dealing with research activity and IP (intellectual property) issues." (Minute 2001/37 Finance Committee Minutes 14-12-2000).

9.3.2 Cardiovascular Institute

The establishment of this institute is of relevance to the development of the partnership, as it marked an additional change of role for the Burke Institute and sparked concerns for the incoming dean of the faculty. A proposal to establish a Cardiovascular Institute was considered by the Board of the Burke Institute at a meeting on the 29th September 2002. The work of the proposed Institute "will focus on a cluster of cardiovascular diseases which together accounted for 43% of all deaths in Ireland in 1997"(Memorandum for Board of Burke Institute: Proposal to establish Institute of Cardiovascular Science 2nd Sept 2002, p2)).. Section 2 of the proposal outlines the main features of the proposed Institute. It was proposed that its "work in research, education and training will be multi-centre and multidisciplinary" (p3) and will draw on the resources of 24 disciplines. The document also mentions that the Institute's work will relate closely with the work of the existing DMMC and the Institute of Cancer Prevention. It is proposed that the work will be conducted within existing facilities in Yeats and the two teaching hospitals. The document suggests that the contribution of individual staff members to the Institute had not been worked out

"It will be a matter for the governors of the Institute, to determine what it will mean to be a member of the Institute. A range of issues will need to be considered. The mutual commitments, obligations and principles deriving from membership will need to be teased out and will probably change as the Institute develops."(Paragraph 2.4 p3).

In the same paragraph, the Institute is also described as having the primary function of "an enabling supportive organisation, designed to enable researchers give of their best and encourage identification, development and commitment of new researchers" (p3).

The proposal requests specific support from Yeats College in the establishment phase, for the following:

- "Giving the cachet of its name, reputation and contacts to the fledgling Institute;
- Providing additional research and education facilities on the campus of each of the teaching hospitals;
- Facilitating relevant staff to conduct research under the aegis of the Institute; and
- Continuing to support the Burke Institute so that it may develop the shared services which will support this and other proposed research institutes" (Paragraph 5.2 p9)

Two options for a governance structure were also presented to the Board at this meeting:

Option 1 – a company wholly owned by the Burke Institute with directors from the two hospitals, the College, the DMMC and ERHA (local health authority), with an appointed chairperson.

Option 2- a department/division of the Burke Institute with additional staff appointed to the Burke to enable it to effectively manage the Institute. The professors of cardiovascular medicine from the two hospitals would be appointed as co-directors of the Institute, pending further development of its management structure.

The memorandum also states that the proposal had been "approved in principle" by the Boards of the two hospitals and the College in 2001. At this point no funding had been secured for the Institute, but a list of potential targets for funding was included in the proposal. The Board discussed the proposal at length. The Dean of Health Sciences (who had just taken up the office of dean and was appointed to the Board of Governors of the Burke earlier in the meeting) requested more time to obtain full faculty approval for the proposal.

The following decisions were taken as a result of the discussion:

"a) The Board gave its support for the concept and the general approach taken to date

b) The Dean of Health Sciences will seek approval from the Faculty and report to the next meeting of the Board

c) Planning and development of the Institute should continue and discussions should be initiated with possible funding agencies and statutory bodies

d) The dean has been invited to join the Planning Group of the Cardiovascular Institute

e) The Burke Institute will prepare an initial paper on shared services for the next meeting of the Board" (Minutes of the 20th meeting of the Board of Governors of the Burke Institute, Minute 5: 9th Sept 2002)

9.4 Concerns about Burke Finances

The previous year's accounts for the Burke Institute were also presented at this meeting, and of note was that income from education and training was under budget by €5,000 because student numbers had stagnated since 1999. However, because of the "increased volume of managed funds" the research figures were ahead of budget "being just short of the figure budgeted for the full year.".(Minute 7)

Of note was the Provost's (Chair of the Board) call for a review of the Burke Institute's activities.

"The Provost proposed that since this was the beginning of a new academic year and there were new members on Board, it might be timely to follow up on suggestions last year to review how the Burke Institute might best position itself to contribute to the missions of the institutions" (Minute 4)

9.5 Audit Committee's Report

The College's audit Committee conducted an audit of the Burke Institute in 2002 and submitted its report to the College Board in November 2002. In the covering letter the Chairman of the Audit Committee emphasises the importance of the College's relationship with its two major teaching hospitals and the benefits which the Burke Institute can bring to strengthening teaching and research links between all three partners. However, the letter goes on to state "the Committee believes that the manner in which the relationship of the teaching hospitals with the College has been structured and managed could have resulted in the College becoming exposed to major risks and that this needs to be taken into account in considering the future

strategic direction for the faculty and College" (Letter to College Secretary from Chairman of Audit Committee dated 13th November 2002).

The Audit report makes recommendations in relation to research, funding and financial performance, and governance of the Institute. The following is a summary of the key observations and recommendations expressed by the Committee in each of these areas:

9.5.1 Research

How the respective roles of the Burke Institute, the Hospitals and College interact in the promotion of research is not sufficiently clearly defined. If the Burke Institute is developed to the extent that it becomes a major player in research, College will have assisted in the creation of a competitor for research funds. Valuable intellectual rights could arise from research activity in the Burke Institute and difficulties could arise in securing College's interests in such rights in the absence of an agreement. The quality assurance applied by the College may not be applied in an environment outside the direct and full control of the College. Claims on medical or ethical grounds could result in College suffering damage to its reputation. As the Burke Institute does not have a support system similar to College for spin- off companies it may be more difficult to successfully exploit the commercial benefits of the research. There may be a temptation on the part of researchers to use the Burke Institute to avoid the *cista communis* levy or VAT while continuing to use College facilities. There is also a risk that hospital staff will be nominated as the lead researcher rather than a member of College staff in order to avoid the levy.

9.5.2 Funding and Financial Performance

"The Burke Institute is still heavily dependant on College for financial support and that in direct funding College is making a very much larger contribution to the Institute than the other partners" (Audit Committee report on the Burke Institute November 2002:22)

In addition to 50% of the *cista communis* portion of course fees from the College, the Faculty of Health Sciences makes a direct annual contribution (€60k in the first year and €50k in subsequent years) to the Burke Institute. The making of annual contributions was not included in the proposal to the Finance Committee in 1997

requesting a share of the self-financing course fees. "There was no evidence that the direct contributions went through a specific approval process at Board or Finance Committee level" (p22).

The hospitals' direct contribution also suggested at €50K was calculated as expenses incurred by the hospitals in connection with supporting the Burke's work. The Audit Committee suggested that
"The practice by the hospitals of charging expenses to the Burke Institute and settling the balance is not a desirable practice and should be discontinued." (p23)

Of particular concern to the Committee was that at the early stages of the project it was envisaged that activities would be costed in relation to the relative resource inputs of the partner institutions but this has not happened as there is no mechanism for calculating this. In addition it states that "the financial outlook for the Institute is a difficult one unless it continues to receive the high level of funding that has been granted to date whether in the form of annual contributions or consulting work" (p32) The committee recommends that "the complete funding picture, both direct and indirect, should be looked at for all three partners" (p27).

9.5.3 Governance

The Committee found no evidence that a "fully costed proposal to establish the Institute was formally put to Board and approved" (p36).
There were no requirements specified for the Burke Institute to report on its performance against financial projections that were made at the start. They recommended that financial issues requiring College Board attention should be reported to Board by the Finance Committee. The report also states that there was no agreement put in place to define the relationships of the sponsoring parties or their duties and responsibilities. Concern is expressed that decision making on behalf of the College appears to have been made by the College representatives on the Burke board of governors without formal reference to the College Board and it recommends "College representatives on the board of governors of the Institute are College nominees and should be required to report back to College on significant matters" (p37).

Finally it discusses briefly the necessity for any company to comply with its objects as set out at establishment and cautions that the "actual undertaking of research may not necessarily be covered by the phrase "to promote research". The role of the Burke Institute in research may need to be considered in the light of this" (p38)

There are suggestions in the report that some of the difficulty may have arisen because of College representatives taking decisions as members of the Burke Board of Governors without reference to the College decision making bodies and in some instances failing to inform them that such decisions had been taken.

The report of the Audit Committee was presented by the Chairman to the College Board at its meeting on 18th December 2002 and the Board notes the recommendations "including the suspension of any additional commitments to the Institute until the review of the College's strategy for health sciences is completed." (Minutes of Board Meeting, 18 December 2002,Minute 6/125).

The Board also agreed that the issues raised in the Audit Committee's report and a proposed response would be considered at a future Board meeting to which the Dean of Health Sciences would be invited (Minute 6/125)

9.6 Faculty Review of Burke

The Provost had requested in a letter dated 12th September 2002 that the Dean of Health Sciences convene "a small advisory group" to consider a number of issues pertaining to the Burke (as set out below) and report to the College Board to enable the College to "have a clear position by the beginning of December". Membership of the advisory group (which was chaired by the dean) included 3 senior academic staff from within the Faculty of Health Sciences (2 of whom held joint appointments with St. John's hospital) and the then College Dean of Research. The Dean also invited an external academic, a professor from Sheffield University with experience in the relationships between research institutes, universities and hospitals in the UK, to be part of the group. The group conducted two SWOT analyses, one from the perspective of College and the other from the perspective of the Burke Institute. In addition they asked the Executive Director of the Burke to conduct a third SWOT and to meet with the group to put forward his ideas on the future role of the Burke. The advisory

group's main recommendation was that the Burke Institute should be integrated into the structure of the faculty. The response of the advisory group to each of the issues raised by the Provost is summarised in table 9.1.

	Provost's Issues	Burke Review Group's Response
1.	What are the implications of the model proposed for the establishment of the Cardiovascular Institute under the Burke Institute?	All research institutes should be negotiated directly between the College and the hospitals using a new dean or vice-dean of Research and postgraduate education. It is not appropriate for the Burke to intercede between College and the major research institutes in their establishment.
2	Can the Burke Institute and the Faculty of Health Sciences work more closely in respect of research development and postgraduate courses?	A dean together with two vice-deans should be appointed to look after the interests of the faculty and College in both of these critical areas. The Burke should function as "the administrative wing for these two components. but only if it can be brought within the faculty" (Group answers to five questions raised by the Provost, p3)
3	Assurance of equity and competitiveness in selection of new institutes based on research standards	Identified the need for a process of transparency and peer review. The group recommended the establishment of a research committee chaired by the proposed Health Sciences vice-Dean for Research and Postgraduate Education and operating under the existing Graduate Studies Committee of the College.
4	Financial implications for the faculty and the College of this and related matters.	The advisory group were of the opinion that in addition to the annual levy, "it is clear that the faculty is suffering a drain of income from taught postgraduate courses that could come to the faculty with appropriate and agreed remuneration paid to the hospitals".(p5). They also suggested that "the Burke could continue to function in the area of postgraduate courses in an administrative but not an executive role, as an integral part of the faculty with due reference to faculty/College priorities." (p5)
5	Any other relevant issues that would result from this initiative that might have impact on the faculty or the College	The response to this is a list of 17 recommendations. In summary the recommendation is that the Burke be retained and integrated into the faculty as an administrative support on postgraduate education, whilst also providing support on preparation of proposals for establishment of research institutes and "financial advice to the entire faculty" (recommendation 15d: p6).

Table 9.1 Response of Review Group to Provost's Issues re Burke Institute

The external professor also provides an independent set of observations and recommendations. His premise is that the Burke may have been set to a disadvantage from its inception for the following reasons:

- Its remit may have been insufficiently detailed – allowing the possibility of multiple interpretations.
- Quantitative time-bound goals were not set, hence it is difficult to measure Burke's success.
- The relationship of the Burke to the faculty and the formal mechanisms of interaction with the faculty were not well defined.
- The role of the Burke as primarily an administrative or academic outfit may not have been clear.
- There is no formal mechanism for mapping the strategy of the Burke to the strategies of its three parent institutions in teaching, research and development or commercialisation.
- The ownership and management of intellectual property is ill-defined. (Group answers to five questions raised by the Provost, p26)

The main recommendations of the external professor were:

1. The Burke should be upgraded to a fully-fledged school of the Faculty with the Director of the Burke becoming a member of the Senior Faculty Administrative Committee.
2. The faculty "*might take this opportunity to review its structure in terms of constituent schools and administrative/reporting arrangements*". *Faculty deans and sub-deans for both teaching and research should "be given clear remits in terms of the business and strategic aims of the faculty Teaching and Research Committees which, respectively, they would chair.*"
3. The teaching hospital CEOs, as Board members of Burke, and the Director of Burke should have appropriate honorary academic titles to recognise their roles as leaders of a school within the faculty.
4. The legal position of Burke as a limited company will need to be reviewed if Burke were to become a school within the faculty.
5. A major role for Burke "*that could exploit its huge potential in the clinical research field*" should be identified and agreed. What was being proposed here

was that each teaching hospital would commit to providing access to five beds to allow Burke to become *"an international centre of excellence for European clinical trials"*.

9.7 Reaching a Resolution on Burke

During the first 6 months of 2003 there was much concern about the Burke Institute and its evolving role. In a memo from the Dean of Health Sciences and Provost to the College Board they state "a large number of meetings have taken place, involving the dean of the faculty, officers of the College, the Executive Officers group, the chief executives of the hospitals, and senior executives of the Burke Institute" (Memorandum from Dean of Health Sciences and Provost to College Board, dated 2nd July 2003: para 3)

The following invitation (Figure 9.1) issued from the Burke Institute to College offices in May 2003 caused further concern. There was little or no involvement of the Board of the Burke in the planning of this newsletter as indicated in the following extract taken from the Dean of Health Sciences response to the invitation

"I was surprised to receive your notification about the Burke Institute's launch of a newsletter on research activity in this faculty, St. John's and Merrion next Wednesday May 21st. Neither P1, Chairman of the Faculty's Research Group the Provost, who is Chairperson of the Burke or the Vice-Provost another governor seem to have been made aware of this initiative. I am already committed on that day and am unable to accept your invitation.

I have to express serious concern in not having been informed of this development as a governor of the Burke Institute and as current dean of the faculty. I can only assume that other governors on the Burke Board were not aware of this development."

(extract from email response from Dean of Health Sciences to an administrator at Burke Institute).

The Burke Institute
would like to invite you
to
the launch of Research Times
A newsletter published by the Burke Institute, devoted to research in the health sciences at Yeats College, Merrion Hospital and St. John's Hospital

by
Professor HB

Chairman of the Health Research Board

on

Wednesday, 21st May 2003

at 10am

in the

Postgraduate Centre,
St. John's Hospital

RSVP by 20th May 2003
MK
Tel: 4733788
Fax: 4733777
Email: mk@burke-institute.ie

Figure 9.1: Invitation from Burke Institute to the Dean of the Faculty of Health Sciences

The Provost also expressed concerns in an email to the dean on the Burke Institute dated 10th June 2003. From discussions with the dean, it seems the Provost was particularly concerned about the Burke setting its own agenda and becoming a competitor to College and he strongly recommended establishing a new agreement with the teaching hospitals. Following further discussion between the Provost and the Dean of Health Sciences, they issued a joint memorandum to the Board of the College on 2nd July 2003. The memo sets out three main sources of the concerns about the Burke as follows:

1. In the Faculty of Health Sciences it was highlighted because strategic planning questioned the role of Burke.

2. At College level it was brought to a head because of the consequences of the Audit Committee Report (The audit was conducted at the same time as a more wide ranging audit of governance in the College.)
3. Within the Burke Board, College representatives raised their concerns about recent changes in direction that had been taken by Burke relative to its original remit.

The memo emphasised the importance of maintaining a good relationship between the College and its teaching hospitals and indicated that discussions were taking place on partnership agreements. It requested the Board's agreement to continue the College's involvement in Burke subject to a list of conditions relating to research, finance and governance, some of which include the recommendations in the Audit Committee's report. The primary condition under the research heading is:
"The Burke Institute must facilitate and support the development of a research programme between the Hospitals and the College: it will not act as research strategy agency for the Faculty or initiate research institutes or centres." (Memo from Provost and Dean of Health Sciences to Board, 2nd July 2003, paragraph 3.1.1)
In addition it emphasises that the vice-dean for Research and Postgraduate Studies should be supported by the administrative services of the Burke Institute.

In relation to finance, amongst the conditions are that the College will not continue to pay the annual contribution (as this contribution of IR£50K had only been agreed for the first three years), that the sharing of *cista communis* contribution with Burke must only be for postgraduate courses that are shared with the hospitals and use their physical or personnel resources, that "the Board of the Burke Institute should be requested to operate research funding processes and deductions for management and related costs similar to College arrangements in this regard" (Para 3.2.3), and finally a requirement for clear financial reporting and regular review.

In terms of governance it states that "the Burke Institute should facilitate strategic policy on research development between the teaching hospitals and the college, and that its work on research development should be done under the auspices of the Vice Dean for the School of Research and Postgraduate Studies" (para 3.3.1 & 3.3.2)
In addition 3.3.5 states that all self-financing courses taught within the faculty must come under the overall control of the Director of Postgraduate Studies.

A number of paragraphs refer to the need for detailed reporting (para 3.3.6 & 3.3.12). In terms of the remit of the Burke, two clear statements refer to this:
"The Executive of the Institute should not embark on further initiatives, employ additional staff or enter into any commitments that have financial implications without the formal agreement of the Board of the Institute". (para 3.3.7)
"When new agreements have been reached between College and the Teaching Hospitals it is necessary to define the most appropriate role for the Burke Institute". (para 3.3.8)

Many of these conditions represent a desire to increase College's knowledge about and control over the activities of the Burke Institute and an attempt to minimise the opportunity for competition between the Burke and the College. This impression is further reinforced by College's desire to increase its representation on the Board of Burke
"College would wish to increase its representation on the Burke board by one person and then to review its representation on the Board subject to discussion with its partner institutions" (para 3.3.11).

The College Board approved these proposals.
"The Board in discussing the proposals noted the concerns which members of the Faculty of Health Sciences had expressed in relation to the changing role and practices of the Burke Institute and emphasised the need to ensure that all proposed conditions, including additional College representation on the Board of the Burke Institute, be implemented if the College is to continue its involvement in the Institute.

Following clarification of a number of issues by the Dean of Health Sciences, including the requirement that the Burke Institute should provide an Annual report to the Board, the Board approved the proposal that the conditions for the College's continued involvement in the Burke Institute be sent to the Board of the Institute for adoption. The Board requested that it be kept informed of progress on the discussions" (Board Minutes 9th July 2003: Minute 17/357).

In the Board meeting minutes of September, the Provost advised Board that the conditions which the Board had approved as being necessary for the College's

continued involvement in the Burke Institute had been forwarded to the Board of the Institute, noting that the Institute's own review of its operations is underway (Minute1/4 24th September 2003).

In presenting the Audit Committee's annual report 2003 to the Board, the chairman of the committee advised Board that the Audit Committee is concerned that appropriate structures be put in place, which minimise risk exposure to the College arising from its participation in subsidiary and joint venture companies, noting that much work remains to be done to resolve out-standing issues in relation to the Burke Institute (Board minutes 17th Dec 2003, Minute 4/107 (iv)).

In response to a query, the Secretary advised Board that in view of the ongoing discussions in relation to the Burke Institute, and the likelihood of changes in the governance of the Institute, it was not proposed, at this stage, that there be any change in the College's directors of that company(Minutes of Board meeting, 7th July 2004 Minute 15/357). At this meeting the appointment of the CEOs of the two teaching hospitals as part-time lecturers in Health Services Management for a period of 5 years was also approved.

At a Board meeting on the 14th December 2004 when presenting the Audit Committee's annual report the Chairman invited the Board's attention to the progress which had taken place since the Audit Committee's initial report in 2003 in relation to the College's participation in the Burke Institute. The Board noted that the Audit Committee still has a number of concerns in relation to the College's representation on the Burke Institute Board and the reporting mechanisms to College Board from the Institute. The Board also noted concerns in relation to the financial and reputational risks associated with the shared ownership arrangements on which the Institute is based. (Board Minutes 14th December 2004, Minute BD/04-05/117.)

The Burke is next mentioned at a Board meeting on 31st May 2006 where the Provost cites the concerns about the Burke as having paved the way for discussions about an academic medical centre. He also states at this meeting that "the Burke Institute will continue in existence pending the outcome of discussion in this regard. Any new

structures will encompass the Burke Institute". (Board Minutes 31st May 2006:Minute BD/05-06/289).

9.8 Perceptions of Burke

9.8.1 SWOT Analyses

The contrasts between the SWOT analyses of the Dean's Advisory Group on Burke and that conducted by the then Executive Director of Burke provide insights into the conflict between the Burke and the faculty. From the faculty perspective its strengths and opportunities relate in the main to the capabilities of its staff and concentrate primarily on its role in assisting and supporting its three partners. This support comprises administration of postgraduate education, preparation of grant applications, advice on financial management, identifying potential sources of funding and facilitating the co-ordination of research between the hospitals and the university. Possible opportunities listed include consultancy work, the management of laboratories, establishing research units and its relative efficiency due to the bureaucratic nature of some College procedures. By contrast the Burke Director's SWOT concentrates on the Burke's strength as a *"development organisation"* and specifically refers to the development of the postgraduate role of the faculty, development of research strategies, project development and providing the partners with *"an edge in newly developing areas"* (p20). He also refers to its role in managing better the *"inherent tensions between academics and service providers"* (p20). Amongst the opportunities he lists are provision of a wide range of shared services and marketing expertise, incorporating within its structure other hospitals which have teaching agreements with College.

The main threats as perceived by the Dean's Advisory group are the prospect of the Burke becoming a competitor to the faculty and/or College in respect of: income from taught courses, utilisation of personnel, research and research funding, intellectual property and patent income, accommodation, and setting priorities in research and education. The other significant threats are perceived as potential damage to the relationship between the College and its teaching hospitals, and the side-stepping of College's peer review and quality assurance processes for research and the establishment of research institutes. By contrast, the Executive Director perceives the main threats as lack of confidence that may develop from uncertainty and

disagreement on its role, failure to secure funding, failure to secure suitable premises, and the negative impact of failure by the partners *"to achieve their unity of purpose and work to create a culture of shared decision making*".(p21)

9.8.2 Faculty members' perceptions of Burke

When asked to identify the main threats the faculty faced, only 2 people mentioned the Burke Institute as a threat.

<Internals\Main Interviews\K> -Reference 1 - 0.21% Coverage

"Another substantial pressure is the Burke Institute."

Reference 2 - 1.87% Coverage

" I see that as being something that is kind of in opposition to the Faculty wanting to be because there is an independent block drawing away the hospitals and consultants in the hospitals from what is essentially the academic faculty ..."

Reference 3 - 0.21% Coverage

"The Burke Institute was supposed to be a grand unifier"

Initial lack of communication and confusion about the distinctions between the Burke and the Graduate School was mentioned by a number of staff.

<Internals\Main Interviews\A> - Reference 1 - 0.92% Coverage

"No, very few people seemed to know why they were happening, particularly with the Burke. There were umpteen meetings where people asked what is the Burke? And what's different between it and the Graduate school and we could never get an answer that people could get their heads around. I think a lot of people felt that had been imposed without much consultation."

<Internals\Main Interviews\L> - Reference 1 - 0.96% Coverage

"I think with some of issues with respect to the post graduate school and all those areas of uncertainty we're moving towards resolution and that's hugely positive because we were all absolutely confused by that a year ago. We are still a little bit confused but we know that things are moved on considerably."

9.8.3 Perceptions of Burke Institute staff and Board members

Interviews were conducted with key staff in the Burke, as well as the CEOs of the two teaching hospitals (who sit on the Board of Burke) and the dean who was in office at the time the Burke was established. Although the dean clearly articulated the purpose of Burke, the staff (many of whom were appointed during the term of the next dean i.e. some years after the initial establishment of the Institute) seemed not to have the same clear understanding of its purpose.

<Internals\Burke interviews\B1> - Reference 1 - 1.28% Coverage

"My understanding when I came on board first was it was a way of the 3 members – it was to allow them to work together without any bias so that nobody appeared to have more control ..."

Reference 2 - 1.04% Coverage

"... but certainly when I came on board, I don't think anybody was very clear. Everybody sort of had a vague idea."

<Internals\Burke interviews\B2> - Reference 1 - 0.48% Coverage

"Burke has been presented as a problem and so people are aware about that. I think that a lot of the negative perceptions stem from misconceptions as I said earlier about the understanding about the role of Burke and maybe some of the new developments maybe they weren't explained properly and maybe they were."

When asked if Burke was a problem for College, a variety of opinions were offered, some accompanied by a strong loyalty to the Burke and an antipathy towards College.

<Internals\Burke interviews\B2> Reference 3 - 0.59% Coverage

"But I don't know if it's that so much that they object to, but a feeling that they are being ripped off within the faculty, that somehow or other this is happening, but I don't think it is happening. And it's kind of a curious situation where before Burke was set up it was the hospital people largely felt they were and indeed they were I suppose, being ripped off by the cista communis."

<Internals\Burke interviews\B3> - Reference 1 - 8.37% Coverage

"Burke became an issue because the last dean told nobody anything. If the previous dean continued to be dean for a longer time it would be a very different Burke. ... Burke manipulated its agenda...Burke exploited the weaknesses of the Faculty."

<Internals\Burke interviews\B6> Reference 2 - 0.45% Coverage

"There's no problem with the hospitals and the Burke. The problem with the Burke is the college's perception that it's not based on fact."

Reference 5 - 1.60% Coverage

"...Yeats are giving us nothing and yet they want to bring down Burke."

In addition there was a sense from one of the Burke staff that they were on the margin or isolated from College.

<Internals\Burke interviews\B5> - Reference 1 - 1.23% Coverage

"As soon as I came in you got different reactions from people in different places. When you said you were phoning from such and such Yeats College you got a lot more help than if you said you were phoning from the Burke Institute. I'm not quite sure why historically that happened but it's a long running issue..."

There was some acknowledgement and understanding of the potential for competition between the hospitals and the university.

<Internals\Burke interviews\B1> - Reference 2 - 2.15% Coverage

"For the majority in the early days it was that they were hospital staff as opposed to Yeats staff but then as time went by some of the people that had a part-time Yeats appointment and it was to avoid the delays in paperwork, like one particular consultant had spent 6 months trying to establish the account to employ a post graduate through college and they were in danger of losing their funding so they came to us and if they hadn't had got the system in place within a week they were going to lose their research funding and we were able to set it up within 2 days."

<Internals\Burke interviews\B5> -Reference 2 - 0.96% Coverage

"Because I think that perhaps they're worried that they would compete in that strategy development and come up with different strategies or something that, we are certainly seen as a competitor out there or have been seen as a competitor out there."

9.9 Perceptions of Burke's governance

The concerns about the Burke competing with college and working beyond its original remit raised questions about whether the governance structure was the most appropriate and indeed whether it is reasonable to expect an individual to represent their employing organisation whilst at the same time working in the best interests of Burke. The rationale for the original decisions on governance of the Burke is captured in the following extracts from an interview with the then Dean of Health Sciences.

<Internals\Burke interviews\B2> -Reference 1 - 0.97% Coverage

"There were several people involved in the actual.. it was a working party there were several people involved in putting together the actual governance ..and we had legal advice also and ultimately the board of Yeats college got legal advice and the two hospitals got legal advice so it wasn't something that just happened it took a long time to put together and each board had plenty of time to mull over it and heed advice and have issues clarified for them so there would have been several different inputs in the governance."

Reference 4 - 0.47% Coverage

"it was a way of trying to bring the hospitals and the university together and it's a... you have to say you have to give up part of the ownership and if one particular group doesn't want to give up the ownership or feels it can't give up ownership shouldn't have ownership then it obviously it won't succeed."

Reference 6 - 0.69% Coverage

"it was thought that the other two that the Provost hopefully might be more neutral than the hospitals I mean I think a lot of the conflict at that time was between the two hospitals not between the hospitals and the university."

All of those interviewed about Burke referred to the governance arrangements with some offering suggestions as to how these might be improved.

<Internals\Burke interviews\B1> - Reference 1 - 1.53% Coverage

"I actually think it should be an independent chairperson. ... Because I think you have somebody who's outside of the 3 members who would be able to take a bigger picture and just maybe direct people a little better."

<Internals\Burke interviews\B4> - Reference 2 - 2.09% Coverage

"The Board should meet not less than 9 times a year reflecting a more dynamic and accountable relationship between the Board and the Staff. The chair should meet with the Executive Director at least once per month... The Board should make a formal delegation of functions and authority to the Executive Director and agree measures of accountability."

<Internals\Burke interviews\B6> Reference 2 - 1.28% Coverage

"There's no conflict of interest, it's very clear. You don't sit on a board, it's not a representative board. Under the current law you go on to board to do what's best for that entity. That's your legal responsibility and you don't have any choice. That's where Yeats have gone astray because they haven't done that and they've exposed themselves significantly in the way they've done that."

9.10 Perceptions on the Evolving Role of Burke

Staff working in the Burke seemed unclear about the role of Burke and exactly what activities should come within its remit as indicated by the following quotes from one member of staff.

<Internals\Burke interviews\B1>Reference 5 - 2.05% Coverage

"A little bit of it was that it was left up to you and you drove something but there was an initial work plan but it was never clearly defined so you were never quite sure of when something new came up whether you should be getting involved... we obviously have an executive director for the day to day but I just didn't feel that there was any direction ..."

Reference 6 - 0.65% Coverage

".. because then we all had our own ideas of what we thought it was and where it was going and nobody was very clear."

One of the areas where Burke was perceived by college to be in competition was in the management of research accounts. There are indications that Burke became involved in managing research accounts almost by default or because of bureaucratic delays in college.

<Internals\Burke interviews\B3> - Reference 1 - 3.15% Coverage

"Difficulties arose because of the slowness of the university to respond. People began to turn to Burke to lead research projects - I wasn't comfortable with this."

<Internals\Burke interviews\B1> - Reference 2 - 2.15% Coverage

"For the majority in the early days it was that they were hospital staff as opposed to Yeats staff but then as time went by some of the people that had a part-time Yeats appointment and it was to avoid the delays in paperwork, like one particular consultant had spent 6 months trying to establish the account to employ a post graduate through college and they were in danger of losing their funding so they came to us and if they hadn't had got the system in place within a week they were going to lose their research funding and we were able to set it up within 2 days."

There are some suggestions that Burke may have deviated from its original remit. This was an issue that was raised by the Provost and Board of College and is also referred to in these quotes from someone who was involved in establishing the Burke.

<Internals\Burke interviews\B2> Reference 1 - 0.43% Coverage

"Dean C was Dean for 3 years as far as I can see he put major emphasis on Burke and Burke's development and he brought in new ideas which perhaps weren't there originally but I mean that could have been part of the organic growth of the Burke - its not to say they were wrong or that."

Reference 4 - 0.40% Coverage

"I don't know that at that stage it was largely managing the taught courses and grants and people would use their own initiative to forward research I can't remember at the beginning but I don't know that a research strategy was part of the role of Burke."

and the following from a staff member of the Burke Institute

<Internals\Burke interviews\B4> Reference 2 - 1.05% Coverage

"I thought that initially what I was taking on was the task of driving postgraduate research and driving postgraduate education and I still think that that is a major part of what it's about and remember that it was at a time when the faculty, as such in the faculty office as such was at a different level of concern and operation to what it is now so that's the first thing. ..but the implications of doing consultancy I thought had not been fully talked through... the notion that you could assemble expertise as required for projects from within the hospitals and the college I did not feel was realistic."

and from one of the board members of the Burke:

<Internals\Burke interviews\B6> - Reference 3 - 1.04% Coverage

"I mean for example the Burke is gone outside it's terms of reference, there is absolutely no doubt about that. It does compete with Yeats for certain things, but it is competing at the lower end of the scale on the research funds. So if you take that out of Burke, it won't go to Yeats so that'll drive it back underground."

Not all of the views about Burke's evolving role were negative, some clearly identifying benefits arising from Burke:

<Internals\Burke interviews\B1> Reference 1 - 1.67% Coverage

"but that has actually brought people together and focused people within the 3 member institutions, maybe not necessarily for the right reasons but people have starting working together. So there was a lot of the partnership created almost without people realising .."

<Internals\Burke interviews\B6> - Reference 1 - 1.65% Coverage

"... It was a good quality, highly productive secretariat and people just found that they suddenly had somewhere they could get issues addressed."

Reference 2 - 0.74% Coverage

"So what we've done is we've managed to tidy up perverse practice in clinicians where they were managing these on their home accounts and we've got that tidied up and into it, now there needs to be much more governance in how its managed."

9.11 Lessons Learned from Burke

There are many lessons to be learned from the establishment and development of the Burke Institute, the most salient being the importance of good governance

<Internals\Burke interviews\B4> - Reference 1 - 1.05% Coverage

"I think the other lessons to be learned are that I think the importance of governance and the effort that is required to be a good governor was way underestimated and it shouldn't be underestimated again and no matter how good your staff are, at the end of the day you need very very good governors and it can't be just one other meeting that one has to attend, that's no good."

Reference 2 - 1.38% Coverage

"this is what I mean by governance and governorship that people have to realise and recognise that no matter where you come from, you are sitting on that Board, you are wearing that hat and you know there have been some classic incidences of where people who took a very correct view of this have you know even refused to give information to their parent organisation which was vital to them because they saw that they had acquired that information with another hat or jersey on them as the case may be."

<Internals\Burke interviews\B5> Reference 1 - 4.40% Coverage

"..and I think if you would have an external chairman it would bring a greater objectivity. I know the current dean articulated from his own point within Yeats that he felt there was a slight conflict of interest that he had in a divided loyalty between the Burke Board and faculty ... I think if you had somebody there who was an

independent entity that had expertise in developing partnerships or something like that, that would be very helpful. ..It might also I think if you have externals coming in from anywhere that had a good reputation it might even focus minds a bit more around the table."

In addition the importance of having many champions and explaining and persuading people of the value of the concept was considered to be an important lesson for future initiatives such as Burke.

<Internals\Burke interviews\B4> -Reference 1 - 1.34% Coverage

"I think the second thing is to have as many champions as you can in as many places as you can which I think was probably one reason that Burke hadn't enough champions."

<Internals\Burke interviews\B4> - Reference 1 - 0.37% Coverage

"I think obviously a very painful and patient selling and explanation and re-iteration of the concept and why it is very important."

9.12 Beginnings of a New Partnership

At the same time as the Burke Institute was under review, discussions started on the development of a partnership between the College and the two main teaching hospitals. In 2001 a group had been established to work on the relationship between the college and the hospitals. Although no documents on these meetings were publicly available, the dean in a presentation referred to the group as having been established at the request of one of the teaching hospitals. Its purpose was described as:

- "To improve communication
- To accept and understand the dependencies between the College and the hospitals" (Extract from powerpoint presentation by Dean of Health Sciences to Paris meeting, November 2002)

The membership of this group consisted of the Chairs and CEOs of the two hospital boards and representatives of the hospital societies and the Provost, Secretary and Dean of Health Sciences from the College.

The Dean of Health Sciences was invited to attend a meeting on Academic Health Centres[3] in Paris in November 2002. I also attended this meeting, where staff from existing Academic Health Centres in the United States and Australia presented very positive accounts of how such centres were performing. This influenced the dean's thinking and the subsequent proposal that was developed.

A meeting was arranged between the Dean of Health Sciences, the CEOs of the two hospitals, a senior medical consultant from each hospital (also on College's academic staff) and the then Executive Director of the Burke Institute to begin planning this partnership. I was asked by the dean to facilitate this meeting and agreed on the basis that I could include it as research data. Following the meeting I prepared a report that was circulated for approval to all those present. I will utilise extracts from this report to summarise the key points of the discussions.

There seemed to be a genuine interest in developing a partnership and all those present participated fully in the discussions. There was consensus as to the purpose of the partnership

"The purpose of this partnership is to embrace the aspirations of all 3 members and facilitate strategic policy development between the 3 parties through a partnership approach. Each partner plays a key role in the fulfilment of the tri-partite mission of teaching, research and service delivery. The partnership will utilise the complementarities of the three partners to confer collaborative advantage on the partnership. The partnership will function through jointly agreed goals, reflected in strategic plans. The partners will work together in a spirit of common interest whilst acknowledging the partners mutual obligations.

The partners will build shared purpose and strategy that will confer collaborative advantage in the delivery of the tri-partite mission. This collaborative advantage will be achieved through shared values, pooled resources, blurred boundaries, and through continuously developing to meet the changing needs of the partners and the

[3] The term Academic Health Centre is American in origin and use. It can be described as the combined endeavour of a medical school and its affiliated healthcare facilities and physician employing organisations. (Davies, 2002)

communities they serve" (Extract from Report on Partnership Meeting 4th October 2003:1).

In addition the potential benefits of the partnership were articulated and clearly agreed.

"Currently each of the partners is operating at approximately 40 % of its capability. By sharing a vision and a degree of interdependency they could provide real leadership in the Irish health services. The partners could be acknowledged collectively for excellence in teaching, research, service delivery, governance and innovation. The partnership will also utilise its excellent physical infrastructure and quality clinical research to promote excellence in the tri-partite mission. There will be considerable advantage in presenting to research funders as a single entity." (Extract from Report on First Partnership Meeting 4th October 2003:1).

There was considerable emphasis during the discussions on values, particularly trust and respect. In addition governance was something that the group returned to several times during the day. The following extract from the report captures the group's deliberations on governance

"The partnership should strive to develop a model of good governance that not only maximises the delivery of the partnerships goals but may also serve as a model that has applicability to other organisations. Relationship management within the partnership should also be a key focus of research and learning.

It is envisaged that the partnership will function through a jointly owned unit with a governance structure that is separate from the existing governance structures in each of the three partners. Each of the partners would have representation on this governance structure" (Extract from Report on First Partnership Meeting :4)

There was very little explicit discussion about the future of the Burke Institute, but clearly the concerns expressed about Burke's role and the College's concerns about the poor reporting structures, influenced the group's thinking.

"The partnership provides the potential for a new beginning. The remit and scope of the unit needs to be clearly defined. It is envisaged that the boards of the three partners would delegate responsibility for defined areas to the unit. There needs to be

clearly defined reporting relationships and communication channels between the unit and its governance structure and between the unit and the existing governance structures of each of the partners.

The primary purpose of the unit is to ensure the three partners work together in the delivery of the tri-partite mission of teaching, research and service delivery. This means engaging in joint planning and review for research teaching and services.
A full partnership approach to achieving the agreed mission will result in a blurring of boundaries between the three organisations, such that there is greater sharing of both human and physical resources."(Extract from Report on First Partnership Meeting:4)

At a Board meeting of the Burke Institute in December 2003, the CEO of Merrion reported that the partnership group had met on three occasions and significant progress had been made in considering the development of a full partnership between the university and the two teaching hospitals.

The minutes note:
"It was agreed that the original Review Group would now disband and reform as a Partnership Project Group (PPG) between the three institutions. This group will prepare proposals for a Governance and Management structure through which partnership can be achieved." (Extract from Minutes of Board of Burke Institute Meeting, 8th December 2003. Minute 4.)

In addition the minute states that
"The Burke Institute will continue in 'steady state' until detailed proposals are submitted and will provide secretariat support to the PPG." (Extract from Minutes of Board of Burke Institute Meeting, 8th December 2003. Minute 4.)

However, at a College Board meeting on 14th December 2004, the Audit Committee expressed that it still had a number of concerns in relation to College's representation on the Burke Institute Board and the reporting mechanisms to the Board from the Institute. "The Board also noted concerns in relation to the financial and reputational risks associated with the shared ownership arrangements on which the Institute is based" (Minute BD/04-05/117 (vii) Board Minutes 14th December 2004)

9.13 Development of an Academic Medical Centre

A further planning meeting was held on 17th November 2003. Following this planning meeting an outline proposal was developed by the Executive Director of the Burke Institute on behalf of the planning group The main tenets of this proposal were:

1. Create an Academic Health Centre/Partnership, comprising the Faculty of Health Sciences at Yeats college, Merrion hospital; and St. John's hospital under a single governance body as a vehicle for the development and accelerated advancement of their shared mission of research (knowledge generation), education and training (knowledge transmission), service delivery (knowledge application to patients) and innovation (knowledge application in the wider society).
2. The Centre will help realise the political, economic and social benefits to be derived from a full partnership embracing considerable intellectual capital and critical service delivery mass.
3. Under single governance, the three partners can together avail more fully of opportunities and realise their potential to fulfil a shared and interdependent mission
4. The creation of an AHC under single governance will enhance performance and outcomes in service delivery, research and education
5. The creation of an Academic Health Centre under single governance can contribute appropriately and constructively to the Health reform programme and provide a high level integrating vehicle for co-operation between Health and Education/Science in an area of vital mutual concern.

(Extract from Outline Proposal to create an Academic Health Centre/Partnership Submission to Department of Health and Children and Higher Education Authority, 10th February 2004)

The proposal to develop a new partnership between the university and its teaching hospitals was first discussed at a College Board meeting in January 2004.
"The Provost informed Board that, arising from proposed reforms in the Health Services areas, the College and its two main teaching hospitals were at an early stage of discussion on the question of how best to provide world class medical education

and service by combining the strength of the three partners. This would be a long-term strategy and proposals will be brought to Board in due course." (Board Minutes of 28 January 2004 Minute 6/143 (d)).

The Dean of Health Sciences period of deanship was due to expire in July 2005, but at a Board meeting in July it was agreed that he would continue in an acting role until November 2005. At the same meeting the Board approved the appointment of an Acting Head of the School of Medicine, until a Head of School was appointed (Minute BD/04-04/379).

In advance of the Board meeting of 23rd November 2005, The Provost circulated a confidential memorandum to the Board members outlining the crisis that faced the School of Medicine and the Faculty of Health Sciences. The Provost drew attention to a number of pressures and opportunities facing the School, amongst them:

- The impending inspection visit of the Medical Council in 2006 and concerns that not all recommendations from previous inspection visits had been implemented due to financial constraints;
- The relatively low level of income available to the School and the negative impact the Academic Resource Allocation model has had on the School and the Faculty.
- The significant changes in medical education (including proposed graduate entry and a reduction in non-EU students) that are likely to result from the National Taskforce on Medical Education report.
- The potential of the School to increase its student numbers "because of the favourable facilities and bed numbers in the teaching hospitals and that relationships with the major teaching hospitals are crucial in this regard" (Minute BD/05-06/070)

The Provost advised the Board that "discussions are currently underway with the College's two major teaching hospitals in order to rationalise the governance structures between the three partners and that the College must negotiate new, constructive arrangements if the future potential of the medical school is to be achieved." (Minute BD/05-06/070). He advised the Board that urgent interim and long-term arrangements must be put in place and also drew attention to the fact that there had been a reluctance amongst senior academics to volunteer themselves for the

position of Head of the School of Medicine or Dean of the Faculty "due to poor investment levels and perceived lack of support by the College". (There had been protracted discussions about this since July, hence the acting appointments that had been approved as an interim measure.) He presented the following proposals to address the problem:

1) that a loan of €1.5 million per annum for a period of five years be provided to the former School of Medicine to address critical issues and to ensure continued medical accreditation of the School. (This was conditional on a strategic plan and a plan for the repayment of the loans being presented by the School and approved by the Board before the end of the academic year).
2) The financial situation in regard to the therapy disciplines, which are part of the School of Medicine, ring-fenced (this was requested by the incoming Head as he did not want to take on the debts of these former Schools).
3) The financial position of the therapy disciplines also be addressed by the incoming Head of School, in association with other relevant parties;
4) That in view of the urgency to review and redefine the relationship between the school and the associated hospitals, the incoming head also be given the title of Vice-Provost for Hospital Relations for a fixed period of four years or until the incoming Head comes to the end of his/her tenure, whichever is sooner.

   The Board approved the proposals (Minute BD/05-06/070).

A strategic plan for the School of Medicine dated 27th June 2006 makes reference to the development of the Yeats Academic Medical Centre

"Academic Medical Centre

Board approval was recently granted to establish a group with the purpose of considering in detail the potential for the development of an academic medical centre model. Discussions have been taking place between College, the School of Medicine and our two main teaching hospitals. In this initiative a number of potential governance and implementation arrangements must be developed through an implementation group with the aim of identifying mechanisms suitable for the Yeats medical school. The underlying rationale for this initiative is developmental, designed to enable the College and its principal academic hospitals together to make the optimum contribution to the knowledge based society through research, teaching, service and innovation (including commercialisation). An AMC model would permit

the hospitals to maximise their development as centres of knowledge generation and permit their appropriate integration into the knowledge economy. The development of such a system will also have significant impact on the quality of cutting edge tertiary and quaternary patient care".
(Extract from School of Medicine Strategic Plan, 2006:7)

Although further developments of the proposed partnership between the university and the teaching hospitals were outside the scope of this research, for the sake of completeness a review of the only publicly available documents containing information about the development of the partnership i.e. the College Board meeting minutes from 2006 to 2009 were reviewed. The subsequent developments are summarised briefly below.

In May 2006 the appointed Head of the Medical School and Vice-Dean for Medical Affairs presented a proposal to Board for the establishment of a group with the purpose of (i) identifying governance and operational models for Academic Medical Centre development and (ii) determining methods of implementation in a timely and non-disruptive fashion. (Memorandum to Board from Vice Provost for Medical Affairs Board 2006-05-24 AMC for Board). He argues that the current governance arrangements in Irish medical schools mean that the mission of the university and the hospitals are not aligned, "whereas in other jurisdictions, the Academic Medical Centre (AMC) model for teaching hospitals prevails, in which the missions of the university and hospital are aligned fully at a governance and operational level. In such systems, the President of the AMC is typically a senior medical academic" (2006:1). The rationale for this initiative is presented as "developmental, designed to enable the College and its principal academic hospitals together to make the optimum contribution to the knowledge based society through

- Research (knowledge generation)
- Teaching (knowledge transmission)
- Service (knowledge application in clinical situations); and
- Innovation (knowledge application to wider society) including commercialisation." (2006:1)

The Board welcomed the initiative and approved the proposal. (Minute BD/05-06/289.)

In May 2007 a further proposal to Board was made by the Vice-Provost for Medical Affairs. This proposal was for the appointment of a "Transitional Executive Committee" comprising representatives from the three institutions. It was proposed that this committee operate "at the level above the executive function of each institution and below the Board of each institution" (Draft Outline Proposal to Create and Academic Medical Centre: Section 6:6.1:33)

The remit of this Committee was set out as follows:

- Planning the next phase of restructuring in relation to the establishment of an Academic Medical Centre
- The development of a joint mission reflecting the capacity of an AMC to deliver an ambitious and holistic programme at the cutting edge of patient care
- Establishment and implementation of Human Resources models for an Academic Medical Centre
- Development and Implementation of a joint service plan
- Strategic management and policy determination of an AMC
- Development and implementation of an interim business plan for the AMC
- Establishment of interim governance arrangements for the AMC with appropriate lines of communication
- Establishment and implementation of integration models in relation to an AMC
- Development of a joint financial plan for the delivery of an AMC
- Development of a process to overcome legal hurdles in AMC representations.
- In addition it was proposed that this Committee meet on a monthly basis and report to the Board of each institution on a bi-monthly basis initially building to a monthly basis. (2007:33)

At this meeting the College treasurer commented on the scope of the many operational issues which would have to be resolved to implement an AMC as envisaged. Board members were invited by the Provost to send any further comments directly to the Vice-Provost for Medical Affairs.

At a Board meeting in January 2008, the Vice-Provost for Medical Affairs, advised Board that, following long and detailed discussions between the College, St John's Hospital and the Merrion Hospital a memorandum of understanding had been signed by the three institutions in December 2007. He stated that the memorandum provided the basis for the development, in consultation with the HSE, of joint service arrangements and the consideration, on a phased basis, of all relevant governance issues. (Board Minutes 30th January, 2008: BD/07-08/156).

In July 2008 the Provost stated that since the signing of the memorandum in December 2007, the Steering Group had been progressing the establishment of the proposed Yeats Academic Medical Centre (YAMC). The Vice-Provost for Medical Affairs/Head of the School of Medicine advised Board that the initial elements of a formal structure were in place with the operation of the Steering Committee and the Interim Executive. He stated that the key priorities for the YAMC over the next year would be the identification of an appropriate governance structure and the development of a common service plan. In addition to receiving a positive response from consultants in the two hospitals, the initiative had received the support of the Chief Executive Officer of the Health Service Executive, noting that it was expected that the College and the hospitals would be invited to incorporate elements of community care into the YAMC model. He also advised Board that the development of proposals for the National Cancer Strategy would be the first area for which a joint service plan would be required, noting that this plan would have to be in place within the next year. Communicating with staff in the three participating institutions and in the relevant government agencies would be a priority over the coming year. He stated that it was hoped to complete the development of the YAMC framework before the end of this calendar year, noting that interim governance arrangements would probably be required in the first instance. (Minutes of Board meeting 9th July 2008:BD/07-08/364).

At a Board meeting in October 2009, the Vice-Provost's frustration with the pace of progress is evident in this comment that "the lack of a Yeats AMC is perceived as hindering progress in the delivery of services in the College's Teaching Hospitals, with the consequent threat to clinical and research relationships with consultants". The competition from other recently-established AMCs was noted as were the current

relationships with statutory bodies, the National Cancer Control Plan, individual hospitals, charities, patient groups and international groups. He drew Board's attention to a memorandum, dated 7 October 2009, which had been circulated outlining the current status of the discussions on the establishment of the YAMC, the requirements of single governance and delegated authority models for academic medical centres and the legal principles for an AMC based on delegated authority. Noting the need to reach a conclusion in the discussions as a matter of urgency, the Vice-Provost for Medical Affairs advised Board that an AMC based on a model of delegated authority was now being proposed.

In the course of a wide ranging discussion in which there was general support for the establishment of the YAMC, the following points were made by Board members:
(i) there are possible risks to the College's relationship with its teaching hospitals if an AMC is not established in a timely manner;
(ii) there is a need to learn from the negotiations to date in developing the final AMC model for the College and the teaching hospitals;
(iii) there is a need for a strong governance model to ensure that any current weaknesses in College/hospital governance arrangements are avoided in any future AMC;
(iv) there will be a need to ensure adequate reporting to the College Board as part of the AMC's governance arrangements.

The Board adopted the proposal for the YAMC based on a delegated authority model and agreed that discussions would continue with a view to implementing this model in the two major teaching hospitals. Noting the importance of academic governance to the success of the initiative, it was agreed that a final document, incorporating the points made by Board members, the legally agreed Heads of Agreement and a risk analysis, would be presented for decision to the Board meeting scheduled to take place on 8 December 2009. (Minutes of Board Meeting 14th October 2009:BD/09-10/028)

At a subsequent Board meeting, a member of the Board who is also a hospital consultant in one of the teaching hospitals advised Board of the importance of engaging with senior clinicians in the participating hospitals to ensure that agreement

can be reached to progress the YAMC within the specified timeframe. (Board Minutes 11th November 2009: BD/09-10/050). This is suggestive of opposition amongst some clinicians to the concept of an AMC.

The Vice-Provost for Medical Affairs attended the College Board meeting on 8th December 2009 to present a draft Collaborative Agreement which had been circulated. The Board noted that the proposed YAMC was based on the model of delegated authority to a board or committee, initially not involving incorporation but which may be incorporated at a later date. The Vice-Provost for Medical Affairs drew attention to the fact that this is a College-led project. He advised Board that the College "will have to be proactive in integrating a teaching and research strategy within a clinical environment as this has proved problematic in the past throughout the health care service". The Board noted that the College would have "to capitalise on existing resources within the School of Medicine and the College to generate an academically driven service".

The Board examined the draft Collaborative Agreement and during the course of a long and detailed discussion a number of legal issues were identified which need to be addressed in the final agreement. "In addition, issues in the following areas were identified as requiring further consideration:

1. Funding
2. Reporting arrangements.
3. Governance
4. Academic matters
5. Possible partners.

The Board approved the memorandum from the Vice-Provost for Medical Affairs as a basis for engaging with potential hospital partners and agreed that "a revised legal agreement, taking into account the points raised by Board members, would be presented to Board for approval in due course, together with clarification on financial and governance issues". (Board Minutes 8th December, 2009. BD/09-10/081).

In summary, the university and its two main teaching hospitals have been working on the development of a partnership model since October 2003. Initial discussions envisaged an integrated governance structure with external leadership (based on lessons learned from the governance problems encountered in the Burke Institute). In

December 2009, the proposal is for a delegated authority model with internal leadership – the Head of the School of Medicine and the leader of the YAMC being one and the same person (personal communication with Head of Medical School, 5th February, 2010). Although, a full exploration of the partnership development is outside the remit of this study, and therefore for ethical reasons it is not appropriate to conduct further interviews with the stakeholders involved, it is evident from informal discussions that some of the senior medical staff in the hospitals were not in agreement with an integrated governance model.

9.14 Broader College Change Agenda

During the course of these deliberations on a partnership between the university and the hospitals, the College was also discussing an "Agenda for Change" as minuted in Board Minutes 17th December 2003 Minute 4/98 and Board Minutes 18th February 2004 Minute 7/169 (b). The agenda for change seemed to stem from a need to develop better resource allocation and clearer accountability for resources. A working group on Structures, Management and Systems (GSMS) was established to develop a reformed structure for the college. This group explored structures in other universities and held discussions with other universities (particularly in Scotland) who had undergone recent structural reform. There is a sense that this reform of structures was being driven by the economic situation.

"There is a need to introduce change in the management structures of the College, particularly if the current reduction in government funds is to be reversed. Whether this change should be radical or on a piece-meal basis is an issue which the College must address" (Extract from minutes of Board meeting 18th February 2004 Minute 7/169 (b) (iv).

At the Board meeting on 9th June 2004, there was a fuller discussion on the proposals of the GSMS and the Deans of the Faculties were asked to respond to the following questions that had been raised by the Provost following initial discussion of the GSMS report at the Board meeting on 21 April 2004 (Minute 10/258):

1. Should the College move away from the current historic baseline approach towards an Academic Criteria Model of resource distribution?

There was general support for the proposal that College should introduce a resource allocation model and a system under which resources would follow academic activity

and would be devolved to the level of Faculty/department. Of note is that the Deans advised the Board "transparency and fairness would be critical to the successful operation of any new model and it was noted that current inequities in funding would be perpetuated if the model were to reward research without first addressing disparities in teaching loads across departments" (Board Minutes 9th June 2004, Minute 13/266.2)

2. Should the College retain the concept of faculties and if so how many faculties should there be and what broad parameters should apply to "membership" of these faculties?

The Deans were supportive of retaining a faculty structure but, whilst some felt that 3 faculties would be appropriate, others were in favour of retaining the current 6 faculties. A strong recommendation from one faculty was that institutional structural reform should follow the introduction of a new resource allocation model and build on the strengths of the existing system. Again the issue of representation and trust is surfaced in a further suggestion that there might be four faculties and a greater involvement of the Deans in decision making, as illustrated in the following extract from Board minutes "four faculties which would enable a balanced representation between classroom-based and laboratory-based teaching in College. It was suggested that all deans might be involved in decision-making at the level of the Executive Officers Group and that the number of faculties should not be driven by the number of Deans which can be accommodated in this Group." (Board Minutes 9th June 2004, Minute 13/266.2)

3. .Should the College reduce significantly the number of academic departments and replace them with schools?

Opinion was divided on this issue with some in favour of merging very small departments and others strongly of the view that amalgamations would be detrimental. Concern was expressed about the potential impact on identities of well-established disciplines. There was also divided opinion on whether larger schools would realise the objective of promoting interdisciplinary activity. It was suggested that College's first priority should be to make small departments larger and consideration of discontinuing a programme should only be on the basis of a decision taken by Board on the recommendation of the Academic Council.

4. Should Vice-Provosts/Deans and Heads of Schools be appointed?
There were differences of opinion on whether Deans should be appointed. The opinion was, if this should happen "procedures should be put in place that would ensure that the views of the members of the schools/departments would have a strong bearing on final decisions in the appointment" (Board Minutes 9th June 2004 Minute 13/222 (4). The Faculty of Health Sciences had a particular concern that election of Dean might give an unfair advantage to the bigger schools. (Appendix 1 to Minute 13/266 Board Minutes 9th June 2004, p19). Deans were unanimous in their view that Heads of Schools should be elected.

Other points that were made by Board members during this discussion included the need "*to achieve balance across all disciplines*" and the need for *"an intensive bottom-up approach to the development of the new structures"*. In addition the need to be pro-active in implementing changes rather than reacting to external forces was considered important and the need to demonstrate the academic benefits of the proposals to "*reassure the College community of their purpose and benefit*".

9.14.1 Obstacles to Change Agenda
At the Board meeting on 24th November 2004, the Provost advised Board that the paper Academic Reorganisation and Academic Resource Allocation Model (ARAM) had been circulated as a basis for discussion and he invited all members of the Board to present their views for consideration in the development of final proposals.
The Bursar noted that the process of change had started with the publication of the Strategic Plan in July 2003 and that the Agenda for Change had been presented to Board in December of that year. The Board noted the discussion documents which had evolved, and had been discussed during the previous academic year, culminating in the decision at the Board meeting on 7 July 2004 that it would discuss the likely number and composition of Schools/Departments in November 2004 and that decisions with regard to these matters would be made by December 2004. The Bursar advised Board of the importance of maintaining an initial implementation date of September 2005, noting that there could be a transition period of two to three years before all new structures and support systems would be in place. The Board noted the results of a survey which had been carried out among staff in the Faculties of Arts (Letters) and Arts (Humanities) which stated that a substantial number of the staff had

expressed reservations regarding elements of the proposed developments. The Board also noted that Fellows consider it would be premature to make decisions on the new structures without more debate and consultation.

The Board agreed that every effort should be made to prepare for initial implementation of the new structures in September 2005. A number of Board members expressed concern about the timing of decisions in relation to the composition of Schools and the ARAM and in the course of the discussion at the Board meeting on 24th November 2004, the following points were raised:

I. there is insufficient information available at the moment on which to make decisions about the future structure of Schools and on the operation of the ARAM;
II. while there has been very significant consultation with Deans and Heads of Departments there has been insufficient structured consultation with academic staff both within departments and across disciplines, and there are some areas in College where discussions are not sufficiently advanced to allow final proposals to be presented;
III. time should be spent in discussing the possibility for additional funding with the Government rather than moving too quickly on implementing new structural arrangements;
IV. greater clarity is required in relation to the infrastructural and administrative support that will be available to new Schools and in relation to the funding implications of providing these supports;
V. changes must be introduced in an iterative fashion, so that uncertainties which arise at the implementation stage can be addressed;
VI. implementation details cannot be considered until the broad principles are agreed and if restructuring is to progress there is a need to reach agreement at the top level as soon as possible;
VII. there is a danger that providing additional time for consultation and debate could stifle any potential for change and those who are supportive of change and who have worked very hard to develop proposals about the formation of Schools would become disaffected by delay;
VIII. any delay in making final decisions does not prevent the development of the resource allocation model nor the finalisation of proposals in relation to re-structuring;

IX. reasons for any delay should be clearly articulated to the College community;

X. any agreement to defer decisions in relation to the new structures must be accompanied by a clear schedule of activities and outputs arising from the additional time period.

(Extract from Board Minutes 24th November 2004, Minute BD/04-05/079).

Concern was expressed at the proposal to have thirteen/fifteen schools and how this relatively large number could be accommodated in the College's management structure, noting that the potential for a head of school to influence decision-making at College level could be less than that currently enjoyed by deans of faculties. Board noted the suggestion that each head of school could be a member of Council thereby ensuring good representation and participation in academic decision-making.

In a further discussion on ARAM and proposed structures at the Board meeting on 14th December 2004, Board expressed support for restructuring and the introduction of an ARAM, noting the need to ensure the support of the College community in their implementation. The following issues were raised by Board members:

(i) a balance needs to be struck between moving ahead in a timely way and consulting further with members of the College;

(ii) a reporting mechanism on progress should be provided;

(iii) there is a need to engage with the staff at grass-roots level within academic departments on how the proposed changes would affect them and their work in College; it was noted that not all Heads are making their staff aware of the details of the plans and that there is a need to empower staff at all levels of the College;

(iv) consideration should be given to presenting the ARAM at departmental level, based on the current structural arrangements and also on the proposed changed situation to facilitate staff in assessing the proposed changes objectively;

(v) there is a need to provide staff with a firm indication of the administrative and support services that would be available to them under the new structures so that they will be in a position to make informed decisions in this regard;

(vi) contractual commitments to some existing staff in relation to headship of departments will need to be addressed.

(Extract from Board Minutes 14th December 2004, Minute BD/04-05/118)

The Board noted the results of the IFUT/ASA (the academic staff union) report on the basis of which IFUT argues that there is a lack of support for the proposed changes and that there is a need to ensure that the College's academic strengths are not jeopardised in the process of reform.

The Senior Lecturer advised Board that a significant number of schools are in the process of being formed and that these proposed schools involve many members of the academic community. The Board noted that the extension of the deadline for decisions in relation to schools had been very productive and had facilitated discussions at greater levels of detail than heretofore.

The Board, noting that some members of the College had made allegations of bullying of staff to accept the proposed changes, stated firmly that this is an unsubstantiated claim which can be authoritatively refuted. The Board also noted comments in relation to the undue pressure being exerted on individual Board members by some of those opposed to the changes.(Board Minutes 14th December 2004, Minute BD/04-05/118)

In July 2005 the Board approved the new structures, terms of reference and titles for schools (Board Minutes 6th July 2005:Minute BD/04-05/366 & BD/04-05/367). It was also agreed at this meeting that the faculty deans would remain as members of Council and that this arrangement would be reviewed at the end of the transition period. (Board Minutes 6th July 2005:Minute BD/04-05/365)

Additional obstacles arose with the creation of the new posts of Deputy Provost and Vice-Provost for Academic Affairs. At a Board meeting on 31st May 2006, a number of Board members stated that they would be opposed to the proposals unless the issues in relation to academic annual officers are considered in advance of a decision on the structures in the Provost's office. (Board Minutes 31st May 2006:BD/05-06/290). In response to a concern raised that these posts would impose yet another layer of management and decision-making in the system, the Senior Lecturer advised Board that the proposal was intended to clarify the accountability and reporting arrangements in administrative and support areas.

At a subsequent Board meeting a member drew attention to a number of issues which had arisen at a Fellows' meeting where the need for change from the existing system was questioned and the value of consultation without incorporating all views in the final solution was queried. Fellows had questioned the apparent speed with which the decision on the introduction of clusters was required. The value of retaining the role of Principal Committees in the governance of the College had been stressed by Fellows. The Board noted that Fellows had rejected the term 'academies' for the new clusters. (Board Minutes 22nd November 2006:BD/06-07/061)

Despite these reservations it is minuted in the Board meeting of 12th December 2006 that the Board agreed the following:

- that a three-cluster academic structure would be adopted;
- that the term faculty would be used to describe the cluster and that each faculty would have a dean;
- that an implementation plan would be drawn up during Hilary Term for approval by Board, following consideration by Council, which would address governance, financial and other issues raised during the consultation process, including concerns expressed by the Science and Engineering and Systems Sciences Faculties and other areas.
- that the administrative restructuring to support the three-faculty model would proceed as soon as possible and that it would include an extensive consultation process with all those concerned. (Board Minutes 12th December 2006:BD/06-07/095)

The re-structuring proposals began with the aim of reducing the complexity of the existing college structure, developing a more efficient resource allocation model and delegating managerial responsibility from central college to smaller units. Initial discussions suggested that faculties and departments would be replaced by approximately 20 large schools, each with its own budget and administrative support. Although there was a considerable amount of consultation with departments and feedback on the plans was encouraged through an interactive website, there was a sense amongst staff that the rationale for the proposed changes had not been adequately explained. Concerns about representation and involvement in decision-making seemed to be at the core of much of the resistance that emerged. The final

structure is three faculties and 24 schools. The Faculty of Health Sciences has the smallest number of schools (4 in total), Medicine, Nursing and Midwifery, Dental, and Pharmacy and Pharmaceutical Sciences. The retention of a faculty structure (termed a "faculty-light" structure because the budgets are now held by individual schools) provided a compromise, as it was evident that not all heads of schools could be represented on the decision-making bodies in College. It is interesting that the college strategic plan makes explicit reference to the issue of transparent decision making also.

"By 2008, Yeats will have an efficient and transparent decision-making process at all levels in the College" (Yeats College Strategic Plan, 2003-2008:xviii)

In the College's most recent strategic plan (2009-2014) the Provost in his foreword makes reference to the considerable restructuring of academic units and resource allocation mechanism and asserts that "by all metrics, our plan has been successful in consolidating the university's position as a research-led university at the forefront of education and research both nationally and internationally" (2009:iii).

9.15 Summary

This chapter has traced a macro-level strategic episode occurring in parallel to the more micro-level strategy development at the faculty level. This episode is the attempt over several years to develop a partnership between the university and its two main teaching hospitals, St. John and Merrion. There are some parallels evident in the factors influencing strategy implementation at the macro vs micro levels. The influence of the leader is evident in the change of direction that the Burke Institute took from the term of office of Dean A (who was involved in the establishment of the Institute), to that of Dean C (who was Executive Director of the Burke Institute before becoming Dean of the Faculty of Health Sciences) and Dean D (who raised concerns about the governance of the Burke Institute and its role in developing and managing research initiatives). The different perspectives and leadership styles of these three leaders influenced the university's actions in relation to the Burke Institute. Dean A, by his own admission, had a positive relationship with the Provost, whereas Dean C was reported to have a poor relationship with college officers. It was during the term of Dean A that the governance arrangements for the Burke Institute were agreed

between the university and the hospitals and during the term of Dean C that the university first began to have concerns about the Burke Institute.

The competition between the two teaching hospitals was perceived as an impediment to strategy development in the faculty. This same competition seems to be contributing to the slow progress that is being made on the development of a partnership arrangement between the hospitals and the university. Having a dean who is also a member of staff in one of the hospitals seems to impact negatively on the level of engagement from the other hospital, both at the faculty level and at the university level.

The perceived dominance of the medical school over the other schools in the faculty is replicated at the macro-level in the perceived dominance of St. John's hospital over Merrion hospital. The university seems to be supporting this sub-unit dominance in agreeing that the dean of the faculty will also hold the position of Head of the YAMC, despite the strong feeling that the dean of the faculty needed to be a full-time position, and the perceptions that the Burke Institute should have had a chairperson who was independent of the three institutions.

The concerns about representation and trust that were a key feature of the establishment and functioning of committees in the faculty, are also replicated at the macro-level in the re-structuring of the university and the failure to replace faculties and departments with schools. Indeed the departmental structure remains in operation within the schools, and although the finances are held at school level, much of the decision-making still happens within departments.

Finally, the opposition to the Burke Institute seems to have arisen because of a) a failure to communicate widely the initial purpose and remit of the Burke; or b) a departure from its original remit which resulted in competition for research funds between it and the university or c) both. The objections that arose in relation to the re-structuring of the university seemed also to be fuelled by a perceived failure to communicate the rationale for the alternative structures.

The next chapter explores the emerging patterns from the strategic episodes (micro and macro), the practices and the practitioners and relates them to the relevant extant literature on organisations and strategy making.

CHAPTER TEN: Discussion.

10.1 Introduction

The objective of this research was to explore strategy making within a pluralistic organisation in order to better understand:

i) the factors or pressures that drive strategic planning processes;

ii) the facilitators and obstacles to the implementation of strategy.

This study has explored strategy development in one organisation utilising the strategy-as-practice framework of praxis, practices and practitioners. Chapter six takes a strategy review as an example of praxis or a strategic episode and explores staff perceptions before, during and after the review. The main objective here was to identify the perceived problems the faculty was facing at the time and the expectations of the strategy development day. The data allows a comparison of staff perceptions about the issues that needed to be addressed by the faculty and the priorities arising from the strategy development event. In addition data from interviews 10-months post the strategy review allows an exploration of what the strategy event achieved. One of the critical questions here is the value of the strategy development event from the perspective of staff. The findings provide support for the strategy review as a mechanism that can harness the views of staff in a fairly democratic manner and enable the issues that are concerning staff to shape change and development of the faculty. It is also a testament to the dean's listening skills, and his ability to translate what he had heard whilst meeting people, into a comprehensive guide for discussion. However, it falls short of providing a clear strategic direction for the faculty, and thus raises the question of how useful such deliberative strategic tools are in the context of pluralistic organisations.

A second level of analysis explores the factors, both external and internal that appeared to be driving the strategy. The cross-cutting themes of calls for clearer structures, more transparency and improved communication are indicative of the tendency to decide priorities and set agendas for the faculty behind closed doors.

A distinctive feature of the review was its focus on solving problems and addressing immediate threats. Although many staff identified strengths and opportunities for the faculty, very little of the discussion or recommendations seemed targeted to exploiting

these opportunities or developing new initiatives. This may be reflective of the sense of crisis. It is also possible that it is simply reflective of an organisation with strong concerns about transparency, communication and accountability.

Chapter seven explores the implementation of the strategy through everyday practices. The most pervasive practice in the organisation being studied is the committee meeting. Implementation almost always occurs through committees in this organisation, hence the decision to gather data on the workings of such committees. This chapter utilises the minutes of meetings from a sample of the committees established post the strategy and data from interviews with staff to explore the progress and impediments to progress that were encountered by these committees in implementing the strategy. The analysis of committees as a practice within this organisation has been useful in surfacing some of the key barriers to strategy implementation. The issues of trust and transparency and the need to address these concerns, whilst ensuring that committees are efficient, is a key theme that has emerged from this analysis. What is also evident is the enduring nature of the characteristics and behaviour of committees, even though some members are clearly aware of them and the constraints they place on progress and development. This again calls into question the contribution that these widely used mechanisms can make to the implementation of strategy.

Chapter eight focuses on the practitioners or strategy makers. Criticism has been directed at the s-a-p approach because most empirical studies in this tradition tend to focus on management teams or CEOs (McCabe, 2009). This study, by contrast, explores the perceptions of a range of actors involved in strategy making and these are at many levels of the hierarchy from the CEOs of associated teaching hospitals, to the deans of the faculty, to heads of department and staff from lecturer, senior lecturer, associate professor and professor grades.

The importance of the leader's role in formulating and implementing strategy is a key finding from this chapter. The dominance of one group of practitioners has focused strategy on particular priorities and impeded development in others. Rivalry or competition between two external entities (i.e. the two main teaching hospitals), influences the practitioners that have an attachment to these institutions, and this

effects their engagement in and contribution to practices. In addition, this chapter exposes the difficulties for implementing strategy in a pluralistic organisation. The nature of the tri-partite mission is that people have to make choices about the level of their contribution to each aspect of the mission.

Another criticism that has been levelled at strategy-as-practice researchers is their tendency to focus on the micro environment of organisations whilst ignoring the macro or broader sphere of influence (e.g. Whittington, 2006). Whittington's argument that an understanding of the broader context can help make intelligible some of the complexity uncovered in in-depth investigation of the micro prompted me to include the exploration of a more macro-level strategic episode that involved external stakeholders in order to give contextual meaning to the micro-level analysis. Chapter nine describes the development of a shared institute between the university and two major teaching hospitals, tracks the problems that arose for this entity and the subsequent efforts to develop a new kind of partnership. This is a strategic episode that is still in process, making it impossible to draw conclusions about the eventual outcome. However, some parallels are evident in the factors influencing strategy implementation at the macro vs. micro levels. The influence of the leader is evident in the change of direction that the Burke Institute took from the term of office of Dean A to that of Dean C and Dean D. The different perspectives and leadership styles of these three leaders influenced the university's actions in relation to the Burke Institute. The competition between the two teaching hospitals was perceived as an impediment to strategy development in the faculty. This same competition seems to be contributing to the slow progress that is being made on the development of a partnership arrangement between the hospitals and the university. The perceived dominance of the medical school over the other schools in the faculty is replicated at the macro-level in the perceived dominance of St. John's hospital over Merrion hospital. The concerns about representation and trust, that were a key feature of the establishment and functioning of committees in the faculty, are also replicated at the macro-level in the re-structuring of the university and the failure to replace faculties and departments with schools. In addition, the difficulties agreeing a governance structure for the YAMC also suggest concerns about trust and representation (although it was not possible to fully explore this within this study due to limited access to the interactions between the key actors in the process and the highly

sensitive (and therefore closed) nature of these discussions). This exploration of strategy at different levels of the organisation through the s-a-p lenses of praxis (strategic episodes), practices and practitioners has generated rich insights on the factors that influence strategy development as well as those that facilitate or hinder the implementation of strategy.

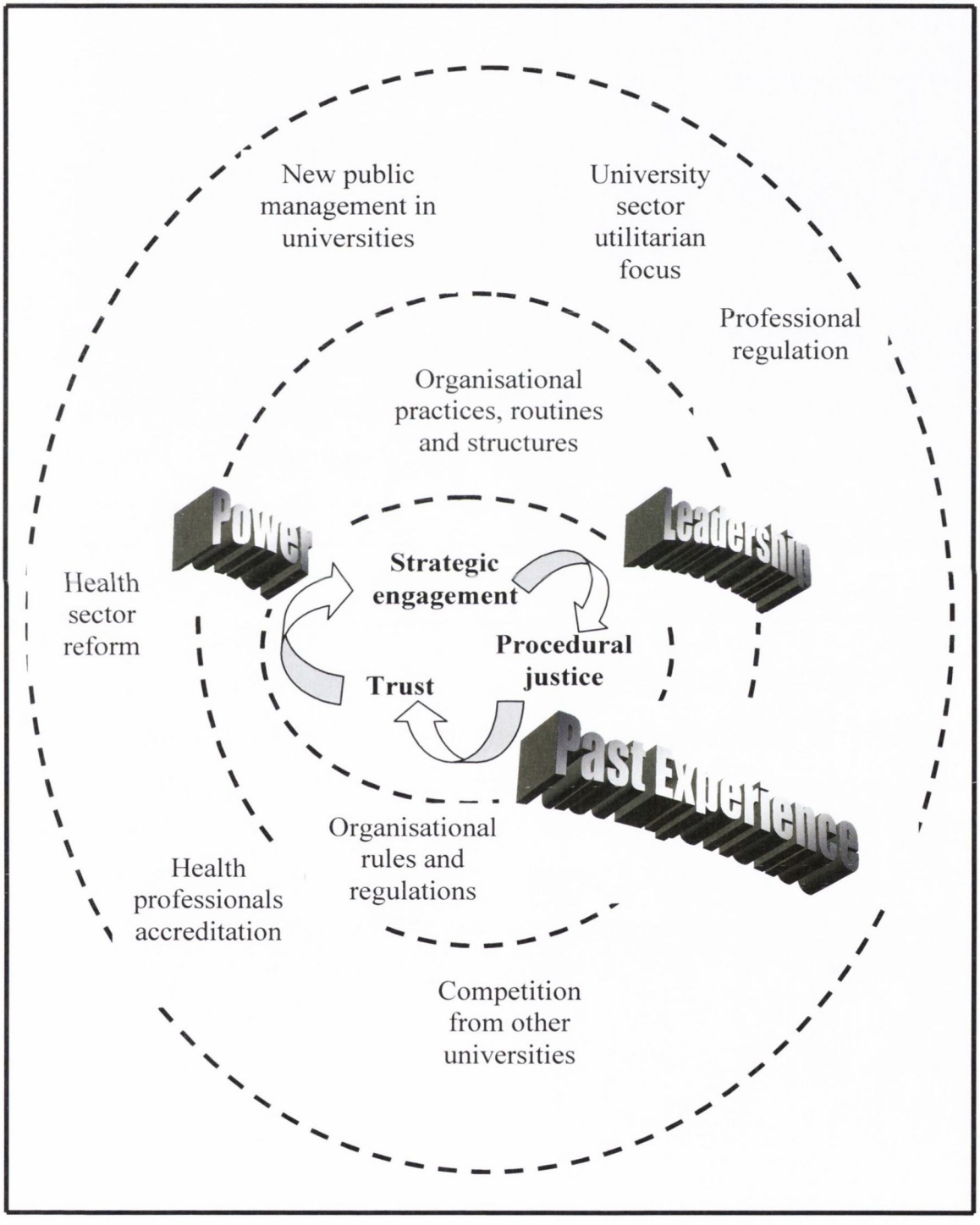

Figure 10.1 Macro and Micro-level Influences on Strategising

Figure 10.1 serves to integrate the key findings on strategy that emerge from this thesis. At the macro-level, the external environmental factors, such as the changing nature of universities in response to their perceived function within society, and the influence of new public management (university rankings, professionalized management etc.) drive the development of strategy. Additional external pressures faced by a health sciences faculty are the changes in the health sector (development of integrated academic medical centres), the competition between hospitals, and the regulation and accreditation of health professionals training. The pluralistic nature of universities makes it difficult to formulate and implement coherent, consensual strategies in this context.

An exploration of the practices and practitioners engaged in strategizing highlights some of the key influences at the more micro-level. The role of the leader is critical and regular changes of leadership pose particular problems (past experience of poor leadership being a pertinent influence within this study). This study suggests that the leader is both a macro and a micro-level influence, as the leader serves as a bridge between the external and the internal and between the organisation and the individual. The influence of sub-unit power, manifested here in the dominance of the medical school over other schools in the faculty, is a particularly powerful force that shapes strategy itself, but also influences the degree to which, and the way in which, other players are willing to engage in strategising. This power also impacts on the routinized organisational practices or deliberative strategic tools (e.g. committees) that serve as the main vehicle for strategy implementation. The ability of organisational routines to re-configure strategic decisions about structure is evident within the faculty, but also at the level of the university (the retention of faculties and departments, although with reduced influence).

Moving from the level of the group or sub-unit to explore the influences on the individual engaging in strategic activity, we see the influence of power and leadership style on trust and engagement in strategising activities. Power and sub-unit dominance engenders feelings of injustice. Procedural justice is explored as a concept which builds trust. Its absence helps to explain concerns about representation and involvement in decision making that reverberate through the organisation from

concerns about balanced membership of committees, to concerns about governance structures that retain individual organisations' identities, yet allow for mutual exploitation of the benefits of a partnership.

This thesis also makes methodological contributions to strategy research. The simultaneous study of macro and micro-levels has enabled patterns in strategising to emerge from this organisation that would not have been visible within a more confined study. The decision to study strategic episodes at the two levels has been particularly fruitful in this regard. Including strategic episodes, practices and practitioners within the same study, although perhaps limiting the depth of the study, has added a richness of understanding that grounds the strategic episode within the overall direction of the organisation. At the same time it has served to highlight some of the limitations of relying on strategic episodes as the primary mechanisms for formulating and implementing strategy in an organisation of this nature i.e. one with a plurality of missions. Finally, the s-a-p approach in this study has clearly highlighted the futility of studying strategy formulation and strategy implementation as two separate processes. This separation has contributed to organisational strategy scholars and organisational change scholars working in isolation from each other (with few exceptions), something which has hampered progress in our understanding of organisations over the past decade.

The understanding I have gained from this study, coupled with my prior practical and academic experience of organisational change, leads me to believe that the research questions this study set out to answer cannot be considered as two separate questions. The nature of these questions is to separate planning (or formulation) from implementation. Rather than address these questions directly, I will take a more constructive approach to discussing the findings from this study. This chapter will instead explore macro-level and micro-level influences on strategising and identify organisational patterns in strategising activity, taking into account the pluralistic nature of this organisation. It will discuss the contribution of the exploratory case study and the s-a-p approach to the methodological literature on the study of strategy. It will then discuss the implications of the findings for health sciences faculties and medical schools attempting to develop integrated partnerships with the institutions contributing to their tri-partite mission. The chapter will conclude with an exposition

of the limitations of the study and an exploration of further possible avenues of research.

10.2 Pluralistic Organisations and Consensus on Strategy

The tri-partite mission of the faculty defines it as a pluralistic organisation. Denis et al. (1995) observed that when strategic planning was adopted by pluralistic organisations such as hospitals they experienced great difficulty arriving at a coherent set of plans, instead tending towards the production of long lists of disconnected vague developmental recommendations that invariably did not provide sufficient guidance on what actions the hospital should prioritise. The survey of staff in this study, seeking to identify the major issues the faculty ought to address, produced a list that should have been similar to the focus of the strategy review, as the framework for this was developed from the dean's meetings with individuals and departments prior to taking up office (i.e. in the couple of months preceding his appointment). Whilst there were areas of overlap such as curriculum reform, reform of the governance/management/administrative and support and development of staff there were issues raised by staff that were not discussed in the review, for example the development of a teaching strategy. The issue of the relationship between the university and its teaching hospitals was not mentioned by many staff. Also only about one-fifth of staff referred to financial pressures as a major issue facing the faculty at that time. The strategy development initiative in this case study was framed within what were perceived as the critical areas where action needed to be taken, but even confining the discussion and workshop deliberations to these areas produced lists of actions within each of the critical areas as highlighted in chapter six. The linking of these actions to a clear and coherent direction is something that might ordinarily be expected to emerge as part of the strategy making process.

There are several possible reasons why this convergence of strategy may be more difficult in a pluralistic organization. One explanation may be found in the diverse expectations of staff about what the strategy review could be expected to achieve. A somewhat surprising finding was that only two of the interviewees mentioned the two-day review as having a role in determining strategic direction or strategic intent for the faculty. The majority perceived the review as having made a positive contribution to improving the morale of staff and improving "tone, climate and

atmosphere." Others described it as an opportunity for people to meet and as creating a "feel good factor" or creating a new openness.

It is interesting that the strategy review was perceived as an opportunity for sharing and interaction with colleagues, rather than a vehicle for producing a strategic plan. According to several studies, strategy tools tend to be under-valued and under-utilized by business practitioners (Miller and Ireland, 2005; Nutt, 2002; Styhre, 2002; Moisander and Stenfors, 2009). Moisander and Stenfors argue that this may be explained in the difference between the epistemic cultures of strategy scholars and practitioners. They describe the culture of strategy scholars as "modernist" in agreement with McKiernan and Carter (2004) who describe this modernist culture as valuing "scientific detachment over practical engagement, the general over the contextual, and the quantitative over the qualitative" (McKiernan and Carter, 2004: 62). The culture of practitioners, set within contemporary flat, networked and team-based organisations, is characterised by practical engagement and consensus-building dialogue. Such organisations, often referred to as post-bureaucratic organisations (PBOs) (Garsten and Grey, 1997:213-214; Grey and Garsten, 2001:230; Moisander and Stenfors, 2009:229) are characterised by an "emphasis on flexibility, participative management style and consensus building dialogue rather than rule-following" (Moisander and Stenfors, 2009:229). These differences in culture, it has been argued, may lead to management scholars producing knowledge and strategy tools that lack practical relevance for strategy practitioners (McKiernan and Carter, 2004; Whittington, 2004; Moisander and Stenfors, 2009) and have led to calls for a better alignment of theory with management practice (Aram and Salipante, 2003: Gopinath and Hoffman, 1995; Pettigrew, 2001; Powell, 2001).

Lozeau et al. (2002) are critical of "rationalistic tools designed for a market-dominated environment … being applied in pluralistic organizations where market forces are diffuse and institutional forces (government bodies, etc.) are crucial" (2002:544). They argue that the underlying assumptions or theoretical patterns, (derived from the literature on the strategy technique), can be compared with the existing pattern of roles and power distributions in a given domain (derived from the literature and empirical studies). The difference between the two they label a 'compatibility gap'. They describe four modes of handling this gap: i) the technique

may transform the organisation so that its functioning fits the theory behind the technique ('*transformation*'). Here, the gap is closed by the organisation moving towards the technique – a large gap requiring a radical organisational change; ii) the technique may be adapted to make it more compatible with the organisation without destroying its aims (this is called '*customization*' - closing the gap by adapting the technique *and* adjusting the organisation; iii) the technique may be adopted superficially, retaining only a ritual function as described by Meyer and Rowan (1977). This they term '*loose-coupling*' because - representing maintenance and tolerance of a gap; iv) the technique may be captured and used to reproduce existing roles and power structures - '*co-optation*' or the more provocative term they use is 'corruption'. Here the gap is closed by bringing the technique closer to the organisational pattern (2002:539-540).

Perceptions of the limited contribution of the strategy review to setting the direction or strategy for the faculty would suggest that strategic planning as a technique has only been superficially adopted and there is only a loose coupling in evidence. Priorities and decisions are still perceived as the preserve of the dean and a small number of advisors. The reproduction of existing roles and power structures described by Lozeau et al. as co-optation is evident in the new committees and the leadership roles of the medical school staff in all of these committees. In addition the communication on the proposed name change of the School of Medicine and the decision to adopt the title "School of Medicine" despite the majority voting for the "School of Medicine and Health Sciences" is further evidence of this co-optation. Langley (1986) exploring the roles of planning and analysis in three organisations concluded that planning serves three purposes: i) public relations; ii) informational or analysis "self-knowledge and input for strategic visions" (1986:298); and iii) "group therapy: consensus building, communication and legitimization of strategic vision" (1986:300). She also concluded from her study that the hospital plans in particular "did not provide a very clear guide for future action" (1986:301). The output from the strategy review in this study could be more accurately described as a collection of diverse priorities rather than a coherent plan or guide for the future something that is consistent with Denis et al.'s (1995) reference to the disconnected vague developmental plans that often emerge from hospital's attempts at strategic planning. It would seem therefore that for universities and hospitals, as pluralistic organisations,

rationalistic or deliberative strategic tools are of limited value in producing coherent strategy.

The themes emerging from the second-order analysis of the strategy review (outlined in figure 6.3, chapter 6) show a clear focus on process rather than content e.g. transparency, communication, clearer management structures. It may be that participants' priority was on improving the process for decision-making and priority-setting and that in the absence of good processes they may have felt less inclined to decide on the more strategic issues in the discussion document. Lozeau et al. argue that formal techniques based on purely procedural change (such as strategic planning) "appear modest in their capacity to redistribute power and alter patterns of interests, and are thus particularly prone to 'corruption'. Yet they may still pave the way for deeper change as people participate in them, and become increasingly socialized to the values they represent" (Oakes et al., 1998 cited in Lozeau et al, 2002:559). The focus of participants in this case study on improving the processes of communication, decision making and prioritisation could be evidence for the beginning of such a process.

An additional obstacle to the development of strategy in this context may have been the participants' unfamiliarity with strategic planning as a process. Given that the university as a whole was just embarking on the development of its first strategic plan, and apart from an "away-day" for a small group of senior academics in the faculty at the beginning of the last deanship, the participants in this study had little or no exposure to strategic planning. This was evident in the number of times during interviews I was asked to clarify questions and phrases such as "forces/pressures influencing change" and "competition between universities". For several interviewees, it seemed as if these were concepts they had not previously thought about. Moisander and Stenfors posit that because post bureaucratic organisations are characterised by the production of knowledge that is largely based on consensus building, and there is a strong interdependence among different organisational actors and outside stakeholders, there is a need for "tools that support organisational learning in multiple contexts and that foster dialogue and trust in the collective processes through which knowledge is produced and decisions are made in the organisation" (2009:229).

A second possible explanation for the difficulty in reaching a convergence of strategy is that the emergence of a common strategy or vision may only be possible where there is a sense of shared identity. The purpose of the workshop was to develop a strategy for the faculty, yet many staff identified with their department or the hospital they are attached to and expressed having no sense of identity with the faculty. In chapter six sections 6.1.1 and 6.1.2 we saw marked differences in staff's rating of the faculty (3.86) as compared to their department (6.66) or hospital (6.13) in facilitating them to achieve their aspirations at work. Given that the faculty plays such a minor role it is then hardly surprising that staff reported much lesser contributions (in terms of their time and involvement) to the faculty (4.9) as compared to their department (7.3) or their hospital (7.2).

This influence of identity on strategy in pluralistic organisations is also evidenced in the difficulties encountered in the development of a partnership or academic medical centre as discussed in chapter nine. The concerns raised about the Burke Institute related to the College possibly contributing more and benefiting less from the collaboration. The concerns raised by the dean about the conflict of interest for a College officer as a Burke board member, being expected to represent the interests of college whilst simultaneously agreeing strategies to develop Burke provides an insight into the problem of shared identity. This concern seems to have continued into the broader discussions about partnership with the key actors identifying strongly with their employer organisation and being reluctant to enter into a governance structure that might benefit the other partners more. This may well be a common problem in the development of academic medical centres. For example, Denis et al. (2000) in their paper on leadership in complex organisations provide evidence for similar behaviour by a large hospital in Quebec when considering a merger with a university. "The hospital's position, approved by the Medical Council and the Board, was to accept the merger only if all activities were merged on a single site – theirs. The CEO (of the hospital) vigorously and effectively defended this position with the university, with the government and in the media and continued to gain the confidence of physicians" (2000:1078). Although, the strategic episode describing the development of a partnership between Yeats university and its two main teaching hospitals has not yet reached a conclusion, it is clear from chapter nine of this study that the original

vision of a fully integrated structure will not be realised. Instead the model is likely to be a delegated authority model (Board Minutes 14th October 2009:BD/09-10/028; Board Minutes 14th December 2004: BD/04-05/118).

10.3 Macro-level Influences on Strategising

10.3.1 External environmental pressures

Interestingly, the interview data collected one year after the retreat identified the key pressures for change as coming from the external environment, the most frequently mentioned being the negative report received from the medical accreditation body the previous year and the financial pressures imposed by recent government cuts in third–level funding. The report of the medical accreditation body was perceived by many as a real and immediate threat to survival. Financial pressures were also identified by many of the interviewees as a factor that influenced reforms. The financial pressures were more severe on the health sciences faculty than on other faculties, because it has a heavy reliance for teaching inputs from unpaid clinical staff in its two teaching hospitals. As the health service was also experiencing staff shortages and demands for higher productivity, these placed constraints on the amount of time clinical staff could devote to teaching activities. Because both the funding arrangements and the teaching commitment are very informal between the faculty and the hospitals, the faculty is vulnerable to financial cuts in both the education and health sectors. Jarzabkowski and Fenton (2006:632) identify two distinct sources of pluralism in pluralistic organisations *externally-motivated pluralism* where the organisation produced multiple strategies in response to multiple, shifting and often conflicting environmental demands and *internally-motivated pluralism* which emerges from multiple and often diverse internal interests manifesting in multiple organisational processes. They argue that the interdependence between these two sources of pluralism creates tensions. This is evident to some extent in this study, where the external pressures from the Medical Council to meet standards for continued accreditation of the medical degree are in conflict with the internal clinical demands of the hospitals and the budgetary constraints that do not allow sufficient time to clinical staff to fulfill their teaching responsibilities.

The changes taking place in the sector were also playing a significant role in shaping the faculty strategy, although the faculty staff seemed less aware of these. The dean's understanding of the financial pressures on the university and the government's expectation of substantial reform in university structures certainly influenced his focus of attention during the strategy development process. The debate on the universities role as contributing to cultural heritage and knowledge for knowledge sake versus the more utilitarian service-oriented view of universities (Braun and Merrien, 1999) is also influencing the strategic development of the faculty. Again, though this has not been articulated in these words, the importance of the tri-partite mission and the recognition of the role of the teaching hospitals in preparing health professionals for their roles in the delivery of healthcare is evidence of the utilitarian service-oriented approach to education. This has undoubtedly been a driver in the development of the Burke Institute and (despite the problems that arose because of this Institute) the continuing quest to find a partnership model that supports the tri-partite mission of teaching, research and service delivery.

Although, this study did not collect data on the factors driving the macro-level strategic partnership initiative, it seems clear from the documentary analysis that this is being driven by a desire to be perceived as being on par with American and British institutions and the desire to be leading such a development in Ireland. At a Board meeting in October 2009, the competition from other recently-established AMCs was noted, reflecting recognition of another AMC having been established in the same city as this university.

10.3.2 Internal organisational influences

The bureaucratic nature of administrative processes, particularly approval for courses, new posts etc. was considered by many to be a significant barrier to implementing strategy. The phrase "it possibly wears you down" is a critical one in a quote from one interviewee, as it suggests that it is the impact of the bureaucracy on future action (and therefore strategising) that is the real obstacle to organisational development. The perception that one's efforts have been in vain, because the desired strategic action has become obsolete by the time it is approved, suggests that the issue here is the value placed on the individual's effort. For some, the solution to this bureaucracy was the Burke Institute. Those who were supporters of Burke valued its role in

reducing bureaucracy. Some would claim that it was the ease with which Burke seemed able to manage research funds that contributed to its success in attracting such funds. However, this apparent lack of bureaucracy was interpreted by some actors in college as a high risk environment that called for tighter controls. Tight controls are often interpreted as a lack of trust, something which I will return to later in this chapter.

Internal pressures for change were perceived as primarily arising from leadership "dean stimulates us to think about change" and there was the view that there was "little enthusiasm for change before current deanship". Additionally there is a widely held perception that there is a qualitative difference about the current dean as illustrated by descriptive comments such as "dean's vision for modernization" "Leader's respect for people" and comparisons with previous deans "previous dean had own agenda. He was not available, "he didn't listen" and "previous deans were benevolent towards the dental school but had no desire to change it".

Comments about the previous dean and his style of leadership are evidence of how the leader can, not only be a pressure or positive force for change, but also has the potential to be a barrier or obstacle to change. The closed communication style of the previous dean that is referred to by many participants in this study seemed to have inhibited their active participation in the development of the faculty.

The important role of the leader in changing the direction of an organisation is something that is also evident in the evolving role of the Burke Institute. The marked departure from its initial role can be at least partly explained by the leadership changes. Certainly the development of research institutes aligned to the Burke only began when a former senior civil servant took over the role of Executive Director. Prior to his tenure the role was much more about supporting teaching developments and administering research grants on behalf of staff who held both academic and hospital appointments. A problem discovered by Denis et al. (1996, 2001) in their studies of healthcare settings is the fragile nature of novel strategic plans in a context where leadership is shared. They noted that in these contexts change moved forward in discontinuous leaps, as the leaders' attempts to implement strategic visions often stimulated resistance, leading to leadership turnover and setbacks in implementation.

In the university context where leadership roles usually have short-term cycles of 3-5 years similar problems arise in terms of starting, stopping and direction changes in strategy formulation and implementation.

Another significant internal pressure was perceived to be the changing nature of the student body, with a considerable increase in non-EU students and particularly American students, who are perceived to be more demanding in terms of standards. These pressures seemed to be very much dictating the strategic intent of the faculty. This is evidenced by the titles and tasks of the many committees that were established. For example, the Curriculum Committee was established to reform the medical curriculum. Two committees namely the Financial Control and Procurement (Ways and Means) Committee and the Resources Committee were dealing with the sourcing and allocation of financial resources. The Staff Development, Promotions and Chair Strategy Committee was established to address the issue of rewards and promotion for clinical teaching staff amongst other issues. Two hospital campus committees were established to address concerns regarding teaching and teaching facilities on the hospital sites. The various organizing practices e.g. committees, research institutes, Burke Institute are aimed at coping with the pressures and, according to Jarzabkowski and Fenton, are typical in pluralistic organisations. "Pluralistic organizing tensions are typical in public sector and not-for-profit organisations, such as universities, hospitals and local government authorities, which develop different bureaucratic organizing practices and processes to cater to the interests of autonomous knowledge workers and cope with their administrative pressures" (2006:632).

10.3.3 Future Capacity for change

The concern over capacity and commitment to deliver on change into the future was raised by several of the interviewees. Progress in reforming the faculty was attributed primarily to the dean as leader. Almost all interviewees commented on his leadership style, drive and commitment as well as his vision for change. Another distinguishing factor related to this particular deanship that was perceived as positive and facilitative of reform was that he is the first full-time dean that the faculty has had. Previous deans would have continued their normal academic and clinical duties while also

serving their term as dean. Many mentioned this as a very important contributing factor towards the progress that had been made during the previous year.

The dean's background in education and curriculum development was perceived as a positive influence. The fact that he had not previously been affiliated with either of the two main teaching hospitals also shaped perceptions of his ability to bring about change. The fact that this particular dean was not a medical person and would therefore have had no previous attachment to either of the two major teaching hospitals associated with the faculty was considered an important factor in his success. The implication is that previous deans would have strongly supported their own hospital over the other hospital. There is a strongly held perception in the faculty that one hospital is dominant and receives more favourable attention from the faculty. An associated theme that was raised as a concern by many of the interviewees is one of succession i.e. who would succeed the dean and would they share the same vision for the faculty and continue to work on the priorities identified in this deanship. This is particularly pertinent for any change process within the faculty, as the dean's term of office is normally three years, and there was widespread recognition that many of the proposed changes were going to take much longer to implement.

10.4 Micro-level Influences on Strategising

Micro-level influences impact at the intra-organisational or inter-individual (group) and the intra-individual level. Although for representational purposes, figure 10.1 presents these within two concentric circles, with the macro-level influences as an outer circle, in reality these circles have permeable boundaries. Influences, whether macro or micro, impact on the individual, the group or organisation and the industry or sector. Rather than attempting to delineate influences within the inner circles as meso and micro, the contributions of this study can be better illustrated by considering the core intra-individual concepts of power, trust and procedural justice and exploring how these manifest themselves as micro-level influences on strategising. These concepts have emerged from the patterns of activity and interaction at the different levels of this study. They were not explored in the literature review, as the study did not set out to explore strategy through the particular lens of power and politics or through the concepts of justice or trust. Instead the study's focus was on gathering evidence from several sources within the case study in an attempt to identify what

might be the salient patterns and influences on strategising in this pluralistic organisation. In order to fully understand these emerging concepts, it was considered necessary to frame them within the appropriate literature.

10.5 The Role of Power in Strategy

10.5.1 Political influences and power dimensions

Research on strategy has embraced the notion that strategy making is more likely to be political than rational. Internal political influences on strategy work by virtue of power imbalances in the organisation. Indeed Knights and Morgan argue that "the discourse and practice of strategy is distinctively a mechanism of power" (1990:476). The obvious power of the dean in engaging people in the strategy review, and the power and dominance of the medical school within the faculty are indications that a closer examination of power is critical to the understanding of strategy development and implementation in this case study.

Power has been defined and classified along several dimensions. One such dimension is power *possession/ability* versus power use. Some authors suggest that power lies in the potential, and others suggest that power is only present in its use (Brass and Burkhardt, 1993). This separation or distinction between potential and use has been criticised by others who believe that the two components cannot be separated.
Some writers define power by its sources. Legitimate power or position power is perceived as coming from one's position in the organisational hierarchy.
Resource power comes from access to and control over critical resources, such as information, equipment, decision premises, or monetary rewards (Burt, 1992; Mechanic, 1962; Salancik and Pfeffer, 1977). Network power comes from alliances with prominent colleagues (Kilduff and Krackhardt, 1994; Mechanic, 1962); and personal power comes from the possession of personal characteristics that others admire and respect (Blau and Scott, 1962; Driskell, 1982; Homans, 1950). "The more that individuals control resources, form important alliances, and possess admired qualities, the more their co-workers defer to their ideas and directives". (Anderson et al. 2008: 702)

10.5.2 Macro and micro-level understandings of power

A common criticism of research on power is the split between the macro and the

micro or the structural and the behavioural aspects of power. "Although most conceptual treatments of power acknowledge both the macro-structural and micro-behavioral approaches, empirical research has tended to focus on one or the other approach. Structure or behavior is investigated as if it were unaffected by or unrelated to the other" (Brass and Burkhardt, 1993). Research adopting a structural perspective in the 1970s and early 1980s had been macro, primarily conducted at the organisational and sub-unit levels of analysis (e.g., Boje and Whetten, 1981; Hinings. et al., 1974; Salancik and Pfeffer, 1974). In the 1980s and 1990s this shifted and social network researchers applied the structural focus at the interpersonal or behavioural level of analysis (Brass, 1984, 1992; Burkhardt and Brass, 1990; Fombrun, 1983; Krackhardt, 1990; Tushman and Romanelli, 1983). This study because it explores strategy development at both macro and micro levels provides insights on the interplay between power and strategy formulation and implementation as it relates to structure and individual behaviour. The dominance or power of the School of Medicine over the other departments evident in the findings of this study provides insights into how structure influences strategy. For example the concern that attendance might reduce because the committee agendas are dominated by issues that are of concern to the medical school.

Hickson et al's (1971) strategic contingencies theory is built upon and applied to an understanding of how the power of departments in functionally differentiated organisations affects the strategy formulation and implementation process. Provan (1989) argues that because most people engaged in strategy making are at similar levels of the organisation and have similar levels of expertise, that strategy is less likely to be influenced by individual differences at this level, but is more likely influenced by the needs and desires of internal groups or coalitions that are seen as being critical to the success of the organisation as a whole. He argues that because departments can control considerable resources and critical knowledge, they are a major source of power within an organisation. Provan defines this type of power as the ability of a department to influence the formulation and implementation of strategic-level decisions in a way that is supportive of its needs and perspectives.

The interview data, collected one year after the review, identified the key pressures for change as coming from the external environment, the most frequently mentioned

being the negative report received from the medical accreditation body the previous year. In addition chapter three identifies the influence of the medical school on the strategy and organisational development and particular reference is made to how this dominance or power of the medical school over other schools leads to conservatism.

10.5.3 Sub-units and power

There is clearly a perception of a power imbalance between the School of Medicine and the other schools and departments in the faculty. The literature on sub-units and power provides some insights into this imbalance. Perrow (1970) suggested that not all organisational sub-units are equally influential within the organisation. The question that arises is why some organisational sub-units become more powerful than others. Salancik and Pfeffer (1974) considered sub-unit representation on important university committees as an indicator of sub-unit power in their study during the period 1958-1970 on the bases and use of power in decisions concerning resource allocations in a large American university. The focus of their study was on sub-unit horizontal power differences, the factors which lead to those differences, and on the conditions under which power is used to affect the resource allocation process. Horizontal power is the use of influence among co-acting peers to obtain benefits for themselves. It is an important mechanism used within and between organisations in allocating resources. Cyert and March (1963) noted functions are allocated in organisations and this allocation contains information about the relative importance and power of various persons and functions. Salancik and Pfeffer (1974) argued that because some of the committees had actual impact on resource allocation within the university, membership on the committee would provide the sub-unit with some power. Thus, they argue that committee membership may be "both a source of power or an outcropping indicating the relative influence of organisational sub-units or some combination thereof" (1974:456). Salancik and Pfeffer conclude from their study that as sub-unit power accrues to those departments who are most instrumental in bringing in or providing resources that are highly valued by the organisation, and this power enables such sub-units to obtain more of those scarce resources that are allocated within the university, "power derived from acquiring resources is used to obtain more resources, which in turn can be employed to produce more power—the rich get richer" (1974:470).

There is evidence of a recognition of the power the medical school has by virtue of its ability to accrue research funding. Throughout the data the dean makes several references to the "heavyweights" describing medical consultants who have been successful in attracting large research grants. The DMMC (a successful research institute) is also referred to in much of the documentation, usually with the implicit suggestion that this is something to be emulated. Lozeau et al., in describing physicians' or medical consultants' influence on the strategy of a hospital, describe them as follows:

"At the strategic level, their knowledge of developments in their field, their role as key resources and their autonomy make them important players. Their cumulated operating decisions have a direct impact on the organisation's activity profile. Moreover, their advocacy of new clinical developments and their political skill in obtaining support for them, are key determinants of strategic choices" (2002: 545).

Further evidence of the relationship between possession of or ability to acquire valued resources and power is provided in the faculty's and university's reaction to the Burke Institute following an articulation by the dean that this Institute may be competing for research funding and undermining the university by establishing its own research institutes.

McCabe (2009) is critical of the s-a-p and what he terms the "power school" of strategy (Mintzberg, Pettigrew, Pfeffer) because of their treatment of power and their failure (with the exception of Laine and Vaara, 2007) to "convey the sense in which strategy is located within and serves to reproduce unequal relations" (2009:3). He argues that both approaches tend to treat power as a possession of management and although some recent studies have questioned top down power due to the mediation and sense-making of middle-managers (Balogun and Johnson, 2004; Maitlis and Lawrence, 2003; Vaara et al, 2004), power is still understood by s-a-p researchers as being "possessed by the actors (managers) involved" (Maitlis and Lawrence, 2003:132). He goes further in his claim that "strategy is a manifestation of the managerial claim to power" (2009:22) and accuses the s-a-p and power school approach of reinforcing this endeavour "without reflecting on, or articulating, how strategies reproduce extant power relations, inequality, insecurity and suffering" (1009: 22).

10.5.3.1 Sub-unit power as a mechanism of control

Although the faculty is now named the Faculty of Health Sciences (since 1996) and the School of Medicine is one of four schools within the faculty, there is still the tendency to speak about the faculty and the School of Medicine as if they are one and the same. References to everything moving in the wake of the School of Medicine and the value system being dictated by it further supports this perception of control. Although the tendency for medical school issues to dominate the agenda at many faculty meetings is widely acknowledged and there are some who are clearly very frustrated by this there is also a strong degree of acceptance of the situation. Whittington points out the potential for actors to become creative agents, "they are potentially reflexive enough and their social systems open and plural enough, to free their activity from the mindless reproduction of initial conditions" (2006: 615). However, according to Brass, "while personal attributes and strategies may have an important effect on power acquisition, structure imposes the ultimate constraints on the individual" (1984: 518). Both the management team and the various committees within the faculty are dominated by staff from the School of Medicine. There is an awareness and tolerance of this and it allows issues of concern to the medical school to dominate the agenda. This provides evidence of the structure imposing constraints on staff and inhibiting them voicing their concerns about this. Clegg (1975) suggests, power is inscribed in the "rules of the game" and the rules embody definitions of who has legitimate authority and what issues are seen as open to negotiation and contested meanings. Bradshaw (1998) develops this argument to suggest that at the level of deep structures of power certain issues and conflicts are prevented from arising at all and the existing order of things is seen as natural and unchangeable. The assertion by one interviewee that "the school more of less runs the faculty and runs it for itself" and the acceptance that this "will ever be part of our problem" is evidence of the perceived permanence of the situation. Foucault (1977) suggests that the disciplinary mechanisms of dominant groups and the very apparatuses of surveillance, examination, and normalization operate on us so subtly that we do not realize that we have internalized them into a type of panoptic consciousness thus rendering the actual mechanisms of control unnecessary. For Foucault this aspect of disciplinary power becomes "embodied".

Enz says that departments that view themselves as similar to top management on organisational values will operate as if they are powerful. "Believing themselves to be value-congruent with top management may lead department members to feel they have a right to guide or control those who do not have the "correct" view of what is desirable for the organisation. An arrogance of beliefs coupled with security in one's position with top management may drive members of the department to believe their department deserves influence over other departments. Over time, this belief becomes institutionalized and other departments accept it as a given" (1988:288). Denis et al., in describing this phenomenon in a hospital context, state that "the organization's dominant *interpretive scheme* can be seen as a web of interrelated beliefs" (2000:1073) which support the structures and roles already in place. Interestingly there are direct parallels in the language used to support this dominant interpretive schema in the hospital he describes and the case in this study. The hospital in Quebec is referred to as a "flagship" by internal actors. The same term is used by faculty staff in describing the School of Medicine as the "flagship" of the faculty. The medical staff in Quebec hospital are referred to as "stars" or "prima-donnas", whereas in this faculty they are referred to as "heavyweights". Denis et al, also refer to the "exceptional power and influence of the medical staff"(2000:1073).

10.5.3.2 The functionality of sub-unit power in the external environment

Earlier research poses the question as to the extent to which sub-unit power is based on dimensions that are important to groups or organisations outside of the organisation as well, such as legislators or alumni, or other organisations or groups in the organisation-set (Evan, 1966). Critical organisational contingencies can arise either within the organisation (Crozier, 1964) or from its environment. Salancik and Pfeffer (1974) point out that one persistent and critical area of organisational uncertainty for universities, and for other organisations as well, is the provision of resources required for continued operations. Organisations as open social systems depend on a cycle of resource acquisition for their survival. Salancik and Pfeffer argue that it is quite possible that in some universities, and in general in any organisation that may have been buffered or isolated from the environment, those contingencies or resources that come to be defined within the organisation as strategic or important may not be so perceived outside of the organisation. They hypothesize

that organisations will be successful only to the extent that the bases for sub-unit power within the organisation are functional (i.e. critical to the organisation's ability to obtain resources) from the point of view of the organisation's dealings with its environment. Because of the pluralistic nature of universities the functionality issue is more complex. In the case of the Faculty of Health Sciences, its tripartite mission means that external stakeholders will make different demands on functionality depending on which aspect of the tri-partite mission they relate to. The research element of the mission is important to the university as it is closely tied to the university strategy of increasing research-income and it is important to the government's strategy to develop science and technology research in an attempt to attract pharmaceutical and technology multinationals to locate their operations in the country. The fact that the School of Medicine is performing well within this sphere maintains its sub-unit power within the university. The Medical Council has the primary concern of ensuring medical students are adequately prepared to work as doctors i.e. the teaching mission. The School of Medicine is performing poorly and has urgent needs for curriculum reform. Interestingly, this does not decrease its sub-unit power. This critical weakness is communicated as a threat to the survival of the faculty and as such it gives the school the power to have this issue dominate the strategy agenda. Therefore negative functionality in this case is being successfully utilised to focus the strategy and power within the School of Medicine and obtain more resources to address this critical weakness.

However, it is possible that an organisation, blinded by its dominant interpretive schema could find itself in the situation of a misalignment of external functionality and internal sub-unit power. Should such a misalignment continue long-term it could be detrimental to the survival of the organisation.

10.5.3 The influence of individual's power on strategy

In organisations, the ability to influence others is critical to the development and implementation of strategy. Initiating change, obtaining assistance, and implementing new ideas all require the capacity to influence, direct, or modify others' behaviour (Kanter, 1977; Kipnis and Schmidt, 1988; Mowday, 1978; Yukl and Falbe, 1990; Anderson et al. 2008). Many staff who took part in this research attributed a considerable degree of power to the dean in terms of his ability to motivate, gain

commitment and bring about change using his influence and charisma. How leaders exercise power is an important element in understanding strategy formulation and development. Influence is the ability to change the actions of others in some intended fashion (Dahl, 1957; Mowday, 1978; Thibault and Kelley, 1959). Consistent with prior theories, Anderson et al. (2008) argue that influence in organisations stems primarily from two sources: power and the skilful use of influence tactics (e.g., Mintzberg, 1983; Mowday, 1978; Yukl, 1994).

10.5.4.1 Power wielding behavioural tactics

Kipnis et al. (1980) in an effort to classify the behavioural tactics used by individuals to exercise power developed a comprehensive approach that groups tactics into six categories: assertiveness, ingratiation, rationality, exchange, upward appeal and coalition formation. Assertiveness includes such influence tactics as demanding compliance, ordering, and setting deadlines, as well as nagging and expressing anger. Ingratiation is characterised by praising, politely asking, acting humble, making the other person feel important and acting friendly. The theoretical rationale for the effectiveness of these two tactics is reinforcement theory or operant conditioning (Thompson and Luthans, 1983). The rationality tactic manifests in the use of reason, logic, and compromise in attempting to influence others. As Pfeffer noted (1981:194), the use of rationality is almost a religion in formal organisations. Brass and Burkhardt (1993) assert that there is a widely shared belief in the efficacy of rational analysis, planning, and decision making, and that although the language of rationality can be used to justify otherwise political decisions, rationality is a highly valued and socially acceptable means of influencing others. The exchange category refers to such behaviour as offering to help others in exchange for reciprocal favours. Its theoretical rationale can be found in exchange theory (Emerson, 1962), which relies heavily on reinforcement and expectancy theories. Upward appeal is the use of behavioural attempts to gain support from superiors in an organisation. Coalition formation refers to attempts to build alliances with others (Kipnis et al., 1980). Both coalition formation and upward appeal imply that their user's formal power or personal resources are low, so that combining resources with others or appealing to those with formal power is necessary (Brass and Burkhardt, 1993).

In this study, interviews with the dean and data from interviews and committee

meetings suggest that the main influence tactics the dean uses are rationality, ingratiation and upward appeal and coalition formation. The rationality tactic is evident in the argument he puts forward for reviewing the faculty governance and structure.

"The faculty structure is complex. This has created problems that have led to decisions being taken without the involvement of the people who might be affected by those decisions. There is much confusion about the governance of the faculty, how the faculty is managed and what systems and processes are in place to facilitate decision-making in the faculty. As the faculty has grown in size and expanded over the three main sites, communications have become increasingly difficult."
(Excerpt from Faculty Review Document)

The tactic of ingratiation was evident in the reverence with which the Dean spoke of other people's expertise relative to his own, as evidenced in the following extract from an interview with him

"First of all from a personal point of view coming in as a dentist into a faculty that previously had always somebody from the School of Medicine, and previous dean although not a dentist had been through the School of Medicine, that was a major concern and continues always to have an impact more on me I suspect than on others. It has worked very well with the support of the medics .... So while I would have more reservations about it than others, I also had worries that in the faculty of health sciences there were significant researchers, major research - the DMMC, big players in Irish medical research and I don't have a good research track record. That concerned me as to how credible that would be." Dean

The dean's ability to make people feel good about themselves is referred to by an interviewee commenting on his tendency to compliment people on their skills and expertise before asking them to then contribute to the implementation of the strategy. This was a common approach he adopted with a variety of individuals, regardless of their position in the hierarchy.

The dean's own assessment of his suitability for the post and what he hoped to achieve shows evidence of the use of upward appeal and coalition formation.

"And I felt that if I had the support of the senior clinical professors particularly in the School of Medicine that I would be able to use their knowledge and experience and facilitate that and empower that and direct the faculty." Dean

Further evidence of upward appeal and coalition formation being used as influence tactics are the dean's decision to invite the college officers to a faculty meeting and also to focus on developing good relationships and keeping officers informed about faculty plans and proposed developments. The dean also placed value on external coalitions and put considerable effort into building a relationship with the deans of medical schools in the other universities in Ireland. This increased his power to make changes to the curriculum.

Some influence tactics tend to be more effective than others, and the effectiveness of a specific tactic can depend on the context and target of influence (Enns and McFarlin, 2003; Falbe and Yukl, 1992; Higgins et al., 2003; Kipnis and Schmidt, 1988; Yukl and Tracey, 1992). The dean's tactics of rationality and ingratiation seemed to work well in terms of engendering commitment to the strategy and willingness to be involved in committees. However, as a long-term strategy it failed to maintain the initial levels of commitment as other concerns about the committees and constraints on time deflected some faculty members from full engagement with the committees. However, the dean's ability to generate enthusiasm for change and to mobilise faculty members ensured that more progress was made than in the previous deanship. In addition, the relationship between the faculty and college officers improved considerably during this deanship. This was attributed to the different style of leadership and engagement. The previous dean had a poor relationship with college officers and did not generally involve them in the internal affairs of the faculty. Therefore, even if two individuals have the same level of power, they might differ in their levels of influence if one uses more effective influence tactics than the other or knows when to use these tactics and on whom (Anderson et al., 2008).

10.6 The Centrality of Trust

Many staff in this study acknowledged that there is more transparency in faculty processes now than in the past; however the term "trust" appeared frequently in people's concerns. This is also manifest in the more concrete concern about representation on committees and other decision making bodies. The issue of

representation seems to be replicated at several levels in college, as is evidenced from discussions at Board meetings (discussed in chapter nine). This raises the question as to the role that trust plays in strategy development and implementation.

10.6.1 Rational man or shared value set

"Trust may be defined as confidence in the reliability of a person or system, regarding a given set of outcomes or events, where that confidence expresses a faith in the probity or love of another, or in the correctness of abstract principles" (Giddens, 1990:34).

Trust is primarily a social phenomenon. Lane identifies three elements of personal trust that are commonly found in the literature on trust as follows: i) an assumed degree of interdependence between trustor and trustee ii) the assumption that trust provides a way to cope with risk or uncertainty in exchange relationships; iii) a belief in an expectation that the vulnerability resulting from the acceptance of risk will not be taken advantage of by the other party in the relationship (1998:3). There are however some marked differences in opinion when it comes to the identification of the grounds or social bases for trust. The calculative view of trust emerging mainly from transaction costs economics, asserts that trusting involves expectations about another, based on calculations which weigh the cost and benefits of certain courses of action to either the trustor or the trustee. It is based on the notion of rational man who takes action to gain maximum utility. By contrast sociologists and organisational researchers tend to see trust as something that is founded on common values or moral orientations. Parsons (1951) rejected rational self-interest as the basis for trust and instead argued that solidarity and institutional shared values "define the obligations of loyalty to the societal collectivity" (Parsons, 1971, quoted in Misztal, 1995:67).

Many of the participants in this study expressed the importance of having their school or department represented on committees and decision making bodies, even amidst concerns that some of these structures were too large to work in an efficient manner. The underlying concern here seems to be that an individual from another department or school might have a different set of values and therefore not act in their best interests.

As mentioned in chapter two almost half of all participants in this study spontaneously mentioned the words "trust" or "representation". There is also

reference to symbolic actions and how they influence trust, for example the chairs of committees all being from the medical school.

10.6.2 Predictability and goodwill

Hardy et al. (1998) explore a communicative approach to understanding trust in the context of interactions between organisations. This approach seems equally important in understanding intra-organisational trust relations. They refer to Luhmann's (1979) argument that trust is dependent on predictability i.e. we make predictions or have expectations about how others will behave and if we are confident that our predictions will come to pass we trust them. Lane and Bachman (1996) assert that trust therefore serves to reduce complexity and achieve co-operation in organisations, by ensuring the social system is based on mutual expectations about actors' future behaviour. Hardy et al. (1998) also refer to Ring and van de Ven's (1992) definition of trust as being about more than predictability, and also including goodwill i.e. mutual expectations of reciprocity between partners. They disagree with writers who believe that trust is something that arises spontaneously (e.g. Sabel 1993), instead believing that "trust is a meaningful concept only when conditions concerning both predictability and goodwill are met, and when attention is paid to the communicative foundation of trust" (Hardy et al., 1998:96). Thus they argue that predictability arises from shared meaning, and goodwill arises from the participation of all partners in the communication process whereby this shared meaning is created. Thus trust can be understood as a communicative, sensemaking process that bridges disparate actors or groups (Hardy et al., 1998; Zucker, 1986; Sabel, 1993). The communicative approach to building trusting relationships within the faculty was embodied in the strategy review and was perceived as such by participants.

Luhmann (1990) argues that the *structures* of communication are different in strategic episodes– where structure is that which both enables and restricts communications. Hendry and Seidl claim that the basic function of episodes is simply to make it possible to suspend and replace structures for a certain time period. By achieving this, episodes create a space in which the organisation can observe itself and initiate a change of its structures. Johnson et al. (2007) define the creation of strategic episodes (strategy reviews, retreats etc.) as "the setting aside of certain specific times and places within which different rules apply and in which the structure of

communication may be changed in such a way as to permit reflexive thought about the operational organizational routines that lie outside the episode" (2007:59). The suspension or replacement of structures can take many forms depending on the nature of the episode. For example, perceptions of the strategy review in this study would suggest that normal organisational communication structures were suspended and a more open and inclusive atmosphere developed. This was perceived by many to be the main value of the strategy review. Off-site events can also signal a change in communication rules, with greater informality and less focus on divisional or functional areas of the organisation. Indeed, a pattern of holding strategic planning events off site seems to have been established in the faculty, with a previous event also having been held in an off-site venue, and a more recent strategy planning day also occurring off-site.

10.7 Trust and Power

Given the widespread perception that the strategy review formed the basis for a more open and trusting relationship, why were concerns about trust and particularly representation on committees and in faculty decision–making processes proving obstacles to the implementation of the strategy? The answer to this may, in part, be explained by the symbolism of the actions of the dean in the development and implementation of the strategy. As already mentioned the inclusive and transparent nature of the faculty review, for many, symbolised trust and a new way of doing business. There was general agreement on the priorities identified and the process could be said to verify Hardy et al's (1998) assertion that "synergistic outcomes are thus produced through the contribution of all participants in a communicative process that builds the necessary foundation for a trusting relationship" (1998: 71). By contrast the mechanism for implementing the strategy i.e. the establishment of several committees, all chaired by staff from the medical school, symbolised the importance of this school over others and reinforced the perception of its dominant position in the faculty. Lane and Bachmann (1996) and Hardy et al. (1998) argue that power is a functional equivalent of trust and that power is as capable as trust of ensuring predictability. Hardy et al. stress the importance of differentiating between trust-based interactions and power-based interactions and paying attention to the relative dependency between partners and its power implications. Hardy et al. refer to symbolism in the creation of trust and argue that symbolic actions could be

interpreted as the management of meaning (Pettigrew, 1979; Phillips and Brown, 1993), where "power is used unobtrusively to ensure the co-operation of others" (1998:67). It could be argued that for those who perceive the medical school as the power of the faculty and who are accepting of this situation, that the symbolism of medical staff chairing all committees is being interpreted in this way. Hardy et al. believe that cooperation can be derived from the political realities of powerlessness as it can be derived from reciprocity and goodwill, the former leading to a self-serving management of meaning to create a façade of trust, the latter to shared meanings and the building of a trusting relationship.

10.8 Trust and Performance – Procedural Justice as Intermediary

Trust is an important mediator of performance and hence lack of trust can present a barrier to implementation. Dirks and Ferrin (2001), in their meta-analysis (which included results aggregated from over 18 studies and 5,592 participants) of the antecedents, correlates and consequences of trust identified organisational commitment as a key outcome of trust in organisational leadership. The positive leadership values of the dean in this study have been instrumental in engendering commitment to the strategy formulation process. However, the same levels of commitment are less in evidence during the strategy implementation. Kim and Mauborgne, in writing about voluntary cooperation in strategic decision making, draw attention to the essential attitudes of trust and commitment, stating that "in their absence, the behaviour of voluntary cooperation is hardly obtainable" (1998:323). They argue that procedural justice (defined as the extent to which the dynamics of the decision process are judged to be fair (Lind and Tyler, 1988) and voluntary participation are inextricably linked i.e. "when people feel their strategic decision-making processes are fair, they display a high level of voluntary co-operation based on their attitudes of trust and commitment" (1988:324). They also assert that the three criteria - engagement, explanation and clarity of expectations – collectively capture the domain of procedural justice in the business context, believing that all three are essential to the concept. They reference Thibaut and Walker's seminal work (1975; 1978) and its important conclusion that people care a great deal about the procedures by which decisions are arrived at and will react strongly to the presence or absence of fairness in these processes. In this study it seems that the contrast between the perceived fairness or justice in the open, inclusive approach to strategy

formulation – as evidenced in the large number of staff who were included in the two-day review- contrasts sharply with the perceived injustice in the membership and leadership of the committees established to implement the strategy. In addition, the dean himself confirms perceptions that the management committee doesn't make decisions (see table 8.2).

An additional injustice may be the bureaucracy of the university's procedures. Bureaucracy results from an over-controlled environment. This high need for control may be interpreted by those on the receiving end as a lack of trust in one's ability to do the right thing, or a belief that if left to their own devices people will make mistakes – as such bureaucracy is a manifestation of lack of trust by the organisation in its employees. It could be argued that the initial trust and commitment attained by the leader fails to be maintained because of this erosion of the sense of justice. Many researchers have demonstrated that procedural justice judgements have positive effects on various higher-order attitudes including commitment and trust (e.g. Folger and Kovonsky, 1989). Kim et al. assert that the role procedural justice plays in engendering commitment and trust is a challenge to the whole concept of rational man. Instead "trust shifts interactions from transactional to relational in nature wherein a form of kinship obligation replaces quid pro quo attitudes to exchange" (1998: 327). One of the findings that emerged from Hutzschenreuter and Kleindienst's review of strategy research was personal characteristics were shown to have a direct impact on process characteristics as well as on process outcomes (Hitt et al, 1997; Hopkins and Hopkins, 1997; Forbes, 2005). The findings of this study confirms their assertion that process characteristics such as involvement (Collier, Fishwick, and Floyd, 2004; Gerbing, Hamilton and Freeman, 1994) and procedural justice (Kim and Mauborgne, 1998) have an impact on process outcomes through their effect on the individuals involved.

10.9 Methodological Contributions from this Study

This study is a single exploratory case study that utilises a s-a-p framework to understand strategising in a pluralistic organisation. Eisenhardt (1989) suggests that the selection of a case or cases to study should not be done by random sampling but more by theoretical sampling, with the focus on selecting cases that are theoretically useful i.e. those that will allow the replication or extension of theory by filling

conceptual categories. The case in this study has proved theoretically useful in allowing an in-depth exploration of strategising in a pluralistic organisation undergoing change at many levels. It confirms the findings of the difficulty of developing a coherent strategic direction in such an organisation (Jarzabkowski and Fenton, 2006), and highlights some of the limitations of applying rationalistic strategic tools to pluralistic organisations. It shows how multiple internal and external influences or pressures shape change. Complex organisations are subject to "path dependence" (Starbuck, 1973; Maturana and Varela 1980). Selecting an organisation with well established routinized activities has enabled a rigorous exploration of the extent to which strategy is constrained by such routines, thus adding to our understanding of the path dependant nature of such organisations.

Eisenhardt's (1989) roadmap for building theory from case study offers some important advice for case study research. It focuses specifically on the importance of defining an initial research question (at least in broad terms) to avoid becoming overwhelmed by the volume of data. She also suggests developing some a priori constructs to shape the initial design of the research. Following this advice has enabled the utilisation of this case to develop a better understanding of strategising, As with most exploratory case studies this one utilised multiple data collection methods e.g. interviews, surveys, observations, document analysis all of which serve to strengthen the grounding of theory by triangulation of the evidence. Eisenhardt (1989) adds to this the need for flexible and opportunistic data collection methods as a means of allowing the researcher to take advantage of emergent themes and unique case features. Selection of a case, where the researcher is immersed in the action facilitates this process and living in the organisation long after the formal data collection has been completed provides opportunities for confirming emerging themes and verifying findings, for example through informal conversations, involvement in more recent strategy days etc. Both Eisenhardt and Mintzberg (1979) discuss the synergistic benefits to be derived from combining different types of data in case study research. Mintzberg described this synergy as follows:

"For while systematic data create the foundation for our theories, it is the anecdotal data that enable us to do the building. Theory building seems to require rich description, the richness that comes from anecdote. We uncover all kinds of relationships in our hard data, but it is only through the use of this soft data that we

are able to explain them" (1979:587). Such anecdotal data has been critical to understanding and making sense of the data in this case.

The growing body of literature on s-a-p discussed in chapter four and the methodological problems highlighted in chapter five have influenced the design of this study to address two specific criticisms of s-a-p:

1) the focus within empirical research on micro without consideration of the macro or broader environmental context is limiting the understanding of strategising;
2) the tendency to study one aspect of practice, i.e. the practitioners *or* the practices *or* the praxis and within this the tendency to focus on the top level or senior management in the organisation suggests that strategising is the domain of senior management.

Micro-studies for their own sake add little value beyond rich description. "However, when these studies are oriented towards either explaining a more macro-outcome or illustrating a macro-influence, strategising research has recourse to an 'outcome variable'"(Jarzabkowski, 2004:17). The analysis of strategic episodes at two levels within this case has confirmed the value of considering the micro and macro within the same case. Not only does it provide an opportunity to see patterns of activity and interaction, but it also serves as an opportunity to validate constructs emerging at one level against what is happening at the other level. Framing this case within the broader environmental changes in the university sector gives perspective to external influences and helps to ground the perspectives of the internal practitioners as well as allowing a better understanding of *why* certain strategic decisions are made. Balogun et al. hence identify the need for "'deep' data gathering around the unique characteristics of organisations, rather than their generic attributes"(2003:198). However they also recognise the need for broader scope such that the research is contextualized in a way that provides practical answers to the "so what?" question that bedevils deep analysis that fails to takes account of the contextual frame.

Hendry and Seidl reflect that although strategic episodes have been discussed in the literature, they have been subject to very little in the way of systematic analysis. "The consensus is that these are a 'good thing', but we know almost nothing about how effective they are, let alone about what distinguishes the more effective from the

less so". (2003:192). However, strategic episodes do not of themselves produce strategic change; they are simply part of the formulation of strategy. Practices are the vehicles by which strategy is implemented. In order to truly understand strategizing and its effect on an organisation's future it is imperative to study both formulation and implementation. Hence this study set out to explore the activity of practitioners, not just within the strategic episode, but also in the everyday practices of the organisation. This approach has generated a rich picture of strategising and has resulted in the identification of deep seated influences such as sub-unit power, procedural justice and trust. Utilising data from practitioners at many levels of the organisation gives a much better understanding of the obstacles to the implementation of strategy. In addition, data that explores practitioners' perspectives on strategic episodes and practices has generated new insights into the way in which organisational routines and structures can inhibit the implementation of strategy.

10.10 Implications for Strategising in Health Sciences Faculties/Medical Schools

Reflecting on the strategy review and its outcomes seven years on, it is clear that there have been some successes in the implementation of the changes that were envisaged at that time. At a recent strategy day in the School of Medicine, for example, the head of the school stated "the medical education division is the best thing we've done. It allowed us to put in place things we only talked about before" (Head of Medical School, School Strategy Day, 5th February, 2010). The undergraduate medical curriculum has undergone significant reform. This has been made possible by appointing staff to work specifically on this task, and it is widely acknowledged within the Curriculum Committee that the changes could not have been achieved without this. Another success is the implementation of a parallel clinical-academic promotion track that allows for hospital-based staff to be recognised for their contribution to teaching.

In other areas, tensions remain and sub-unit power is still manifest. At the recent strategy day, reference was made to the inter-disciplinary nature of the new curriculum within the medical school, in a presentation at the beginning of the day. Later, feedback from the workshop sessions stressed the importance of achieving "true inter-disciplinarity". It was clear from the terminology and the tone of the

feedback that disciplines other than medicine did not feel that inter-disciplinarity had been achieved. In one workshop participants were reminded by a head of one of the therapy departments that only one half of undergraduate students in the School of Medicine are medical students (the others being from several other healthcare disciplines). In addition, progress has been very slow in finding a resolution to the Burke Institute and in establishing a new partnership/AMC. Here again the issue of sub-unit power and lack of trust seem to be key elements hindering progress. Concerns by the hospitals that they will be dominated by the university, and concerns by Merrion Hospital that it will be dominated by St. John's, have been present throughout the discussions. These findings emphasise the need to address power relationships (in particular medical dominance) and develop deliberate mechanisms to support ongoing participation when strategising in health sciences or medical faculties. The issues of trust and procedural justice are core to the individual's decision to engage with and commit to the organisation's strategic efforts, and as such ought to be of primary concern to anyone involved in strategy regardless of organisation type.

Past experience and different leaders' styles and behaviour, as argued earlier seem to have a strong influence on strategising in this faculty. Yet despite this there is an obvious failure to reflect on or learn from past experience. One observation that confirms this is the absence of any reference to previous strategies when formulating a new strategy. For example, at the strategy review day in Thornton, no reference was made to the previous strategy day that had taken place in the same venue a few years earlier. Interviewees made no reference to this either, apart from Dean A who mentioned it briefly during his interview. At the recent strategy review day, no reference was made to the 2002 strategy (or what had been achieved of this strategy). Neither did anyone mention the more recent 2006 School of Medicine strategy (a document I only became aware of through minutes of a Board meeting setting out the requirement for the incoming Head of the School of Medicine to present such a strategy to the Board). Failure to learn from past experience is also evident in the recent decision of the Board to adopt an AMC model that has as its leader the Head of the Medical School, despite the 2002 strategy emphasising the need for a full-time dean, the perceptions amongst staff that having a dean from one or other of the

hospitals reinforced competition, and the governance issues raised by Burke Institute pointing towards the need for an independent chairperson.

It would seem that history may continue to repeat itself unless the underlying issues of power and trust are addressed. Appointing an employee of one of the hospitals as the head of the new AMC is likely to lead to a sense of injustice in the other hospital. The Burke Institute was criticised for its governance structure in which the then Provost of the university chaired the Board of Burke. Having the Head of the Medical School lead the new AMC may simply serve to re-create these tensions. Indeed, in a review of AMCs, leadership was identified as one of the critical factors in determining the success of an AMC, the review concluding that

"Strong, innovative leaders....Each AMC must develop a cadre of individuals who have experience outside of academic medicine. ... The short tenure of academic leaders, now less than 5 years for most deans and hospital directors, reflects equally the limitations of current leadership models." (Moses et al, 2005:1498)

Moses et al suggest that what is required is for AMCs to encourage aspiring leaders to "gain experience away from academic institutions, especially in settings requiring them to develop skills in negotiation, analysis, or policy. ..Such experience would be invaluable in helping to foster understanding of critical external constituencies and in operating within complex environments." (Moses et al, 2005:1498)

Although a full exploration of AMC models and their operation in practice was outside the scope of this thesis, evidence suggests that many of the AMCs established in other countries are failing because the new governance structures are not resulting in the expected collaboration amongst staff in the institution involved.

"AMCs have generally failed to solve problems of governance and accountability or to provide analytic and financial tools that today are prerequisites for effective management." (Moses et al, 2005:1499).

10.11 Limitations of the Study

This study deliberately set out to explore strategy formulation and development by analysing a strategy formulation episode, strategy implementation practices and strategy practitioners, influenced by the criticisms in the s-a-p literature of myopic type studies that have failed to link these key strategy components together. This

attempt to capture a greater portion of the full picture has come at a price. Balancing the breadth and depth is difficult. Clearly a study that focuses on only one of these elements would enable particular issues to be explored in more depth. Therefore one criticism of this study is that this broader focus has led to a less in-depth analysis of any one of the three s-a-p components outlined above. I feel this is particularly the case with the practitioners. Although quantitative and qualitative data was collected from practitioners at various points through the study, following a few key practitioners more closely through regular in-depth interviews might have produced more valuable insights. Against this the role of the leader is explored in great depth, facilitated by unlimited access – something that can often be difficult to obtain in a study of this nature.

A second limitation of this study is that it is a single-case study within a short-time period – a snapshot in time. Data was collected primarily during the term of the incumbent dean which spanned a period of 41 months. Limiting the study to the term of one dean, particularly an influential dean creates difficulties in understanding the specific effects of leadership style on the strategy process. Attempts to compensate for this limitation were made by interviewing a previous dean, attempting to interview another (who declined) and by continuing to collect and analyse publicly available documentary data (in the form of Board minutes, strategy documents etc.) up to the current time. However, there is no doubt that a longitudinal analysis of the case extending over a decade or more years would have proved more fruitful.

A third limitation or frustration was my inability to access critical, often informal one-to-one or small group meetings that could have significantly added to my understanding of strategising. The dean's ability to grant me access could only extend to events where he was the instigating agent. This meant that the primary focus of the study was on the deliberative strategic events organised by the Dean. Frequently, faculty members would approach the Dean informally to discuss strategic issues and obtain his endorsement for certain courses of action. Much of this informal strategizing is missing from this study. The limitations of access also presented a problem in analysing the macro-level strategic episode. Although directly involved in the initial discussion, continued access by the researcher was not possible as the dean did not have direct control or influence over the process. The sensitive and delicate

nature of the discussions coupled with the strong emotions and opposing positions on the Burke Institute meant that informal discussions were ruled out as an option for collecting additional data. However, even if it had been possible to obtain better access to discussions on the proposed partnership, it is likely that individuals would be guarded in their comments in the presence of a researcher. It is also possible that because of the sensitive nature of these discussions, concerns about anonymity and public access to information about the university might have made it impossible to use the material in a publicly available document such as a thesis.

Balogun et al. highlight a consideration for strategy researchers which is the increasing number of theoretical alternatives and methodological choices for studying organisations and the increasingly blurred ontological and epistemological boundaries of this work (Denzin and Lincoln, 2000; Locke, 2001; Balogun et al., 2003). This was a particular concern in undertaking this study. Although the s-a-p literature has grown substantially over the past decade, much of it is theoretical rather than empirical in nature and as yet there is not an agreed set of methods for researching practice. Having had experience of a broad range of qualitative data collection and analysis methods from institutional ethnography, to grounded theory to discourse analysis, following such methodological approaches in a purist fashion can be restrictive in a complex case that requires multiple levels of analysis. The methods employed in this case are therefore selected as appropriate at particular points in the analysis. For example, the qualitative interviews were subjected first to a broad thematic analysis and summaries of the main themes from each interview were prepared and stored as separate documents. The same interview transcripts were then subjected to a first level analysis, with some pre-determined and other emerging nodes that related specifically to influences on strategy and perceptions about the functioning of committees. A third reading of the data took a bottom-up or grounded theory approach, developing a long list of free nodes that were later combined into higher level parent nodes. A further level of analysis involved combining data from various sources (e.g. the interview transcripts and the minutes of committee meetings – also imported into NVivo) using the links and memo functions in the NVivo software to link data from various sources that address similar issues. This research could therefore be criticised for being question-driven rather than methods-driven. Against this it could be argued that blindly following a particular method restricts

understanding. Instead adopting the method that can make the best contribution at a particular point in the study is likely to generate more meaningful data.

The choice of literature reviewed for this study presents a further limitation. This research set out to study strategy in a university setting, therefore it seemed appropriate to review the literature that related to strategic developments in universities and then to examine the literature on strategy. Although this led to an understanding that strategising could not be fully understood without studying strategy formulation and implementation simultaneously, it was only in the latter stages of the analysis that it became evident that the literature on organisational change could contribute to understanding strategy implementation. Although, there is a limit to the amount of literature that can be reviewed within the word count limit of a PhD thesis, and the most relevant literature on change processes has been included, neglecting a large body of literature on organisational change might be considered a weakness in this study. However, the decision to focus on the strategy literature was taken on the basis that the study set out to contribute to an understanding of strategy and strategising.

10.12 Suggestions for Future Research

One of the interesting findings of this study is that commitment to and involvement in strategy formulation does not automatically transfer to the same levels of commitment and involvement in the implementation of strategy. This reinforces the belief that separating formulation from implementation and treating them as two distinct phases leads to erroneous conclusions about what helps organisations develop. The ability of this organisation to utilise strategy to reinforce existing structures and power relations, (something that has also been found in other studies), and the negative impact that this process has on commitment and implementation is a finding that needs to be investigated in other similar organisations. However, it may also be a factor in explaining the failure rate of change projects and the problems with implementing change in a broader spectrum of organisations – clearly another avenue of investigation.

At the centre of the proposed model of strategy formulation and development is the individual practitioner and his/her feelings of procedural justice, trust and

commitment. This study suggests that these play a central role in determining the level of engagement in strategy processes. A cross-organisational study comparing levels of perceived procedural injustice with levels of engagement and commitment would lend further support to this finding.

The influence of the leader in strategising is something that clearly emerges from this study. However the impact of continuous changes in leadership was not explored fully because this is a single exploratory case within a short timeframe. A longitudinal multi-case study would allow a more extensive exploration of this issue.

Finally using the s-a-p framework and including the macro and micro-level in the same study had led to useful insights. More studies of this nature across a variety of organisational types would benefit the strategy research field.

10.13 In Conclusion

There has been a considerable level of criticism of attempts to apply strategic planning in professional or non-mechanistic organisations. Mintzberg (1994) in particular is highly critical of the way in which formal planning has "spilled over to professional organisations, often with most unfortunate consequences" (1994:404). He asserts that planners wrongly assume that organisations such as universities and hospitals function in the same way as mechanistic organisations and the result of trying to introduce formal planning is "a rather fragmented process of strategy formation, with the organisation's strategies typically being the aggregation of all kinds of individual and collective ones" (1994:406). Denis et al. (1995) also question the value of such deliberative tools to planning in pluralistic organisations, again referring to the difficulty of arriving at a coherent set of plans. This case study provides support for this argument by highlighting the diverse set of prioritises arising from the strategy review. Langley, although acknowledging that strategic planning in a hospital did not provide a clear guide for future action is more optimistic and recognises the value of the highly participative nature of the process. This case study provides evidence of the role this participatory process plays in building trust and commitment – essential elements of any strategic engagement.

The self-reproducing nature of organisational practices is something that several organisation and strategy theorists have referred to in their writings, for example defensive routines (Argyris, 1985), groupthink (Janis, 1982) strategic drift, the cultural web (Johnson, 1987), sensemaking (Weick, 1979) and memes (Weeks and Gallunic, 2003). There is general agreement that organisations find it difficult to establish reflexive strategic practices that transcend the structural constraints of the organisation and this makes it difficult to enact the strategic plans or changes envisaged (Pettigrew, 1985; Johnson, 1990; Hendry and Seidl, 2003). This study contributes to a better understanding of how these practices are maintained in the organisation through the use of power and influence. In addition, it re-interprets resistance and lack of engagement as an erosion of trust fuelled by procedural injustice that is embedded in the organisations practices and structures. This is a critical finding that contributes to the understanding of strategising developed thus far by s-a-p scholars.

The adoption of a s-a-p approach to this study of strategy formulation and implementation and the deliberate attempt to study both these elements of strategy simultaneously whilst also paying attention to the broader contextual strategising within the organisation has provided evidence for the futility of separating formulation or planning from implementation. The success or failure of strategy is in its implementation. Therefore, we cannot make judgements about the value of strategic planning without studying implementation. Strategy formulation and strategy implementation are a continuous process in any organisation and treating them as two distinct phases of activity has resulted in erroneous understandings of organisational development. Exerting high effort at the strategy formulation stage of the process by appointing leaders and contracting in external consultants may well produce commitment and engagement, but if this is not maintained it can have detrimental impacts on strategy implementation and subsequent strategy formulation. This is similar to what is often referred to as change fatigue, where the continuous waves of change initiatives, none of which is ever fully implemented leads to a fatigue and consequent disengagement of staff from future change initiatives
At the core of any strategic or indeed any change process in an organisation is trust, i.e. the level of trust the individual has in management, but also in the organisational processes and procedures. Trust is strongly influenced by past experiences and by the

leader's behaviour as we have seen in the case of the dean in this study. However, the critical element is the maintenance of this trust through the implementation and re-formulation of strategy. This is something that is strongly influenced by procedural justice. Organisational procedures, particularly ones that relate to priority setting and decision-making if perceived as unjust or unfair can lead to the erosion of previously built trust. Another significant influence on perceptions of procedural justice that is evident in this case is that of sub-unit power (i.e. the continuous dominance of the medical school). We have seen how this results in an acceptance that belies real lack of commitment or engagement in the case of staff from the other schools in the health sciences faculty. At the core of this model therefore is the interplay between trust and procedural justice. Understanding this interplay is critical to building and maintaining trust in organisations which in turn will engender greater commitment and engagement – essential elements in the practice of strategy. The practical implications of this cannot be overstated. Strategic planners or agents must pay attention to ensuring that organising practices are experienced as procedurally fair and just. In addition addressing power imbalances that have the potential to erode trust is critical to maintaining the engagement of organisational members though the ongoing strategic cycles of any organisation.

Although, this is a single case study, making it difficult to generalise the findings, there is support in the literature on strategising in hospitals and in universities (other pluralistic organisations) for the findings on sub-unit power and the acceptance of its impact on organisational processes and structures. The findings of this study also confirm Hutzschenreuter and Kleindienst's assertion that process characteristics such as involvement (Collier et al., 2004; Gerbing et al., 1994) and procedural justice (Kim and Mauborgne, 1998) have an impact on process outcomes through their effect on the individuals involved. This would suggest that medical schools intent on establishing academic medical centres or other such joint structures with teaching hospitals need to look beneath the governance and structural concerns and focus on the question of how to engage the people within these structures in pursuing a shared vision. Allowing past experience and past behaviour to influence future direction, without an analysis of that past and the lessons that have been learned from the experience, may result in medical schools continuing along a path of re-structuring

that fails to address the underlying issues of power and trust. In addition the pursuit of a shared vision in pluralistic organisations may be a fruitless exercise. This may explain why many of the academic medical centres that have been established have failed to live up to expectations.

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Appendix A: Pre-Strategy Review Survey Instrument

Faculty Review Questionnaire

Please complete and return this questionnaire in advance of the Faculty Review at Thornton House

1. Please indicate your position by putting an X in the appropriate box(es) on the list below:

	Place an X in the box(es)
Administrator	
Consultant	
Lecturer	
Senior Lecturer	
Associate Professor	
Professor	
Registrar	
Student	
Other *(please type here)*	

2. List (in order of priority) the 5 main functions of the Health Sciences Faculty, in your opinion:

List of Faculty Functions	**To what extent does the Faculty fulfill this function?** *(place an X in the appropriate box for each function)*				
Type priorities in the boxes below:	**very well**	**well**	**adequately**	**poorly**	**very poorly**
1.					
2					
3					
4					
5					

Please use this space to explain your ratings:

3. Please rate how facilitative each of the following is in allowing you to achieve your aspirations at work:
(Please insert a number in the box from 0 very impeding to 10 very facilitative)

Your Academic Department ☐

Health Sciences Faculty ☐

☐

Your Hospital
(if applicable)

4. Please rate your contribution to each of the following:
(Please insert a number from 0 minimal to 10 maximum contribution)

Your Academic Department ☐

Health Sciences Faculty ☐

Your Hospital
(if applicable) ☐

5. Do you think the faculty needs a strategy to guide its activities over the next 5 – 10 years?

Yes **No**

☐ ☐

(Please place an X in the box)

Give reasons…

6. Please complete each of the boxes below in brief bullet points:

In your own opinion:

What are the current strengths of the Faculty?	**What are the problems/needs of the Faculty?**
What are the main external threats the Faculty will face in the next 5 years?	**What opportunities exist for the faculty?**

7. Briefly describe what you consider to be the major issue(s) the Faculty needs to address at this time?

8. Briefly describe your expectations regarding the review at Thornton House?

9. Please indicate to what extent you intend to participate in developing the faculty?

I'm unavailable	Minimally	to a limited extent	moderately	greatly
☐	☐	☐	☐	☐

(Please place an X in the relevant box)

THANK YOU FOR YOUR COOPERATION

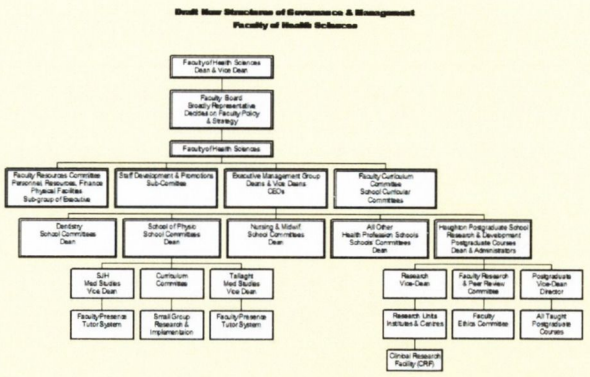
PLEASE RETURN TO: emcaulif@Yeats.ie

or

Eilish Mc Auliffe
Health Services Management
3-4 Foster Place
Yeats College
Dublin 2

Faculty Decisions
after Thornton

To be discussed
November 19th 2002



1. Governance & Management

Create new governance and administrative structures

More transparency and better communications

Bring the CEOs of the major teaching hospitals into the governance and management of the Faculty

Process to be discussed and agreed with the hospitals

1. Governance & Management

5. New Deans proposed for:

5.1 School of Physic
- with Vice Deans in Merrion & SJH

5.2 School of Nursing

5.3 Single Departments Schools of the Health Professions
This has not been agreed by Heads of Schools & needs discussion

5.4 New School of Research & Postgraduate Studies
- embracing Haughton but subject to agreement with owners

1. Governance & Management

Establish Faculty Board

his will define policy and strategy & meets termly

oard function exercised by the Executive Management Group

6.1 Deans Vice Deans Heads of Schools
6.2 Heads of Department
6.3 Hospital CEOs
6.4 Chairpersons of Committees
6.5 Faculty Secretary & Administrators
6.6 School Administrators
6.7 Class Representatives
6.8 Part-time Staff Representatives (Physic 3, dentistry 1)
6.7 Co-opted individuals as required

linutes of decisions taken available to all members of Faculty on web site

1. Governance & Management

7. Executive Management Group

(replacing role of Full Faculty - meets monthly – first Tuesday of Month 7pm – 9pm after meal)

7.1 Deans & Vice Deans as proposed in Section 1.5
7.2 Hospital CEOs
- Merrion, SJH, DDH & Burke (subject to agreements)

7.3 Chair of Faculty Curriculum Committee
7.4 Assumes formal roles currently exercised by full Faculty
7.5 Student Representative (elected by class representatives)
7.6 Co-opted individuals as required for meetings' business
7.7 Administrators:
Faculty Secretary & Financial Advisor

Minutes of decisions taken circulated to all members of Faculty Via web site

1. Governance & Management

8. Full Faculty
   - 8.1 Devolves current decision-making and executive functions to Faculty Executive including Calendar Changes
   - 8.2 Meets Twice Yearly
     - Full day meeting each October
     - Full day meeting each April/May

1. Governance & Management

9. Faculty Staff Development & Promotions Committee
   - Meets at least once per term to review staff promotions and development to advise Faculty Executive Committee
   - 9.1 Advises Dean on all promotions proposals & appointments
   - 9.2 Distribution of Professorial Posts in Faculty
   - 9.3 Staff Development Programmes
   - 9.4 Educating the Educators – development programme
   - 9.5 To set up *ad hoc* group to review and advise on part-time clinical academic appointments in Faculty:
     Clinical Professors, Clinical Senior Lecturers, Clinical Lecturers & Tutors

1. Governance & Management

10. Faculty Resources Committee
    - Sub-committee of Executive Management Group
    - 10.1 Finance & Budget
    - 10.2 Accommodation & Physical Resources
    - 10.3 Personnel and Faculty Relations
    - 10.4 School of Physic tercentenary preparations
    - 10.5 Prepare proposals to devolve more responsibility from "Front Square" to Faculty in finance, personnel and buildings
    - Establish sub-group on funding, endowments etc.
    - Also to set up an *ad hoc* group to review and advise as needs arise
    - All documents available on web site for full Faculty

2. Education & Curricular Reform

1. Increased emphasis on:
   - i. Active and deeper learning
   - ii. The learning process
   - iii. Identified and achievable outcomes
   - iv. Modularisation of courses in context of Bologna Declaration
   - v. Behavioural sciences & communications skills
   - vi. Information & communication technology
   - vii. Knowledge management & prioritisation
   - viii. Principles rather than detail
   - ix. Research methodology and validity

2. Education & Curricular Reform

1. Increased emphasis on:
   - x Molecular biological imperatives
   - xi Evidence-based treatment
   - xii learning skills
   - xiii Primary care
   - xiv Defined competences
   - xv Reliable valid & consistent assessment methods
   - xvi Structured bedside & case-based learning
   - xvii Modern educational methods
   - xviii Time for reflection and a broader education

3. Research & Postgraduate Programmes

Subject to College negotiations based on recommendations of the sub-group on the Burke Institute:

1. Establish a new school of the Faculty embracing the Burke Institute (perhaps using the title)
2. Create a Dean of the New School with two Vice Deans one for Research, one for Taught Postgraduate Courses
3. Create a Review Committee in the New School

Research & Postgraduate Programmes

reate a Research Committee in order to:

Advise on governance and management of Research Initiatives

Promote high quality research in the Faculty through peer review

Assist Schools of the Faculty to develop their own research potential and output

Review & advise the Faculty & College on new:

i. research units,
ii. institutes
iii. centres
iv. Clinical research facilities

Monitor progress of 4.i, ii, iii & iv above on behalf of faculty

3. Research & Postgraduate Programmes

Create a Research Committee in order to:

7. Develop a set of Faculty Research Priorities
8. Implement CQI of all related activities in Faculty
9. Monitor Faculty Research priorities
10. Seek to protect time for staff in research
11. Change MD to supervised degree
12. Consider appropriateness of inter-faculty research unit such as Engineering, Health Sciences, Science.

Research & Postgraduate Programmes

reate a Postgraduate Committee in order to:

Advise on new postgraduate programmes in the Faculty

Promote high quality through peer review

Monitor extant postgraduate programmes

Assist Schools of the Faculty to develop taught programmes

Implement faculty-wide CQI of taught programmes

Implement initiatives in context of Health and Education strategies

Promote complimentary structures in the teaching hospitals with appropriate sub-division of activity and management

Increase income into Faculty

e postgraduate degree should include the hospital's name

4. Staff Reward Recognition & Retention

Establish Staff Development & Promotion Committee

1. Apply the use of terms "clinical lecturer, clin. senior lecturer, clin. professor or adjunct prof." as appropriate
2. Re-introduce term Clinical Tutor in School of Physic
3. Define parameters for the application of these new titles
4. Seek appropriate reward for part-time clinical staff
5. Write to staff to express appreciation
6. Annual social function in College for staff
7. Recognition of postdoctoral students involved in teaching

Staff Reward Recognition & Retention

mote better communication:

Establish web community open to Faculty

Demonstrate transparency in decision-making, promotions, resource allocation & finances

Establish staff review process in order to give credit where it is due & promotes continuing improvement

Seeks ways of devolving ownership of Faculty to its members with equitable sharing of Faculty's tasks

5. Relations with Teaching Sites and Hospitals

On the basis that more education and training will take place in our teaching hospitals we should:

1. Involve CEOs in the governance & management of the Faculty with reciprocity on hospitals' side
2. Promote development of College/Hospital Meetings
3. Offer appropriate academic titles to hospital personnel involved in teaching & management of Faculty issues
4. Seek to involve students more in hospital structures
5. Seek to improve student facilities in teaching hospitals
6. Ensure distinct and identifiable Faculty presence on site
7. Create a Trinity of two main hospitals and campus

Major Issues not discussed in Thornton

Burke Institute
Innovations & Appointments under discussion
Resources & their procurement
College Approval

Initiatives under consideration

Professorial appointments sought (* new department)

1. Anatomy
2. *Anaesthetics
3. *Bioethics
4. Bio-informatics with Engineering
5. Clinical Speech & Language Studies
6. *Health Services Management Policy
7. *Medical Genetics & Genetic Epidemiology

Initiatives under consideration

Professorial appointments sought (* new department)

8. Nursing x 3 – already approved in principle by College
9. Obstetrics & Gynaecology x 2
10. Occupational Therapy
11. *Palliative Care (shared with UCD & Hospice)
12. Physiotherapy
13. *Radiology & Imaging
14. *Research in Education in the Health Sciences

Initiatives under active consideration

Proposed or Possible Major Research Units or Institutes

1. Cardiovascular Research
2. Cancer Prevention
3. Medical & Radiological Devices
4. Care of the Elderly
5. Epidemiology & Populations Studies
6. Paediatric Development plan with Merrion
7. Pharmacoeconomics

In order to raise resources:

1. Seek to establish a Council of Deans of Health Sciences/Medical Faculties in Ireland
   i. Gain funding from the DoH&C &
   ii. Seek SIFT equivalent
   iii. Financial support for placement of health sciences students
   iv. Improve physical facilities
2. Seek to promote funding from
   i. College & College Trust
   ii. HEA, DoE &S & DoH&C
   iii. Endowments
   iv. Faculty Alumni

Appendix C: Post-strategy review Survey Instrument

Health Sciences Faculty Meeting
(19th November 2002)

Feedback Form

As part of an ongoing project on the implementation of the Faculty's Strategy, I would be grateful if you would anonymously complete this questionnaire and leave it at the back of the room before leaving this meeting. It should only take a few minutes of your time.

Thank you.

1. Please indicate your position by putting an X in the appropriate box(es) on the list below:

	Place an X in the box(es)
Administrator	
Consultant	
Lecturer	
Senior Lecturer	
Associate Professor	
Professor	
Registrar	
Student	
Other *(please type here)*	

2. Did you attend the Faculty review at Thornton?

Yes ☐ **No** ☐

(Please place an X in the box)

3. In your opinion to what extent does the Thornton report reflect the critical issues that the Faculty needs to address over the next 5 years?

Not at all ——————————— To a great extent

(Please mark an X on the line)

4. In your opinion, to what extent do the Proposals for Strategic Development (presented by the Dean) reflect the key issues that the Faculty needs to address over the next 5 years?

Not at all ——————————— To a great extent

(Please mark an X on the line)

5. Do you feel you have had the opportunity to contribute to these proposals:

(You may tick more than one box)

Directly by meeting with the Dean? ☐

Directly by attending the review at Thornton? ☐

Directly by attending this Faculty meeting (19th Nov)? ☐

Indirectly through Department representative attending Thornton? ☐

I have had no opportunity to contribute ☐

6. How realistic do you believe these proposals are?

Very unrealistic ——————————— Very realistic

(Please mark an X on the line)

7. Do you believe the Faculty has the ability to achieve the Proposals for Strategic Development?

(Please tick one box)

None of the proposals ☐

Some of the proposals ☐

All of the proposals ☐

8. Do you believe the Faculty has the resources to achieve the Proposals for Strategic Development?

(Please tick one box)

None of the proposals ☐

Some of the proposals ☐

All of the proposals ☐

9. Do you believe the Faculty can obtain the resources to achieve the Proposals for Strategic Development?

(Please tick one box)

None of the proposals ☐

Some of the proposals ☐

All of the proposals ☐

10. How committed are you to helping the Faculty achieve these particular proposals?

Committed to opposing them ——————————— Committed to implementing them

(Please mark an X on the line)

11. To what extent do these proposals reflect what you personally would like the Faculty to achieve over the next 5 years?

Not at all ——————————— To a great extent

(Please mark an X on the line)

12. How helpful will the implementation of these proposals be in assisting you to achieve your personal goals over the next 5 years and beyond?

Very unhelpful ——————————— Very helpful

(Please mark an X on the line)

13. Did you receive the papers for this meeting in sufficient time to allow you to read them in advance of the meeting?

Yes **No**

☐ ☐

(Please place an X in the box)

14. How far in advance of the meeting would you like papers circulated?

3 days ☐

One week ☐

Two weeks ☐

More than two weeks ☐

15. Please rate your level of satisfaction with how this meeting was conducted:

Very dissatisfied _____ Very satisfied

(Please mark an X on the line)

16. Do you have any suggestions for improving future Faculty meetings?

17. Are there any other comments you would like to add?

THANK YOU FOR YOUR COOPERATION

Appendix D: Post-Strategy Review Interview Schedule

INTERVIEW SCHEDULE

Personal Details

1. How long have you been in the Health Sciences Faculty?

2. Within the Faculty what positions do you currently hold?

3. What positions have you held in the past?

4. Do you chair a committee? Which one?

5. What other committees are you a member of?

Factors influencing Change

1. What are the main forces/pressures influencing change in the Health Sciences Faculty?

2. Have these forces/pressures changed over time?

3. What/who initiates changes in the Faculty?

4. What are the main obstacles to change in the Faculty?

5. How are priorities decided in terms of the development of the Faculty?

6. How are other decisions taken within the Faculty?
Has this changed over time?
In your opinion, is the current process equitable?

7. How are resources/funds allocated within the Faculty?
Has this changed over time?
In your opinion is this process equitable?

8. What role does competition between Universities play in shaping changes in the Faculty?

9. What role does internal competition between departments/academics play in shaping changes in the Faculty?

10. What is your opinion of the Faculty's relationship with the rest of College?

11. What is your opinion of the Faculty's relationship with the health services (Dept of Health and other service providers)?

Current Structure and Operation
(Committee functioning)

1. What progress, if any, has the Faculty made in implementing the strategy developed at Thornton in October 2002?

2. What factors have contributed to/hindered progress?

3. What is your opinion of the committee structure as a means of progressing the Faculty's priorities?

4. How well is this structure working?

5. How well is the committee(s)/Faculty Management group you are involved in working?

What helps/hinders its work?

General Comments

Are there any other aspects of the Faculty's development or current functioning that you would like to comment on?

Consultative Paper for a Review of the Faculty of Health Sciences

in
Thornton House

Friday October 11th 12:30 to Saturday October 12th 13:00
Chairpersons and Rapporteurs are expected to work through Saturday afternoon

Dean
September 2002

Page	Contents
2	Contents Page
3	Introduction
4	Mission Statement
5	Definition of Problems with draft solutions
7	Suggested Draft Priorities
8	Desired Profile of a Changed Faculty
8	Critical Success Factors
9	Schools and Departmental Structures in the Faculty of Health Sciences
10	Five Working Sections for Thornton House
11	Working Section A: Governance, Management and Decision-making in the Faculty and Relations with our Teaching Hospitals
12	Working Section B: The Mission of the Faculty and its component Schools and Departments and that of the College
13	Working Section C: Curricular Reform in the Faculty of Health Sciences with special reference to the School of Medicine
14	Working Section D: Research, Research Units/Institutes & Postgraduate Taught Courses
15	Working Section E: Reward, Retention & Development of Staff in the Faculty

The Faculty of Health Sciences, Yeats College

This consultative document seeks to focus on problems and their resolution and prioritise a sequence of developments in the Faculty

Introduction

Health Sciences is one of the six faculties in the University of Dublin, Yeats College. The School of Medicine, the flagship of the Faculty was founded 292 years ago. It has played a central role in the golden age of Irish medicine. It maintains its international leadership today in biomedical research, postgraduate education and was the first Faculty of Health Sciences in these islands. The concept of a Faculty of Health Sciences is now being followed by other Irish Universities. This interdisciplinary approach offers the potential to educate and train the full range of health care personnel in an integrated Faculty. The Faculty has not yet achieved its full potential. The diagrams on pages 12 illustrate the breadth, depth and complexity of the Faculty. While some areas and schools constitute international reference centres the Faculty has outgrown its own infrastructure. There are serious deficiencies in its Medical, fiscal and personnel resources. Success in biomedical research has not been matched by the quality of its educational programme in medicine. This has been the subject of a critical report from the Irish Medical Council.

It is necessary to carry out a comprehensive review of the Faculty's mission, priorities and management. All Departments have been invited to nominate two or three representatives to participate in a Faculty Review in Thornton House on Friday October 11th and Saturday October 12th. In order to prime the discussion this document has been prepared and a tentative draft mission statement is set out on page 4. The desired profile of a changed Faculty is proposed on page 8. The thrust of this document has evolved from widespread discussions within the Faculty by the new Dean but it is far from complete. It is not intended to suggest that these reflect agreed views in a very diverse Faculty.

The Faculty of Health Sciences is spread over 10 hospitals, 4 health boards and a myriad of clinical training centres and this is illustrated on page 9. This Faculty has, more than any other faculty in the College, a pressing need to have a single centralised facility, preferably on the College Campus, and complimentary to its two major medical campuses in St. John's Hospital and the Merrion. Alternatively this facility should be located on one of the two major teaching hospitals

What is intended to happen in Thornton House on October 11th and 12th of October is to set up 12 small working groups each asked to carry out a SWOT analysis of six major topics. Each of the topics listed also carry suggested questions that might be addressed. A strategy for the Faculty

will be developed on the outcome of these recommendations and brought to the Faculty for approval. Implementation will be planned on a five to ten-year strategic plan.

Participants are asked to decide which group they would wish to participate in. You should be prepared to give your preliminary views to the Chairperson and Rapporteur of that group in advance of the meeting

The six groups are:

A. Management and Development of the Faculty
B. Mission of the Faculty and that of the College and its component Schools and Departments
C. Curricular Reform in the Faculty of Health Sciences with special reference to the School of Medicine as a possible core Curriculum Base
D. Our Teaching Hospitals
E. Management and Development of Research, Research Units/Institutes, Postgraduate Taught Courses and the Haughton Institute
F. Reward, Retention & Development of Staff in the Faculty

Draft Mission Statement for the Faculty of Health Sciences

1. To educate, mentor and train medical, dental, occupational therapy, physiotherapy, clinical speech and language studies, therapeutic radiology, nursing and midwifery students to the highest international standards and as appropriate to the Government's health policy and the prioritised needs of this community.

2. To empower students to achieve their full intellectual, ethical and clinical competence potential within the context of a broad third level education and lifelong learning.

3. To uphold through research, education and patient care the scholarly and cultural traditions of Yeats College and its Faculty of Health Sciences in the Irish and the international community

4. To establish the Faculty as an international centre of excellence in all facets of research and scholarship in the Health Sciences.

Suggested Problem Definition

It is important to identify the main problems, their perceived root causes and the conditions that cultured the problems. Agreement all round on the nature and extent of the problems, how they have arisen and why they must be tackled will help secure desired changes. This must also take into account future challenges. The following represent only some suggested problems as well as preliminary ideas on their resolution. These are by no means complete nor have they been discussed by an authoritative group. This however is a first step in the process of their resolution and the Faculty will identify many more in Thornton.

1. The Research and Knowledge Base in the Health Sciences grows at an exponential rate

2. There is a need to clarify the decision-making structures in the Faculty

3. There has been little change in infrastructure and central faculty management while the number of students has doubled

4. Communication within and between the Schools and Departments of the Faculty is generally inadequate

5. There could be better collaboration and communication between the members of the Faculty and this is especially so for the many part-time members of staff of the School of Medicine

6. The Faculty's student population has more than doubled in size in the past 5 years

7. Some students, especially in the School of Medicine, sense a lack of belonging to the Faculty and this is enhanced as a result of the diffusely spread geographic nature of their clinical rotations

8. The curricula of the Schools and especially in the School of Medicine is in need of constant reform
    i. All other medical schools in Ireland have agreed implementation of a 5 year curriculum
    ii. Very serious criticism have been levelled at the quality of the School of Medicine curriculum by the Irish Medical Council

iii. There is insufficient emphasis on learning and gaining competences
iv. There is a shift from recall of factual and detailed information to problem solving and project-orientated learning in many other Faculties
v. There is a growing demand for more emphasis on the psycho-social elements and patient communications
vi. A cohesive educational policy would send out a strong message of clarity of purpose and vision
vii. A Faculty of Health Sciences could be put to better advantage in integrating education, training and patent care between the different schools and disciplines of the Faculty

9. Examination and assessment methods do not have reliability, validity or consistency throughout the Faculty.

10. Financial position of the Faculty is not properly understood or related to the management policies and strategies

11. The housing facilities for the Schools and Departments are generally cramped and inadequate

12. The communications within and between some of the schools and in the Faculty as a whole are inadequate

13. There is uncertainty in the rationale of strategic development of postgraduate courses, research, research institutes and the Haughton Institute that needs to be addressed.

14. The management infrastructure in the Faculty is inadequate

15. The demands of patient care and research are more important to most than educational reform and essential development

16. The finances required to address the problems are not available and there are no apparent realistic sources to resolve them. Although the Faculty is spending at the level of the Unit Costs in Irish Universities these levels are one quarter of those available to neighbouring medical schools in the United Kingdom.

Some priorities might be:

To place emphasis on student learning, protecting time for reflection and recreation

To agree more realistic recognition and reward systems for staff members working in a health caring faculty where there are other forms of scholarship and this implies innovations in staff development

To adapt organisational structures to a more integrated approach

To have realistic and achievable educational aims and objectives for the component parts of the curricula in the Faculty

To exploit in a positive sense the full potential of our teaching hospitals for the betterment of the health sciences, student education and patient care

To foster harmony between all the component schools, departments and teaching hospitals in the Faculty in the best interest of the Faculty

To ensure equity of access to opportunities for students and staff in all activities throughout the Faculty

To carry out and publish research in international peer reviewed journals

To promote the Faculty's own fund raising structures in order to achieve the Mission and Strategies of the Faculty

To implement constructive and empowering continuous quality improvement methods throughout the Faculty

Desired Profile of a Changed Faculty

In addition to the Mission Statement, it may be useful to visualise and articulate, in the appropriate settings, the key characteristics of a thriving and contented Faculty which should:

- be focussed on student learning whilst recognising the primacy of and ethical imperatives of caring for patients;
- be innovative, Constructively Critical and involved
- be integrated, sharing a well understood common purpose which binds people within the Faculty and informs/guides their behaviour and decisions;
- have acknowledged leaders who participate in or contribute to its governance and management and consciously develop and encourage their successors;
- constantly seek quality improvement through a variety of measures;
- thrive on performance and appropriate and objective feedback rather than reputation;
- monitor and measure performance particularly from the students perspective;
- identify and use all its resources to very best effect;
- be credible within its own College and Country as an internationally recognised source of leadership in health sciences research, clinical training;
- be based on a sound Medicineal, financial basis in which students and staff share a clinical and academic community fostering all facets of scholarship and innovation.

Critical Success Factors

Identification of the factors likely to lead to successful change will help to focus planning and implementation. These may include the following:

- there must be ownership of the plan and the means of implementing it must be real and visible; the excitement/attraction of what is promised must outweigh the fear of leaving the familiar;
- there must be widespread acceptance of both the diagnosis and the treatment;

- the case for change must be cogent, presented with clarity and persuasion and must be championed by those who are the effective leaders;
- the effort to support change must be sustained and should be dynamic as well as organic;
- there needs to be some early "wins"; and evidence of ongoing successes;
- regular progress must be reported and enthusiasm renewed.

Workshop Themes and Sections

Whilst it is not possible to deal with all the issues in the time available, focusing on the following may help us to make significant progress in the time available.

a. Governance, Management and Decision-making in the Faculty and Relations with our Teaching Hospitals

The Faculty structure is complex. This has created problems that have led to decisions being taken without the involvement of the people who might be effected by those decisions. There is much confusion about the governance of the Faculty, the decision-making processes and how our partner teaching sites (hospitals, health boards and clinical training centres) contribute in these processes. As the Faculty has grown in size and expanded over the three main sites, communications have become increasingly difficult. This has resulted in staff members feeling less involved and informed than they might like to be.

b. Mission of the Faculty and its component Schools and Departments as it relates to the College

It is important to have a clearly defined and agreed Mission for the Faculty as a whole as well as its component departments and schools. Once agreed this should be basis for prioritising future development.

c. Curricular Reform in the Faculty of Health Sciences with special reference to the Medical Curriculum as a possible core Curriculum Base

We need to develop a framework for continuous curriculum reform, setting higher standards and improving the quality of education we provide to all health sciences students. As a matter of priority the School of Medicine's curriculum needs radical reform.

d. Research, Research Units/Institutes & Postgraduate Taught Courses

Research and the knowledge base in the health sciences is growing at an exponential rate. We need to find a better approach to knowledge management and we must continue to encourage and create opportunities for research of a consistently high standard across all the Schools of the Faculty. Inevitably there is a diversity of research activity and taught postgraduate courses with different management and governance systems. The Faculty needs to define and agree how best to promote the interests of our researchers and the quality and relevance of taught postgraduate courses with due cognisance of the interests of the Faculty and the College community. A strategy agreed by all staff would help to prioritise and support the development of appropriate postgraduate education in the health sciences.

e. Reward, Retention and Development of Staff in the Faculty

In order to promote and develop curricular reform and student centred learning, reward for aspects of scholarship such as teaching, innovation and application of scientific development needs to be considered whilst developing the research ethos of the Faculty

.

General Guidelines for each Working Section

(Specific suggestions are set out in respect of the separate working sections that follow; these are general guidelines)

1. the aim (what should the Faculty be aiming to achieve in relation to this issue)
2. the objectives we must achieve
3. the actions/initiatives that are required to achieve these objectives
4. the factors that are critical to the successful achievement of these objectives
5. the resources that will be needed
6. approaches to securing the necessary resources

Workshop A

Governance, Management and Decision-making in the Faculty and Relations with our Teaching Hospitals

The Faculty structure is complex. This has created problems that have led to decisions being taken without the involvement of the people who might be effected by those decisions. There is much confusion about the governance of the Faculty, the decision-making processes and how our partner teaching sites (hospitals, health boards and clinical training centres) contribute in these processes. As the Faculty has grown in size and expanded over the three main sites, communications have become increasingly difficult. This has resulted in staff members feeling less involved and informed than they might like to be.

Issues to be addressed by Working Section A:

1. In the context of the Faculty Management governance and communications what are the:
    a. strengths
    b. weaknesses
    c. opportunities
    d. threats

    In the context of the component schools, departments and our teaching hospitals

2. How should our relationships be advanced and developed with our teaching hospitals
3. How should we promote and develop parity of esteem with our teaching hospitals
4. What changes if any should be made in the Governance and Management of the Faculty in order to promote the best interests of the component schools, departments and teaching hospitals?
5. How can the Faculty promote essential income generation and Medicineal development that will ensure the delivery of its fundamental responsibilities whilst increasing its standing and strengths
6. What or who are the Faculties partners and competitors in the delivery of its responsibilities
7. How can competitors be made partners and how can partnerships be strengthened.
8. How can staff members of the Faculty be better integrated in the management and promotion of the Faculty's interests.
9. How can we improve communications within and between the Schools and Departments of the Faculty
10. What other matters need to be addressed in this context.

Workshop B

Mission of the Faculty and its component Schools and Departments as it relates to the College

It is important to have a clearly defined and agreed Mission for the Faculty as a whole as well as its component departments and schools. Once agreed this should be basis for prioritising future development.

Issues to be addressed by Working Section B:

1. What should be the Mission Statement of this Faculty (avoid detail)

In the context of the Faculty and its Teaching Hospitals what are the:

a. strengths
b. weaknesses
c. opportunities
d. threats

of the Mission Statement agreed in the context of the College strategy?

2. How can the relationships between the schools be strengthened to the benefit of an integrated Faculty?

3. Are the present policies of academic appointments appropriate and in the interests of the relationships between the Faculty and the schools

4. How should concerns about research output in the schools be addressed

5. How can the Faculty address the issue of placements in clinics and offer reward to teachers and educators

6. Are there other critical matters for the Faculty relevant to issues relating to the Faculty and its relationship with the hospitals

7. Summary and Conclusions

Workshop C

Curricular Reform in the Faculty of Health Sciences with special reference to the Medical Curriculum as a possible core Curriculum Base

We need to develop a framework for continuous curriculum reform, setting higher standards and improving the quality of education we provide to all health sciences students. As a matter of priority the School of Medicine's curriculum needs radical reform placing greater emphasis on deeper learning and knowledge management in a student-centred approach.

Issues to be addressed by Working Section C:

1. In the context of the Faculty (and of the recent report from the Irish Medical Council) what are the :
   a. strengths
   b. weaknesses
   c. opportunities
   d. threats

   of the Curriculum in School of Medicine and its implications for other schools of the Faculty.?

2. Does the Medical Curriculum address the real health needs of this community and should it?

3. Should the Medical Curriculum be reduced to 5 years?

4. In the light of discussions on 1, 2 and 3 above what changes are needed in delivering a modern, student-based medical curriculum

5. How can the curricular change be further developed

6. Summary and Conclusions

Workshop D

Research, Research Units/Institutes & Postgraduate Taught Courses

Research and the knowledge base in the health sciences is growing at an exponential rate. We need to find a better approach to knowledge management and we must continue to encourage and create opportunities for research of a consistently high standard across all the Schools of the Faculty. Inevitably there is a diversity of research activity and taught postgraduate courses with different management and governance systems. The Faculty needs to define and agree how best to promote the interests of our researchers and the quality and relevance of taught postgraduate courses with due cognisance of the interests of the Faculty and the College community. The Haughton Institute and the Graduate School have become increasingly important in this are and the Gorup should consider how should the Haughton and the Graduate chool relate to the Faculty. A strategy agreed by all staff would help to prioritise and support the development of appropriate postgraduate education in the health sciences. This will require continuing discussion after Thornton.

1. In the context of the Faculty, College and its Teaching Hospitals what are the:
   a. strengths
   b. weaknesses
   c. opportunities
   d. threats

   of Research, Research Units/Institutes and the Development of Postgraduate Taught Courses and the Haughton Institute?

2. How should these courses and research institutes relate to the Faculty, the Teaching Hospitals and the Haughton Institute?

3. What changes if any should be made in the Governance and Management of Postgraduate Education, Training and Research in the Faculty and how should these relate to the Haughton Institute and our teaching hospitals?

4. Is there any conflict in the use of the intellectual pool of resources between the demands of the Faculty, the Teaching Hospitals and those of the Research Institutes.If there are, how might these potentially conflicting interests be brought into harmony?

5. Are there other critical matters for the Faculty relevant to issues relating to Research, Research Units/Institutes and the Development of Postgraduate Taught Courses and the Haughton Institute?

6. Summary and Conclusions

Workshop E

Reward, Retention and Development of Staff in the Faculty

In order to promote and develop curricular reform and student centred learning, reward for aspects of scholarship such as teaching, innovation and application of scientific development needs to be considered whilst protecting and developing the research ethos of the Faculty

Issues to be addressed by Working Section E:

a. In the context of staff development, reward and retention what are the:
   b. strengths
   c. weaknesses
   d. opportunities
   e. threats
   of extant promotional and reward systems in the College and its teaching hospitals

f. How can staff development imperatives be put in context and harmony with the interests of Faculty development and its Teaching Hospitals

g. How should the complimentary responsibilities of research, teaching and mentoring, patient care and administrative duties be promoted within the context of agreed Faculty development imperatives and the needs of its teaching hospitals?

h. How should College and Teaching Hospitals reward the different facets of scholarship?

i. Are there other critical matters for the Faculty relevant to issues relating to research

j. Summary and Conclusions