

*The Impact of an Employment Embargo on the Psychological
Contract in the Adelaide and Meath Hospital Incorporating
the National Children's Hospital (AMNCH)*

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Abstract

Since 2008 there has been an employment embargo in the HSE. This has affected operations in the Adelaide and Meath hospital incorporating the national children's hospital (AMNCH). Staff numbers are down by about 400 people which has led to higher workloads for staff members.

This dissertation explores five main objectives, which include the reason behind the introduction of the employment embargo, the impact the embargo has had on the staff of the hospital, the different psychological contracts that exists between the front line staff and the backroom staff. The Human Resource and the Social Work departments was where I carried out my research.

From the conclusions of my research, I found that the employment embargo has had an impact on the psychological contracts between the staff in these departments which is affecting their work relations and the overall efficiency of the health care service. Also that it had brought the management and staff in the social work department closer together in trying to convince the hospital management to replace some of the 33% of their staff that has left to join other health care providers.

The recommendations that I put forward, which include staff training and development plus the introduction of new technology will help complement the existing commitment and determination of the staff to improve and grow the professional patient health care service in the hospital.

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Finally, I would like to thank my father Patrick, my mother Eilish, my sister Sorcha and my brothers Eoghan and Michael, for their support and encouragement during this process.

Dedications

For Patrick, Eilish, Sorcha, Michael & Eoghan

Declaration

I hereby declare that this report is my own work. I completed the research for this literature review by myself. I arranged and conducted the interviews with the different departments in the Adelaide and Meath Hospital Incorporating the National Children's Hospital, without any assistance from any other people. I went through the findings of these interviews, drew conclusions and made recommendations as outlined in the Dissertation by myself.

X

Ruairí Farrelly

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Date

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Chapter 1

Introduction

1.1 Research Question

The Impact of an Employment Embargo on the Psychological Contract in the Adelaide and Meath Hospital Incorporating the National Children's Hospital (AMNCH)

An employment embargo is when an organisation/company put in place a bar on recruitment for a period of time, this usually happens when there is a recession or when the organisation is experiencing difficulties. Since 2009 there has been an employment embargo in the HSE which came in to force as a result of the economic crisis that reared its head the previous year. The 2008 recession is shown in an article by Atkins and Brown in the Financial Times, they stated; *"Ireland, easily the best performing Eurozone economy since the birth of the single currency, yesterday became the first in the 15-country region to fall into recession"* the reason for stating this was because *"Irish gross domestic product fell 0.5 per cent in the second quarter, according to official figures, and had declined for two consecutive quarters - the technical definition of recession"* (Atkins & Brown, 2008).

In April 2009, RTE reported on their website that *"The Health Service Executive says a staff recruitment embargo introduced late last month will continue"* (RTE (a), 2009). This embargo that is presently in place has not been one of the easiest policies that the government tried to implement. This policy has been the subject of criticism and was met with high levels of hostility resulting in conflict being present from day one. In June 2009 RTE reported that *"29,000 health workers who are members of the IMPACT trade union are to escalate their current work-to-rule from Monday in protest at the HSE's recruitment embargo"* (RTE (b), 2009)

From day to day in the news the staff have been airing their grievances about the embargo, saying that the health and safety of patients is in danger. The main problem from the employee's point of view with the employment embargo is that, when one of their colleagues leave, the hospital are not in a financial position to replace the leaver which in turn means that the remaining staff have to deal with the increased work load with no extra rewards. This is where conflict may come in to play. As the policy stated "*staff could not be replaced regardless of the impact on services*" (Wall, 2010)

Due to the banking crises and the impact that NAMA has had on the government's finances, they have had to put a number of sanctions in place in order to deal with the increase in public spending due to the large increase in the number of people on social welfare. One of the key sanctions was to introduce the employment embargo in public sector bodies such as the HSE.

According to CIPD the psychological contract is defined as "*the perceptions of the two parties, employee and employer, of what their mutual obligations are towards each other*" (Guest & Conway, 2002). Employers and employees have a certain relationship that is said to be unofficial. This is the psychological contract; it is informal and is not written in law.

Employees that work in the *Adelaide and Meath Hospital Incorporating the National Children's Hospital (AMNCH)* feel that with the staff not being replaced, they have to carry a greater workload. Along with this the government is constantly adding levies that take more money from the remaining employees. In 2009, RTE reported that '*The*

Minister for Finance has indicated that the income levies, which he introduced in October and doubled yesterday, will become permanent' (RTE, 2009). This is bound to have a de- motivational effect on the employees and the level of work that they do. Through these changes they are left with more work and less pay and no sign of any improvements for the future.

This is the main reason for choosing this topic for my dissertation as it will allow me to investigate the seriousness of the impact the employment embargo has had on employee trust in the AMNCH and to look at the possible ways of resolving it.

1.2 The Organisation – AMNCH

AMNCH stands for the *Adelaide and Meath Hospital Incorporating the National Children's Hospital* and it is situated in Tallaght in Dublin 24. The hospital has been in operation in Tallaght for over 12 years. It offers a wide range of services with “*a national urology centre, regional dialysis centre and a regional orthopaedic trauma centre*” and a busy A&E department. They have about 625 beds in the hospital and at one stage had about 3,000 staff working there (AMNCH (a), 2011). It is an amalgamation of three hospitals which are the Adelaide hospital, the Meath Hospital and the children’s Hospital (AMNCH (b), 2011).

The hospital has not been without controversy. On numerous occasions it has been at the forefront of many public scandals such as the 57,000 x-rays not viewed at the hospital in 2010 (RTE, 2010) and more recently the data breach, were ‘*patient medical records have been the subject of unauthorised access and disclosure*’ (RTE, 2011).

With this bad press the AMNCH still believe that their service is valuable to the local community. This can be seen in their mission statement which states that it is “*patient driven*” (AMNCH (b), 2011).

The embargo has affected the hospital as the number of staff has decreased. This dissertation will look at the impact that this has had on the psychological contract.

1.3 Research Aims and Objectives

My research question is:

The Impact of an Employment Embargo on the Psychological Contract in the Adelaide and Meath Hospital Incorporating the National Children's Hospital (AMNCH)

There are a number of aims and objectives I want to achieve from this research, they are:

1. To explore the main reasons behind the employment embargo and if they were achieved.

The purpose of this is to establish if it was the only option available to the HSE or were there any other options that they could have taken. Were these reasons justified and were they met?

2. To explore what type of Psychological Contact there is between the front line and backroom staff of the hospital.

The reason for this is to examine the two different departments within the hospital and see if they have different psychological relationships with their superiors. The purpose of this is to determine if the presence of patients affects the relationship between the staff and management in front line and backroom staff.

3. What impact the employment embargo has had on the employees of the hospital?

The purpose of this objective was to establish if staff has become more productive or less productive or have they acquired new skills to meet their increased or new workload. I also wanted to establish if motivation was affected or if they have more or less job satisfaction in the present climate. I want to see if employee turnover has been affected and if absence levels and employee turnover has increased.

4. To find out what ways this psychological contract was formed.

The reasons behind this objective were to establish how the contract was initially formed and when it was completed. I will be in a position to offer my recommendations that will help to re-build the damaged/breached contract.

5. To find out what impact the employment embargo has had on the psychological contract.

The main goal of this objective is to establish the extent of the damage that the employment embargo has had on the psychological contract.

These five objectives will give me the answers that I need to establish the extent to which the employment embargo has had an effect on the psychological contract.

Through these five objectives, I can conclude on and make recommendations that will help to re-build the psychological contract in the hospital.

Chapter 2

Literature Review

2.1 What is the Psychological Contract?

According to Schein the psychological contract is defined as *".....unwritten set of expectations operating at all times between every member of an organisation and the various manager and others in that organisation"* (Schein, 1980, pg22). *"In Schein's definition these expectations can, of course, be concerned with economic issues such as the pay to be received in return for the work done"*(Makin, Cooper &Cox, 1996, pg5). What is meant by this is that the relationship may be changed due to reasons that are outside the hands of either party. If you take for example the present economic situation, with pay cuts in the public sector, the effects on the psychological contract alone would be tremendous. But the government states that these pay cuts are needed and management levels can do nothing to stop them. They will however have to work to make sure that the reaction to the psychological contract is not to severe. *"The term psychological contract is derived from the Greek, meaning 'mind, spirit, or soul'"* (Makin et al, 1996, pg5).

In Schein's (1980), definition of the psychological contract, he mentions that it is an 'unwritten set of expectations'. In his article he goes on to mention, that *"Though it remains unwritten, the psychological contract is a powerful determiner of behaviour in organisations"* (Schein, 1980, pg24). What is meant by that statement is that although it is not written, it can still be used as a way of explaining why a staff member will do something that is not in his/her normal day to day activity.

Management and staff want to be in work for a number of reasons. Maslow's Hierarchy of needs explains the different reasons why people go to work. See Appendix A for Maslow's hierarchy of needs. Firstly they look at their basic needs and see if they are met. These needs would be the ability to provide shelter, food and drink for themselves and their family. Next stage is the Safety needs that cover areas such as job security and protection. The next stage is the social needs which is where the psychological contract comes in to play. Social needs are explained as "*the need to belong; to love and be loved; to interact with others*" (Maslow, 1943 cited in Pettinger, 1998, pg39). In other words it is about building positive relationships with fellow colleagues and management that may be able to influence your work in a productive way. This is the psychological contract at work. It is about having a positive relationship with levels of management for which you will receive something back in return. Example of the psychological contract at work would include situations where, if the policy of an organisation was to inform employees about changes in work methods and procedures, that the employee would be willing to work extra to cover any increase or changes in the work-load, or that they would talk highly about the organisation when in conversation with people outside of the organisation.

2.2 The origins of the Psychological Contract

In 1938, Barnard wrote a book entitled, '*The Functions of the Executive*'. In this book he described his version of the employment relationship. He said, cited in Purvis & Cropley, (2003), "*that employees could be persuaded to pledge allegiance to an organisation's goals in return for various remunerative, social psychological incentives*". The psychological contract was credited with firstly being developed in

depth by Argyris in the 1960's, since then numerous other theorists have influenced and further developed the idea. *"Argyris used the term 'psychological work contract' to describe an embeddedness of the power of perception and the values held by both parties (organisation and individual) to employment relationship"* (Cullinane & Dunbar, 2006, pg114).

Fox (1974) added to the psychological argument by stating that *"earlier literature illustrates the point that employment relationships are shaped as much by a social as well as an economic exchange"*

A further development on Argyris's argument on the psychological contract was done by Levinson, Price, Munden and Solley (1962) cited in Cullinane et al (2006, pg114) they *"saw the psychological contract as a 'series of mutual expectations of which nonetheless govern their relationship to each other"*.

In 1978, Schein further added to the psychological contract argument saying that it does not just depend on how much work they will do and how much they will get paid for it, it also covers a set of obligations, privileges and rights that accompany it. Schein as cited in Cullinane et al stated: *"Schein insightful contribution alerts us to the idea that labour unrest, employee dissatisfaction and worker alienation comes from violations of the psychological contract that are dressed up as explicit issues such as pay, working hours and conditions of employment which form the basis of negotiable rather than a psychological agenda"* (Cullinane et al, 2006, pg114).

Although all this took place before the 1990's, the psychological contract did not become popular until that decade when more writers took an interest in it. The most noted is a writer called Prof. Denise M. Rousseau. They felt that the Psychological contract was more of a one sided affair. *"Rousseau (1989) explicitly distinguished between conceptualisations at the level of the individual and at the level of the relationship, focusing in her theory on individual employees' subjective beliefs about their employment relationship"* (Smithson & Lewis, 2010). Rousseau also discussed the contract in an article in 1995 and suggested that unlike a legal contract, the psychological contract can be altered (Cullinane & Dundon, 2006, pg114). *"As a result, there is very little to prevent it from being casually and secretly changed by either party"*. In Rousseau (2001) 'Schema, promise and mutuality: The building blocks of the psychological contract' and then states *"A major feature of the psychological contract is the individual's belief that the agreement is mutual, that is, a common understanding exists that binds the parties involved to a particular course of action"* (Rousseau, 2001, pg512). Her overall input to the psychological contract is that it is a one way operation, i.e. what the employee does and hopes to receive as a reward. It is a promised based contract.

2.3 How does it Form?

According to Rousseau (2001) a lot of research has been conducted in connection with the formation of the psychological contract. Writers such as Coyle-Shapiro & Kessler (2000), Herriott, Manning & Kidd (1997) and Robinson & Wolfe Morrison (1995) have all impacted on the development of the psychological contract. Rousseau States that *"In a nutshell, this research indicates that workers with different types of*

psychological contract respond differently to violation and to planned organisational change” (Rousseau 2001, pg512).

Rousseau (2001) further explained that to understand the dynamics of the psychological contract, you must consider how the contracts are firstly formed. The contract takes time to form as it is centred on trust. According to Rousseau (2001), there are five stages to the formation of a psychological contract, they are;

- 1) Pre-employment
- 2) Recruitment
- 3) Early socialisation
- 4) Later socialisation
- and 5) Evaluation.

2.3.1 Pre-employment

Pre-employment refers to the profession norms that you would expect if you were to gain employment. A schema is associated with that pre-employment stage of building a psychological contract. *“A schema is a cognitive organisation or mental model of conceptually related elements” (Rousseau, 2001, pg513).* What this means is that it represents a way that things were done in the past in the organisation and *“subsequently guides the way new information is organised” (Stein, 1992, p.42).* When someone hears about an organisation, there is usually a certain understanding about that organisation, for example, Google is known for their laissez fair approach to managing. When someone is applying for a job in Google, they will have certain knowledge as to what to expect and what the psychological contract is going to be. Rousseau, 2011, pg515, states that *“Pre-employment schemas provide a lens through which workers view employment experiences and the obligations these*

create”... “Such schemas are acquired through prior socialization (e.g. societal, occupational, or related to previous employment)”

2.3.2 Recruitment

The second step is recruitment. A candidate comes in for an interview and for example, the candidate asks ‘if there is a chance of promotion?’, the interviewer may say ‘yes’. This would not be written down but is in fact the start of a psychological contract. At this stage, the management and the new employee begin their new psychological contract that will be shaped from this stage onwards. The signals will begin that will mark the evolution of the psychological contract.

2.3.3 Early Socialisation

The third step is early socialisation. What this step involves is the continuing promise of exchange that will take place between the parties; the worker has employment and continues to build the contract with the company. Later socialisation is when the contract is in full order and the relationship has been built. The relationship is improving and management and staff are constantly learning new characteristics about their counterpart, and the contract is constantly evolving.

2.3.4 Later Experiences

This is where the psychological contract has formed and if fully operational at this point, management know what to expect from their staff and visa-versa. If there are to be changes, these are *“often incorporated into (the) existing psychological contract”* (Rousseau, 2001, pg523). The worker is given more responsibility with less direction from their superiors.

2.3.5 Evaluation

The final stage of Rousseau's phases is evaluation. At this stage the contract may change if it has run its course and incentives may need to be revised. The contract will be maintained but changes will be needed if the psychological contract is to remain in place. The contract may change due to a number of issues such as an employment embargo or pay freezes etc. (Rousseau, 2001).

Cullinane et al (2006, pg122) following from what Rousseau said, stated: *"However, an alternative and complementary way forward is to focus on the socio-political interpretations of the messages employees receive, not only internally from management but also from the wider political economy of capitalism"*. What Cullinane et al is saying here is that it is not only the work experiences that affect the psychological contract but also the greater economy. This shows that management and employees should be aware of everything that is going on, in case the results will have an effect on them.

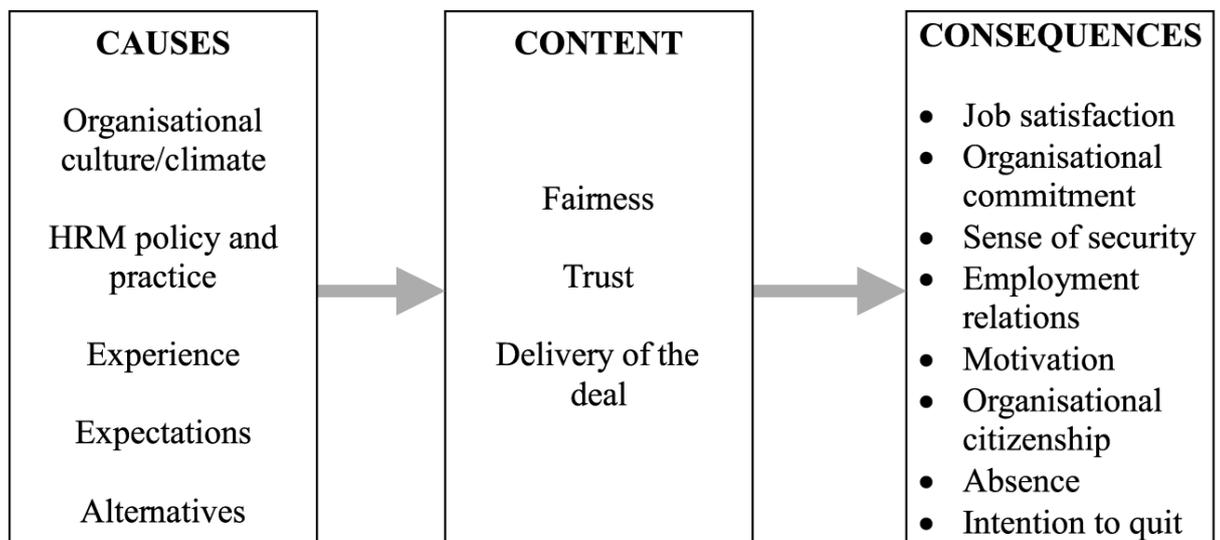
In the case of the psychological contract the impact of the trade union can be huge. If a breach happens in the psychological contract, the employee would be inclined to go to the union to sort it out (Turnley, Bolino, Lester & Bloodgood, 2004). With a decline of a trade union in an organisation, it leaves *"something of a representation gap in which employees find it increasingly difficult to voice their concerns"* (Towers, 1997).

What Towers was saying here is that when trade unions are present, employees have a worker voice which will work in favour of the psychological contract. The same cannot be said if there is no union. Workers find themselves with no way to express their concerns; this may lead to job dissatisfaction and lack of employee engagement.

The psychological contract may be in decline in an organisation like this and will be very difficult to rebuild.

2.4 Psychological Contract Model

There are a number of models that can relate to the building of a psychological contract. Guest formed one of these models.



Source: Guest (1998)

“This Model would appear to offer some vestige of hope to professional practitioners in the area of Human Resource Management in attempting to identify the rewards most likely to be expected from their employees or groups of employees within their organisation” (Maguire, 2002, pg178)

The purpose of this model is to explain what employees look for when it comes to rewards. Management must then look at what motivates the employees and offer it to them, in return for work and extra duties that they might carry out. That is how the process of building the psychological contract can begin.

2.5 A Breach in the Psychological Contract

“Psychological contract breach is the cognition that the organization has failed to fulfil one or more of its obligations and has been distinguished from violation, which captures the emotional response that may arise from breach” (Parzefall, 2010, pg13).

The worker may feel that they have been violated in their workings and that they have lost something from their present work ways.

When an employee feels that they are being treated well by an organisation, *“they are likely to feel positively towards their organisations and engage in behaviours that support them”* (Turnely et al, 2004, pg. 422). Consequently, if an employee feels that they are being treated unfairly then *“they are likely to reduce their commitment to the organisation”* (Turnely et al, 2004, pg. 422).

A variety of trends such as restructuring, downsizing, increased reliance on temporary workers demographic diversity and foreign competition are having profound effects on employees’ psychological contracts (Kissler, 1994). Some employees may resist these changes as it will impact them, they will be conscious not to let these impact their contract but it usually would (Kissler, 1994).

A breach in the contract can cause a number of problems to an organisation. Simply, trust may break down and thus there could be a number of possible outcomes stemming from this. According to CIPD there could be 1) A negative impact on job satisfaction 2) A negative impact on the commitment of the employee and 3) a negative impact on employee engagement. These three outcomes go hand in hand and sometimes all three can happen simultaneously. If an employee is not getting the

satisfaction out of the work that they crave, then they may not be committed to the job and may not engage themselves to the best of their ability. CIPD 2010, defines employee engagement *“as a combination of commitment to the organisation and its values and a willingness to help out colleagues (organisational citizenship)”*. If an employee does not remain engaged in their work the psychological contract will further be damaged. This can be difficult to repair as the contract takes time to develop in the first place.

If the contract is breached, trust between the manager and the employee will inevitably be broken and the three possibilities above will be impacted. If an employee has little job satisfaction then they will be unmotivated to come to work and they will be more inclined to procrastinate when they are in work as they will not be getting any enjoyment out of the work that they are doing. The employee may lack a certain amount of commitment to their work and will in turn do less work and will generally not be bothered with the standard of work that they do. The third part will leave the employee lacking engagement; they will want to do as little work as possible (CIPD, 2010).

The emphasis is on the manager to remember that it is their job to make sure that the contract relationship does not break up. As CIPD stated 1) Employment relationships may deteriorate despite management’s best efforts: nevertheless it is the managers’ job to take responsibility for maintaining them (Daniels, 2011). The manager is put in the position to make their employees work to the best of their ability. If the psychological contract is broken or damaged then it is in the best interests of the

manager to mend it so their employees can be productive again. 2) Preventing a breach in the relationship in the first place is better than trying to repair the damage afterwards (Daniels, 2011). It is always said that to 'nip it in the bud' is the best option when a problem arises; it is the same in the case of the damaged psychological contract. The sooner the problem is addressed the quicker normality can be reinstated. 3) According to CIPD, where a breach cannot be avoided it may be better to spend time negotiating or renegotiating the deal, rather than focusing too much on delivery (Daniels, 2011). If a problem shows early signs of causing bigger problems in the longer run, it may be better off renegotiating the contract at this early stage, as it would be much easier to do it at this stage rather than when the contract is in fully operative and the employee and indeed the employer are not willing to sacrifice some of their rewards.

According to Guest, 2004, a breach in the psychological contract may also arise because of unsatisfactory alignments between the Human Resource Management department and line managements. These two sets of individuals negotiate the psychological contracts directly with employees on an individual and idiosyncratic basis. If the line managers and the human resources managers start to bicker about hours and pay, the knock on effect that this will have on the employees will also affect the psychological contract between the line managers and employees. Human resource management is the *"aspect of organisational management concerned with the management of an organisation's workforce"* (Gunnigle, Heraty & Morley, 2006, pg. 1). It is about making decisions that are in the best interests of everyone and also

maintaining the trust of everyone. It is also about the “process of acquiring, training, evaluating, compensating” (Hitt Black and Porter, 2009, p.148).

This shows that it is about making sure that all activities are done correctly so that management and staff are happy in their work. If the human resources management department are constantly seen to be bickering with the line managers, then morale within the organisation as a whole will suffer.

2.5.1 Union Activity in the Psychological Contract

Union activity plays a vital role in insuring that the psychological contract is not breached. They work together with management and the employees insuring that they both are working in harmony with each other. A lot of the times management will debate with employees at an early stage, the psychological contract to make sure that a healthy relationship will be developed from the start and that this relationship can be further nurtured by the union. Union activity is very prominent in a public sector operation such as AMNCH and Human Resources have to engage with the union if they are trying to change the day to day work of their employees. Failure to do this can leave the unions and employees in conflict as they will feel that management are taking advantage. The psychological contract in this instance will be affected.

“One reason that union commitment is likely to increase in the instance of psychological contract breach, is that union activity represents a potential means for forcing an employer to meet obligations” (Turnely et al, 2004, pg. 423). If an employee feels mistreated by their employer they may contact the union. They may feel that the union holds the key to getting the psychological contract back on track.

“Union voice makes a valuable contribution because union leaders, unlike appointed managers, are independent because they are elected to represent the interests of employees and their career paths are not tied to the organisation” (Gill, 2009, pg. 29).

The employee may feel more trusting of the union representative as they are elected by them and they will do all they can to help them win their case. Brett (1980) believed that employees do not have the ability alone to change unwanted and undesirable work practices, they need help from an outside source.

2.5.2 Change management and the Psychological contract

Change management is defined as *“the process of achieving the smooth implementation of change by planning and introducing it systematically, taking into account the likelihood of it being resisted” (Armstrong, 2004, pg263)*

Over the last number of years the Health Service Executive (HSE) has changed dramatically as a result of which many operational changes have been introduced. The most noted of these changes is the introduction of the employment embargo. Within the HSE frame that is very unionised, any move by management to change something can cause problems. Change must be monitored as it is one of the major causes in the breakdown of the psychological contract (Beaumont & Harris, 1979). Everyday change can happen within an organisation, but a company/organisation needs to introduce major change in a certain way so that it may not cause substantial damage to the psychological contract. The use of models such as Lewins and Kotters models of change (shown in appendices B and C) may help management guide their employees through the change process, thus not affecting the psychological contract in the process.

If there is a trust and a good psychological contract between the employer and employee, then the introduction of changes may not be a problem. But if management try to introduce change without the proper approach, then the employees would have problems and the damage to the psychological contract may escalate. The psychological contract is a delicate instrument that can be easily damaged by the slightest hint of change if the proper approach is not followed.

2.5.3 Making sense of a breach in the Psychological Contract

“In addition, when employees perceive that their psychological contracts have been breached, they are likely to look for ways to try and restore the benefits they were expecting to receive and try to protect themselves against future organisational actions that would negatively affect employment relationships” (Turnley, Bolino, Lester & Bloodgood, 2004, pg. 422-423). Weick 1995, as cited in Parzefall 2010, devised seven key reasons why employers do not stick to the agreement that they had originally intended.

The first is, *“individuals attempt to maintain a coherent self-identity through sense making”* (Parzefall, 2010, pg14). An employer may be protecting their employee in the long run by breaching the contract, as the breach may be a necessity for the employee to prosper in the work place, but the employee may not realise this at the time.

Secondly, *“sense making is retrospective and it is influenced by what people notice, how far they look back and what they remember”* (Parzefall, 2010, pg14). If a breach does occur, employees may look at the different incidents that may have caused the breach and in doing this try to figure out what happened.

Thirdly, *“Sense making involves enactment whereby individuals make sense of their environment through action”* (Parzefall, 2010, pg14). The employee might try and distinguish what went wrong by action learning. This can be done through asking questions or through negative reciprocity.

Fourth, *“sense making is social and sensible explanations then to be those for which there is social support”* (Parzefall, 2010, pg14). Employees are likely to observe colleagues and discuss and make comparisons with other employees trying to understand the root cause of the breach.

Fifthly, *“sense making takes place amid the on-going flow of elements and the interruption to the flow provides the opportunity to make sense about the previous flow”* (Parzefall, 2010, pg.15). In this case, the breach can be seen as an *“on-going fulfilment of promises, prompting sense making which subsequently influence future behaviour”* (Parzefall, 2010, pg. 15).

Sixthly, *“the sense maker selects clues from previous flow of previous events that may include pertinent pieces of information to help them form coherent picture of the employment relationship..... therefore, breaches might activate employees’ conscious information”* (Parzefall, 2010, pg. 15).

Lastly, *“sense making is more concerned with the construction of an account of events that serve the interest of the sense maker, are pragmatic and persuasive rather than necessarily accurate”* (Parzefall, 2010, pg15). In this respect, it is important for the employee to remember the employment relationship that they have with their

employer, *“even if this understanding is only partial or contradicts that of the employer”* (Parzefall, 2010, pg. 15).

If something goes wrong in a relationship, either at home or in work, then it is peoples' natural instinct to figure out what went wrong. The seven ways outlined above show the different ways in which they can make sense of things.

2.6 What Persuades People to take it up?

Employees want to have a good work life, this depends on how they get on with the management in the company. If a psychological contract is formed, work life can be a better place for all involved. Management want their employees to have high levels of job satisfaction and to have a good level of employee engagement. With the presence of a psychological contract in the operation, management can have a good relationship with their employees and staff may be happy also.

According to CIPD, with the number of changes now taking place in the workplace it would be best for everyone to understand and use their psychological contract.

CIPD state that changes that are currently impacting in the workplace include:

- More employees on part-time and flexible work hours (CIPD, 2010). This means that their employees are able to come into and leave work earlier or later, to suit their individual situations. This is ideal if you have children who need to be dropped to school or collected, it also reduces stress levels with regards to child care. However, this can also have a less positive effect as staff levels could be adversely affected. If all employees decide to take the flexi option and come in later in the morning, there would not be the correct levels of staff to run the operation efficiently, the same can happen in the evening with staff leaving early. Staff will feel positive towards this flexibility as if something was to happen with a child or some other emergency, they would be able to take care of it. Thus the staff will feel happier in the work place and may be willing to do that little bit more and this leads to the psychological contract building and improving.
- Organisations downsizing and delayering, meaning remaining employees have to do more (CIPD, 2010). With fewer employees, work levels are going to increase. As a result employers run the risk that their employees may feel overworked and undervalued. This can also have a positive effect as some employees will hope for challenges and for more responsibility in their work. It can build a positive psychological contract as the management levels could look at these employees as hard workers and thus give them more opportunities. This is an aspect that is very prominent in the AMNCH, less staff and more work for those staff. The outcome of this change will depend

strictly on the employers and how they handle the change. The outcome can be positive or negative on the psychological contract.

- Markets, technology and products constantly changing (CIPD, 2010).

With technology getting better every year, new products are constantly being brought out that makes the life of the employees that little bit easier.

Technology can make everyday jobs easier and quicker so that employees will have more time to do new challenging projects that will show their superiors that they want to learn. Thus the psychological contract will develop further.

- Technology and Finance becoming less important than Human Resources as sources of competitive advantage (CIPD, 2010). Having the correct staff these days is seen as a competitive advantage in some companies' eyes. If a company has staff that wants to learn and take up new challenges and tasks, then the company is going to be innovating the whole time. This is a competitive advantage and shows that the psychological contract is working as staff are giving something to the company, and employers are giving staff back recognition for their work and commitment.

- Traditional organisational structures becoming more fluid (CIPD, 2010).

When an organisation is traditional, they are said to have quite a few layers of management within them. These layers are being removed in some cases which allow staff to liaise with different levels and get their views and points across. The chain of command is smaller than in traditional organisations, so

employees are more involved in day to day operations and decision making, thus making for happier organisations.

2.7 The psychological Contract and the National Health Service

The National Health Service (NHS) is the English equivalent to the Irish public health care system, the HSE. The NHS *“provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it.....it is funded by taxes”* (Brooks, 2008). Over the last couple of years there have been studies conducted in the NHS with regards to the psychological contract. The most noted was an article by Lynee J. Purvis and Mark Cropley. The article was entitled *‘The psychological contracts of National Health Service nurses’* and in 2003, it was published in the Journal of Nursing Management. The reasons for conducting the research arose from the nursing shortage that was facing the NHS. This situation has similar parts to the employment embargo that is currently present in the HSE as the number of employees has decreased with the result that services may have been affected.

In this research, surveys were issued and the main results of the questions that were asked were as follows;

Who was their employer?

The results showed that most nurses believed that the NHS trust was their employer with 71.7% (Purvis et al, 2003). 10.35% believed that the hospital was their boss with 9 % stating that the NHS was their boss with the head of the nursing department getting 3.1% believing they were the boss (Purvis et al, 2003).

What were the attendance levels?

The results show that the majority had not been absent from work over the previous three months, 25.1% said they had missed one day with 18.8% saying 3-5 days, and 5.4% stating they had missed 6-20 days, leaving 1.8% saying they missed over 20 days (Purvis et al, 2003).

What was staff's intention to leave?

The result showed that 47.1% would leave if an opportunity arose, 29.6% said they would leave only if an extraordinary opportunity became available to them, 12.6% said they would like to stay in their present position for as long as possible, with 10.8% saying they would leave as soon as possible (Purvis et al, 2003).

What is Job and organisational satisfaction with the NHS?

The results show that they were slightly happier with their job satisfaction than they would have been with overall satisfaction that they felt for the organisation.

It is my view that if such a survey was carried out in the HSE the results from it would be very similar because of the effects the employment embargo is having on the staff in the HSE at present.

“The results of this study are of fundamental practical importance and demonstrate that unwritten contracts play a critical role in determining the type of employment relationship an employee perceives that he or she holds and in the long term the

substantiality of this relationship” (Purvis et al, 2003, pg. 118). This research backs up the points that Argyus and Rousseau originally said about the psychological contract playing a very important role in how organisational relationships are formed. The results also showed that it would be more likely for younger nurses to leave as they had low relational contracts and strong transactional contracts (Purvis et al, 2003)

Another finding that arose from this research is that *“there are nurses that perceive that their expectations of personal recognition, being valued and supported, of status and reward, are not being fulfilled by the organisation, and who are thus dissatisfied with both their jobs and the organisation* (Purvis et al, 2003, pg. 119). This is a comparison that could be very similar to that of the situation presently in the HSE.

2.7 The Psychological Contract – Professional and Administrative Work Ideologies

Like most hospitals, the AMNCH is broken into numerous departments, but the two main distinctions in a hospital would be front line and backroom staff. It would be assumed that there would be different psychological contracts for the different areas. Bunderson (2001) conducted a study that investigated the differences between the professionals and administrative staff working in the medical profession. This can relate to the hospital as it was about two different sets of workers, working in the same work place.

The article shows that the two different ideologies, administrative and professional, look at the way things are done. One of the examples given was about the organisational role that is played. It states that the administrative ideology see’s the

“organisation as an economic business enterprise (bureaucratic system and market enterprise)” (Bunderson, 2001, pg. 719). While the professional ideology sees the *“organisation as professional work setting (professional group and community servant)”* (Bunderson, 2001, pg. 719). This shows that the different ideologies would have different opinions on the way the organisation is run. This would be similar in a front line/backroom staff situation as in the hospital.

The method used in this article was sampling staff members and finding out their thought on certain aspects of job related activities after a breach had occurred. Such as; job satisfaction, thoughts of quitting, turnover and productivity. The results were as follows; Job satisfaction – the results show *“that perceived administrative and professional breaches would be negatively associated with job satisfaction although the marginal coefficient for professional breach suggest that this effect may be weaker”* (Bunderson, 2001, pg. 732). The results show that the professional ideology would deal with a breach more efficiently than the administrative ideology.

The results for staff, thinking of quitting were – that after a breach, workers of the administrative ideology were more inclined to quit than the professional ideology. The results would be expected to be similar in employee turnover; staff was more inclined to leave in the administrative ideology. *“these results suggest that, after controlling for clinician characteristics, job satisfaction, and organisation commitment, perceptions that one’s employing organisation is not appropriately fulfilling administrative role obligations predicts both thoughts of quitting and turnover for employed professionals”* (Bunderson, 2001, pg. 734)

The results for productivity after a breach were that; the administrative ideologies productivity would rise and the professionals' ideology would decrease (Bunderson, 2001). This shows that administrative workers are bound to get on with their work after a breach has occurred.

“These results support the argument that the basic differences in the way professional employees respond to perceived professional versus administrative breaches” (Bunderson, 2001, pg. 735).

Chapter 3

Research Methodology

3.1 Introduction

“When listening to the radio, watching the television or reading a daily newspaper it is difficult to avoid the term ‘research’ (Saunders, Lewis & Thornhill, 2007, pg. 4).

Research can take many forms; it is all around us (Saunders et al, 2007). Before deciding on what was the best approach to take for the research I conducted for my dissertation, I firstly looked at the ‘research philosophy’ that is present. *“This overarching term relates to the development of knowledge and the nature of that knowledge” (Saunders et al, 2007, pg. 101).*

3.2 Research Philosophy

To use a research philosophy, you do not necessarily have to be devising a new theory, you are merely developing a thought. There are three main research philosophies to choose from prior to conducting your research which are; 1) Epistemology 2) Ontology & 3) Axiology.

3.2.1 Epistemology

“Epistemology concerns what constitutes acceptable knowledge in a field of study” (Saunders et al, 2007, pg. 102). The term was used by a Scottish philosopher called James Frederick Ferrie. Epistemology looks at ‘knowledge that’. An example of knowledge would be that $2+2=4$. This knowledge is based on the ‘that’ aspect. The fact that $2+2=4$ and not the how is $2+2=4$. According to Saunders et al, 2007, for the researcher, “reality is represented by objects that are considered to be ‘real’, such as a computer, trucks and machines” (Saunders et al, 2007, pg.103). Epistemology can further be broken into three parts; 1) Positivism, 2) Realism and 3) Interpretivism.

Positivism and Interpretivism Methodologies

Positivism	Interprivism
Experimental Studies	Hermeneutics
Surveys	Ethnography
Cross-Sectional Studies	Participative Enquiry
Longitudinal Studies	Action Research
	Case Studies

Adapted From: (Collis & Hussey, 2009, pg. 74).

3.2.1.1 Positivism

"If your research philosophy reflects the principles of positivism, then you will probably adopt the philosophical stance of the natural scientist" (Saunders et al, 2007, pg. 103).

Your preference will be *"working with an observable social reality and that the end product of such research can be law-like generalisations similar to those produced by the physical and natural scientist" (Remenyi, Williams, Money & Swartz, 1998, pg. 23).*

Within this research approach, the researcher cannot change certain facts about the research that was gathered. For example if the researcher surveys ten people about the type of vehicle they drive; a car or jeep. If six say they drive a car and four say they drive jeeps, these are the facts and there is no way of getting confused between them.

3.2.1.2 Realism

Realism is connected to the scientific enquiry. *"The essence of realism is that what the senses show as reality is the truth: that objects have an existence independent of the human mind"* (Saunders et al, 2007, pg. 104). Realism has similarities to positivism as it undertakes a scientific approach to dealing with knowledge. Realism is divided into two types; Direct and critical realism.

Direct realism *"says that what you see is what you get"* (Saunders et al, 2007, pg. 105) while Critical realism *"argues that what we experience is sensations, the images of the things in the real world, not the things directly"* (Saunders et al, 2007, pg. 105).

The major difference between the two approaches to realism is, that critics say there is two steps of world experiences, (Saunders et al, 2007) Firstly *"there is the thing itself and the sensations it conveys.....secondly, there is a mental processing that goes on sometime after that sensation meets our senses"* (Saunders et al, 2007, pg. 105). If you look at the direct approach, it states *"that the first step is enough"* (Saunders et al, 2007, pg. 105). Saunders et al explains the difference as the example of two umpires, the critical umpire will say 'I give them as I see them' while the direct will say 'I give them as they are' (Saunders et al, 2007).

3.2.1.3 Interpretivism

“Interpretivism is an epistemology that advocates that it is necessary for the researcher to understand the difference between humans in our role as social actors” (Saunders et al, 2007, pg. 106). This approach is about looking at the way humans react in the world. The phrase ‘social actors’ is important here. *“The metaphor of the theatre suggests that as humans we play a part on the stage of human life.....we interpret the social roles of others in accordance with our own set of meanings”* (Saunders et al, 2007, pg. 106). Interpretivism is about the way a human would react to something if you were to show them. An example would be how someone would react if you showed them a video of child labour. Their reaction would be your research. Interpretivism stems from two traditions; 1) phenomenology & 2) symbolic interactionism. *“Phenomenology refers to the way in which we as humans make sense of the world around us”* (Saunders, Lewis & Thornhill, 2007, pg. 107). While *“in symbolic interactionism we are in a continual process of the world around us”* (Saunders et al, 2007, pg. 107). These two added together make up Interpretivism as it is the way we look at things and process them.

“Some would argue that an Interpretivism perspective is highly appropriate in the case of business and management research, particularly in such fields as organisational behaviour, marketing and human resource management” (Saunders et al, 2007, pg107).

3.2.3 Ontology

Ontology is the next research philosophy. Ontology is *“concerned with the nature of reality”* (Collis et al, 2009, pg59). With ontology, the main question asked is *“of the assumptions researchers have about the way the world operates and the commitment held to particular views”* (Saunders et al, 2007, pg. 108). Similar to epistemology, ontology can be divided in to three aspects; 1) objectivism, 2) subjectivism and 3) pragmatism.

3.2.3.1 Objectivism

“This portrays the position that social entities exist in reality external to social actors” (Saunders et al, 2007. pg. 108). What this aspect of ontology is focused on is that for example, managers in two different organisations may have the same roles and duties but their thoughts on a certain subject may not be the same. *“Management in your organisation has a reality that is separate from the managers that inhabit the reality”* (Saunders et al, 2007, pg. 108).

3.2.3.2 Subjectivism

“The subjectivist view is that social phenomena are created from the perceptions and the consequent actions of social actors” (Saunders et al, 2007, pg. 108). What this approach looks at is what people believe will be others reactions to a certain incident. Remenyi, 1998, states that it was worthwhile studying *“the details of a situation to understand the reality or perhaps a reality working behind them”* (Remenyi et al, 1998, pg. 35). Subjectivism is linked to the term social constructionism. *“This follows from*

the Interpretivism position that it is necessary to explore the subjective meanings motivating the actions of social actors in order for the researcher to be able to understand these action” (Saunders, 2007, pg. 108).

Saunders, 2007, explains a view that different customers may view different consequences as they have their own view of the world. This approach believes that social actors don't exist and that most people will react differently to a given incident.

3.2.3.3 Pragmatism

“Pragmatism argues that the most important determinant of the research philosophy adopted is the research question – one approach may be better than the other for answering particular questions” (Saunders et al, 2007, pg. 110). This approach is often said to be a choice between the positivism and the Interpretivism (Saunders, 2007). This approach would be seen as a mixed methods approach, “both qualitative and quantitate, are possible, and possibly highly appropriate, within one study” (Saunders et al, 2007, pg. 110). This could mean that the use of both interview and surveys could co-exist in your research as you would wish to gain different insights from each.

3.2.4 Axiology

“Axiology is a branch of philosophy that studies judgements about values” (Saunders et al, 2007, pg. 110). This stage looks at what your own value will play in your research process. Heron (1996) argues that the values that we hold are the reason for our actions as humans. Heron goes on to argue that researchers may demonstrate

axiological skill by being able to articulate their values for making judgements about what research they are conducting and why they are going to do it. (Heron, 1996) it is about bringing your own values into the research at all stages of your study.

3.2.5 Conclusion on Research Philosophy

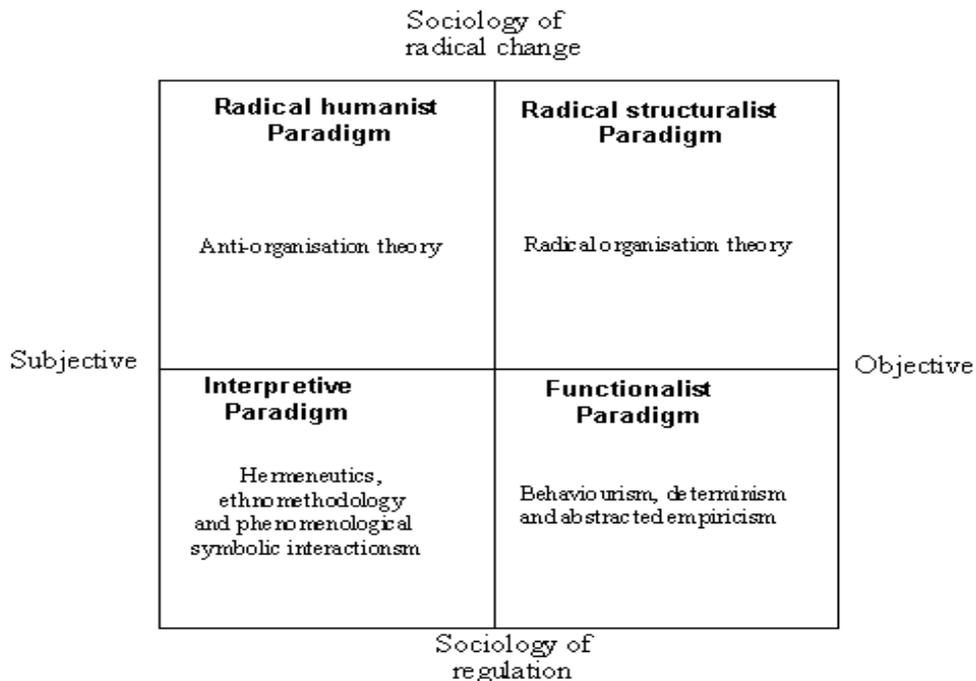
The three Research Philosophy's outlined above differ in their approach. Axiology looks at bringing your own values into your research; Ontology is based on the view that each research subject has a different opinion, while epistemology looks at the world being full of social actors. The approach I plan to take would be ontology. Within ontology I will be taking a subjectivism approach, as I will be looking for different opinions from people who are in similar positions in the AMNCH. I will be comparing the results to see if there are any differences between the same levels of management in different departments.

3.3 Research Paradigms

A research paradigm is defined as "a way of examining social phenomena from which particular understandings of these phenomena can be gained and explanations attempted" (Saunders et al, 2007, pg. 112). It can be broken in to four parts, 1) Radical Change 2) Regulation 3) Subjectivism & 4) Objectivism. Burrell and Morgan, 1979, mention the main purpose of the four paradigms. They work with assumptions to clarify the researcher's view of the nature of society (Burrell et al, 1979). They offer an understanding into the approach to which the researcher does their work (Burrell et al, 1979). They also help the researcher to point out their own route throughout the

research process, to understand where it is possible to go and in what way they are going (Burrell et al, 1979).

Four Paradigms in organisation theory



Source Burrell & Morgan (1979)

Within the four outer parts of the diagram, the four paradigms have different theories.

Functionalist paradigm is situated on the objective and regulation side. Burrell et al (1979, pg. 26) state that “it is often problem-oriented in approach, concerned to provide practical solutions to practical problems”.

Interpretive paradigm is located alongside the regulation and subjective parts. “The philosophical position to which this refers is the way we as humans attempt to make sense of the world around us” (Saunders et al, 2007, pg. 113).

The next paradigm is the radical humanist paradigm which is in between subjective and change. When working with this approach you would “be concerned with changing the status quo” (Saunders et al, 2007, pg. 113). With this approach you are setting out to change something within the organisation and your research will demonstrate that.

The last paradigm is radical structuralist, which is between change and objectivist. “Here your concern would be to approach your research with a view to achieving fundamental change based upon an analysis if such an organisational phenomena as power relationships and patterns conflict” (Saunders et al, 2007, pg. 113). This is the approach I believe will suit my research as I am doing an analysis of the psychological contract with respect of the employment embargo, and then offer recommendations that will help.

3.4 Inductive V Deductive

When conducting a dissertation, there are two approaches to choose from. These two approaches are the ‘deductive’ and ‘inductive’ approach. The process of “developing a theory and hypothesis and designing a research strategy to test the hypothesis” (Saunders, Lewis & Thornhill, 2007, pg. 117) is called deductive. It is known as a scientific research and it involves picking a theory and expanding it through research in your area. The main problem with the deductive research approach is that there is a bias that is placed on the subject during the research. This approach is more about proving your theory and not about listening and taking the subjects ideas into consideration.

The deductive approach would not suit the research I undertook as the theory of the impact of an employment embargo and a psychological contract is not one that can easily be thought up by oneself. The results are very much opinionated and there needs to be as little bias as possible. Collis and Hussey (2003), summarised that the deductive approach is the more dominant research approach of the two, where the laws present the basis of explanation, allows the application of phenomena, predict their occurrence and therefore permits them to be controlled. An advantage to the deductive research approach is that change and growth are allowed, so if the data that you have collected changes slightly your research may not be affected. (Wall Watchers, 2011)

Inductive is defined as when you “collect the data and develop theories as a result of your data analysis” (Saunders et al, 2007). The approach I decided to take was inductive. My rational behind this approach, is because I felt that collecting the information one to one through interviews would suit my research requirement best, as I would be able to link it to the theory of the psychological contract and the employment embargo. A positive of this approach would be that it gives the researcher a chance to understand this approach without developing an *“understanding of the way in which humans interpreted their social world”* (Saunders et al, 2007). A disadvantage to this approach is that *“we can never be 100 per cent sure about the inductive conclusions, as these conclusions are based on some empirical observations. Sometimes conclusions based on hundreds of observations can also be wrong”* (Ghauri & Gronhaug, 2005).

3.5 Quantitative or Qualitative

When I chose the inductive research approach I then had to choose between a quantitative or a qualitative approach. The main difference between the qualitative and the quantitative methods are, according to Dawson, "Qualitative research explores attitudes, behaviour and experiences through such methods as interviews or focus group.....Quantitative research generates statistics through the use of large scale surveys research, using methods such as questionnaires or structured interviews" (Dawson, 2010, pg. 14-15).

I chose to use a mono-method to my research. According to Saunders et al, 2007, pg. 145, "if you choose to use the mono-method you will combine either a single quantitative data collection technique, such as questionnaires, with quantitative data analysis procedures; or a single qualitative data collection technique, such as in- depth interviews, with qualitative data analysis procedures".

Robson argued that quantitative data analysis is "*...a field where it is not at all difficult to carry out an analysis which is simply wrong, or inappropriate for your purpose*" (Robson, 2002, pg. 293). Quantitative research will allow the researcher to explore figures that will help overall to generate an understanding of information gathered. Examples of this would include the levels of absenteeism over a six month period, such information could be expressed in graph form. A downside to this approach is that it can be complicated to use. The advantage of this approach is that it helps "*us to explore, present, describe and examine the relationships and trends within our data*" (Saunders et al, 2007, pg. 414).

This quantitative approach would not suit in the case of my research because the use of numerical studies would not have any benefit. Other options that I had to explore in qualitative methods before making my decision were surveys and questionnaires. "Surveys refer to a method of data collection that utilizes questionnaires or interview techniques for recording the verbal behaviour of respondents" (Ghauri & Gronhaug, 2005, pg. 124).

Although questionnaires and surveys would allow me to find out what staff thought of the impact that the employment embargo has had on the psychological contract in the AMNCH, this information would not be beneficial to me as it would not correspond with the overall objectives of the research report. *"The survey is an effective tool to get opinions, attitudes and descriptions as well as for getting cause and effect of relationship"* (Ghauri & Gronhaug, 2005, pg. 124). I believe that neither of these approaches suited my research as they would not allow me to gather all the information that I needed. The major downside of questionnaires and surveys are that they are standardised and you cannot probe the participant for more information (Milne, 1999). As my research question demanded that I had the scope to probe and explore, it was one of the main reasons that I chose not to undertake this approach. My research was factual based and I believed that the only way to gather this information was through interviews.

For this report I decided to use a qualitative approach. The purpose of this was to gather as much information as possible about the topic from the people who are directly involved in the different departments of the hospital. This involved

interviewing key members of management and staff levels in the AMNCH. “Interviews demand real interaction between the researcher and the respondent” (Ghauri & Gronhaug, 2005, pg. 131).

3.6 Focus Groups

Another qualitative approach that I explored prior to my research was focus groups. “In this type of research method the researcher can get together with several respondents at the same time and initiate a discussion on a certain topic” (Ghauri et al, 2005, pg. 114). Focus groups usually comprise of between four to eight people. I believed that this would not suit my research because as this method is designed to gather opinions on a topic, and while my topic was looking for that, I don’t believe that this option would suit as I felt with focus groups, employees might run with the crowd and not give an honest opinion. There are also many disadvantages of this approach. The discussion can easily be influenced by certain aspects such as the size of the group, its composition or the personalities involved. (Ghauri et al, 2005). The advantage of focus groups is that groups engage in “a kind of ‘chaining’ or ‘cascading’ effect; talk links to, or tumbles out of, the topics and expressions preceding it” (Lindlof & Taylor, 2002, pg. 182).

3.7 Interviews

When you choose to do interviews, there are two approaches you can use; they are Structured and Semi-Structured interviews. The structured interview is when the questions are fixed on a response to a category. (Ghauri & Gronhaug, 2005). The main approach of this type of interview is that the *“data form such interviews are by far the easiest to process”* (Burnard, 2005, pg. 5). The major disadvantage of this approach is the fact that it leaves you with very little opportunity to gain further information, as you are limited to just the questions that you have prepared. Within semi-structured interviews, a theme is picked, and a number of questions are put in place in line with the theme, but you are not restricted during the interview and you can follow up with further questions.

Within the AMNCH I broke it into two sections, the front line staff and back room staff. I chose to use semi-structured interviews in all interviews. I firstly interviewed the Human Resources Director to find out the reasons behind the employment embargo, whose decision it was to implement the embargo and what would be the circumstances that would lead to it being lifted. Next I interviewed the heads of two departments, one being a front line service manager and the other being a backroom administration service. The reasons for this was to find out how each department had been affected by the embargo, has the psychological contract been affected and how was the department dealing with it overall. Next I interviewed other members of each department. I interviewed three staff members in the front line services department and then two staff members in the administrative department, as I felt that there was more front line staff in the hospital than administrative staff. I believed that this would

give me a better overall balance. The logic behind this approach was to find out how the ordinary worker had been affected by the employment embargo, how they had reacted and has their psychological contract been affected and has it repaired itself. I then analysed this information to find the difference between the two sets of answers. I asked the same questions to both managers and I used different questions when interviewing the other employees of each department.

I believed that semi-structured interviews were the best approach as it gave me the opportunity to ask specific questions about their situation and it also gave me the freedom to ask other questions relevant to certain points that the interviewees raised. The two different management figures would have different ideas and thoughts about the changes over the last few years. This would allow me to explain the present situation and the impact of the employment embargo and its effect on the employees and hopefully lead me to conclusions and recommendations for the future. According to Dearnley, time is one of the pitfalls of this approach (Dearnley, 2005, pg. 28). When the interview is complete, you have to go through the interview and this takes time. This was something that I knew in advance so I had to take this into consideration when going about my research.

I also gathered secondary data such as staff numbers prior to the employment embargo. Newspaper articles that explained the employment embargo were also gathered. *“Secondary data includes both raw data and published summaries (Saunders et al, 2007, pg. 246).*

3.8 The Limitations of my Research

With every research study, there are always question marks over the approach that someone might take. The choices for my approach to the research were simple. I believed that semi-structured interview was the best option as it gave me the freedom to explore in detail a certain theme that came up. This would not have been available to me in the structured interview as I would have had to stick to a certain topic and not be able to verge away from it.

The use of surveys/questionnaires etc., I feel would have had the same effect as I believe I would have got the same opinions from everyone. I think that interviewing everyone separately allowed me get a different opinion from each, that in the end result benefited my research above anything else.

With the use of semi-structured interviews, you are given freedom to ask follow up questions. The follow up question depends on the interviewer and whether they ask it or not. This could lead to missed opportunities on a certain topic. This shows that this type of research is not scientific and based on assumptions.

Chapter 4

Results / Findings

4.1 Introduction

The results for the research carried out centred on the five objectives originally outlined in the introduction. They were:

1. To find and explore the main reasons behind the employment embargo and establish if they were met.
2. To explore the differences in the Psychological Contract between the front-line staff and backroom staff in the hospital.
3. What impact the employment embargo has had on the employees of the hospital?
4. To establish what ways this psychological contract has formed.
5. To find out what impact the employment embargo has had on the psychological contract.

I will now go through each one of these objectives and explain the results that I have gathered.

4.2 Objective 1: to find and explore the main reasons behind the employment embargo and establish if they were met

Before this objective can be answered it was first necessary to get each person's understanding of the employment embargo.

The head of the social work department and the head of the Human resource department expressed their views.

The head of social work stated;

'Social work and I suppose allied health in general is not subject to the embargo in the same way as other sections of work, but internally in this hospital I suppose we have had problems with staff ceiling over the past couple of years so that is what it means in this organisation and in this hospital is that everybody is subject to the embargo, regardless of what areas of responsibilities you have or what your professional role is'

And the head of HR stated;

'There is a service level agreement between the HSE and the hospital and as I understand the number of staff we need to deliver that service level and we are trying to match that but we had gone over that because that has been loosely run in management terms'

These responses are from management levels and there would be a certain expectancy on them to know what the employment embargo is. When asking the departmental staff what their understanding of the employment embargo is, the responses I got back were,

Social work;

'I think in general the HSE put in an embargo that said that staff could not be employed, but it made exemptions for the likes of allied health professionals e.g., social workers, physiotherapists, occupational therapists and that kind of thing'

And;

'This means that there is a ban on recruiting new staff, it also means there is a ban on replacing staff that leave the hospital or go on maternity or long term sick leave'

The staff in the HR department looks at the employment embargo as ...

'Well the employment embargo was simply put in place by the HSE, it is a structure that does not allow any new staff to be hired, and it has been in place for over two years at this stage'

As well as;

'Well it's not hiring staff on a full time basis'

From these replies to the question asked, it is clear that the sample of staff interviewed had a general understanding of what the employment embargo was and its main purpose.

Having established that all parties have an understanding of the employment embargo their replies to the first objective could now be gathered.

According to the Director of Human Resources in the AMNCH the employment embargo first came into place in 2008. When asked about the main objectives behind the introduction of the employment embargo, he stated;

'Well I think the main objectives of the embargo were simple, it was a straight forward tool, in a sense it was introduced to reduce the public sector numbers, and a major factor of that is that in not only reducing the pay role budget because while it was felt that it was too high, it also reflected the fact that they wanted the numbers down to reduce the future pensions liability'

What this shows is that the embargo had one main objective and that was to lower the numbers in the hospital. Through further discussions the HR director also explained that another reason for the employment embargo was the pension liability for the staff.

He stated;

'it also reflected the fact that they wanted the numbers down to reduce the future pensions liability. Obviously, people are out of the system and you have less people coming into the system, fewer pensions to run in the future, that was one major factor'

The director also stated that it was a decision that was made by the government and that there was no directive on what way it was to be introduced. This can be seen when the question was put: Did you as the HR director, have an input into the decision to introduce an employment embargo? And the answer given was;

'No the embargo, which is the moratorium and the subsequent voluntary redundancy scheme, were both government decisions, they were both national issues so therefore there is no local discretion. You are very much directed what to do by the HSE'

The second part of this objective was to ask 'were the objectives met?' this question was answered by the HR director again when he stated that;

'the objectives have been met in the sense that, I mean, if you look at the Croke Park agreement, the towards 2016 agreements, the public sector agreement, I mean the major objective in that is to reduce the cost of the public sector, and essentially the concept there is more to do with less, the moratorium has had success in effectively reducing the numbers'

4.3 Objective 2; to explore the differences in the Psychological Contract between the front-line staff and backroom staff in the hospital

Front-line staff deal with patients on a day to day basis, it is part of their job description. This would be different to that of backroom staff as they would not see patients in a professional way. While there is a difference in the work carried out by these employees, the psychological contract may be similar but their level of expectancy would be different.

The HR director stated;

'If you look at front line and non-front line, it's definite that there is a difference that in general, the front line should be more focused but not withstanding that it will very

much depend from department to department, there definitely is a difference of expectancy'

The HR director believes that there is a difference and the difference boils down to expectancy. Staff in the front-line would perceive themselves as more critical and therefore would be looking for and expecting more than that staff in the backroom.

4.3.1 The psychological contract for front line staff

The front line staff that is being discussed here are from the social work department.

This group would see patients every day and would have a strong welfare approach to their role, thus having a different view of work than backroom staff. The head of the social work department had this view about what she believed the psychological contract involved;

'I feel that it is about a mutual relationship that exists between an employer and an employee'

The head of the social work department also believes that it is formed at the recruitment stage.

She states;

'I think the organisation has tried to promote good practice in recruitment here and in terms of the whole process of recruitment I think a lot of attention has been to get that right'

Within the social work department, there were different levels of understandings between staff of what the psychological contract actually is. One staff member commented,

'I did not have an understanding of it until you asked now that you read it, yes I do now'

While another staff member said;

'I expect to be able to come in to work in a safe environment, I expect to be able to do my job and I'm sure they expect the same kind of thing from me, I' am imagining it's not what's written down but it's kind of what you expect from each other.'

Over the last few years the AMNCH has changed dramatically, there is less staff with increased numbers using the hospital. There has been pay cuts and new levies introduced over the past couple of years, this against the employees being asked to do more and with less pay. One could expect an unhappy workforce and that the psychological contract was bound to be affected, but the question is how bad and with what group has it been affected the most.

The head of the social work department defended the psychological contract and the relationship that she has with her superiors.

She stated;

'we have had a number of challenges here I suppose because apart from anything else we have had a number of senior manager positions that have been affected by the embargo, so there has been a lot of change and uncertainty at top management level as well that has impacted on staff in the organisation'

From this you can see that management level have problems of their own and have been affected by the employment embargo themselves. The problem is that the repercussions on the management level create problems with knock down effects on staff levels. The Head of the social work department knows that these problems exist and fights for and defends her department to the best of her ability.

When asked about the psychological contract that she has with her staff and has it been affected since the introduction of the employment embargo she replied:

'experience here in the department is that we have a good team spirit that people have pulled together through very adverse situations you know in circumstances like I mentioned through last year when people had doubts but have pulled together on things and that has been a big asset'

She went on to say;

'Having said that and I am sure there are times and they will tell you themselves, you know I come in and sit in a room to have a meeting with them and I am feeding back to them you know we are losing more resources, that obviously has an impact it is not ideal from that point of view'

However, from my discussions it is easy to see that the social work department has worked together through these tough times and are constantly pulling together to look after themselves as a team. This can be seen in comments from the staff which shows that they believe that the head of social work is doing her best for the good of the department. She communicates down the information from meetings and the staff is happy with this. The comments that back this up from her staff would include:

'I think we have a good psychological contract with Brenda (social work manager), she is very fair and she can see what is happening around the place'

Or;

'No I don't think it has, our manager is very much on the same side as us'

And;

'positive'

From these quotes, the head of the social work department seems to have a good relationship with her staff, that means that the problem lies somewhere else and from the responses that I got when asked 'Do you think the psychological contract has

changed with the hospital management?', the response given to that question was the same between the three separate interviews and it was all negative. One staff member described the psychological contract with hospital management as 'very poor' while another described it as 'negative with management'.

4.3.2 Backroom staff

The backroom staff is the staff that do not see the patients, they would concern themselves with the day to day running of the hospital. The HR manager described his relationship with management stating;

'Well they are under pressure as are we, so the relationship is obviously going to be affected but it is the case that we are both trying to implement the embargo and must work together to achieve and ensure that the service of care that we provide is of the best standard'

This shows that the HR manager believes that the hard decisions that are being taken are tough but in the long run they will be beneficial. He believes that relationships are strained but that has to be expected. He believes that the overall purpose of the hospital is to provide an efficient service and this is the reason why the hard decisions and choices are being made.

If you then look at the relationship that he has with his direct staff it seems to be a complex one. Little issues can throw it off course, such as the example he gave of holiday leave allocation, where he was allowed to take his in preference to a lower ranked member of staff, this caused resentment. The impression I got was that this

happens a lot and that staff get angry about it and fuss over it, which affects the relationship but then it comes good after a period of time.

When asking the HR employees what their thoughts on what the psychological contract was, the response I got was expected. It included;

'Its personal commitment to the hospital, you come in and you go the extra little bit and I suppose as professionals that is expected'

And;

'I think it's just the relationship that you have with your manager, good communications'

This response is what staff from HR would look for.

When talking about HR staffs' psychological contract with management, the replies were as follows;

'In our department, it is a huge communication issue, everyone in the department is so busy and information is not filtering down, I think that causes more problems than anything.'

Having reviewed the responses to this objective, it shows that a different psychological contract exists between front-line staff and backroom staff. In a front line department, staff and management are looking together to deal with the crisis. Social work staff and management believe that the employment embargo has brought them closer together and that they are fighting the battle of losing staff as a team. This may be that

they are dealing with patients every day and they can see first-hand what a lack of adequate staff levels can do. Communication seems to be very good within this department, as the head of social work trickles down the information from the meetings she has with hospital management.

In the backroom staff department there seems to be '*us and them*' situation when it comes to the management and staff. Communication is described as poor and there is little information given down from what happens in the meetings with hospital management. There seems to be a superiority factor as can be seen in the HR manager taking superiority over who gets to take their holidays. This may result from the fact that they are not directly related to the patients and they can't see the direct link between them not doing their work and the impact that it would have on the staff and then onto the patients.

There are two distinctly different psychological contracts that exist between the two different departments of the hospital. One shows a team effort that everyone is working to achieve the same goal, while the other shows there is a strained relationship that gives the view that everyone is out to look after number one.

All this would support what the HR director said about the front line expecting more. That would be the major difference between the psychological contracts in the two departments.

4.4 Objective 3; what impact the employment embargo has had on the employees of the hospital?

From my research interviews the embargo objective has been a success in the eyes of management and government levels but the results of this has left numbers down by almost 400 staff. The HR director stated;

‘If you look at this hospital for example, and if you look at a period of time since 2007, we would have reduced our ceiling by approximately 400’

Such a reduction of staff is bound to have an impact on the running of the hospital. If numbers are down services will be affected. The HR director was also asked ‘what impact has the employment embargo had on certain areas of the department’ the answers were as follows;

Department	Impact
the management of the hospital	<i>It has been very much more focused on how financial management is now dealing with it than in the past”.</i>
the administrate staff of the hospital	<i>has caused particular pressure with administrative staff and nursing staff, where there has been particular pressure due to maternity leave, in terms of covering such leave, that has caused gaps in the system</i>

the outpatient clinics	<p><i>Well there are difficulties there, as we have one of the busiest outpatients clinics of any of the hospitals so again there is difficulties, but I mean I suppose what has led to this is due to your staffing resources etc.</i></p>
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From these results, you can clearly see that the embargo has had an impact on operations in the hospital. But the HR director’s responses hint that he believes that the problems are not directly related to the employment embargo itself. From talking with him, it would be fair to say that he believed that the hospital was overstaffed in 2008 and that the employment embargo has had a positive effect in the numbers coming down. He believed that there was too much ‘fat’ in the system and that the embargo has helped cut that out. He states;

“That definitely, there was areas where there was over staffing and effectively what you have is a comfort zone where without getting too much into performance, you’re going to have certain area where they are people only working at a certain capacity of performance level”

This would be typical of the manager of a department, when the same question was asked to the HR manager about how they have been affected, he replied;

'Well with the employment embargo, we have lost a number of employees through natural leverage, we also have three going on maternity leave, also before Christmas we lost a member to the redundancy scheme that was held, we are definitely down numbers and we are going to be hit again with the maternity leave as they will not be replaced'

The answers show that all departments have been affected by the employment embargo with both departments having lost numbers and they can't be replaced.

Social Work and HR are two departments that would not be related to each other but have been affected equally and would have the same thoughts on the employment embargo. When both were asked the question; do you feel that your department is one of the departments of the hospital that can't afford to be understaffed? Both answers were similar, the HR manager stating;

'No, we provide a service that makes the employees of the hospital get paid among other things'

While the a member of the social work department stated that:

'In certain areas we all have to look at running our services efficiently paring down our services so that we are prioritising patients' needs and that, but I think there is certain aspects of the work that has to be covered. If you want an example, recently in the

children's area we would have lost a senior post which was very much linked with managing child protection referrals in the hospital'

He mentions that the main issues now is finding out what the correct numbers are to run a hospital. This can be seen in the comment he makes;

'What needs to be looked at now is what actually numbers are required to run a service, so that's part of the difficulty of where we are now'

The hospital is a very demanding and complex operation to run, the embargo has left numerous departments stretched to their limits across the hospital. The social work department believes that they are one of these departments. In the interview with the head of the social work department, she stated;

"We have been affected by the embargo and it keeps getting worse. Since 2008 we have averaged at times a third of our staff in deficit, while we have fluctuated between 25% to 30% an average we have had 25% vacancies, so it has impacted hugely.

The battle to recruit more staff between the hospital management and a department such as the social work department is one that is constantly happening throughout the hospital. Management believes that staff numbers are around the correct level that is needed to run the hospital. The major problem in the hospital is that there is no 'transferability' according to the HR director;

'You are going to have differences in those areas and it's very hard to have the transferability, purely because of the service provided and the nature of specifications and qualifications'.

This means that you are constantly going to be arguing with departmental managers as some departments may be hit worse than others. The point that the HR director is making is that in other organisations, there are opportunities to transfer staff from department to department but in a hospital it is difficult to do that as you are dealing with so many services that require different training. So if your department has only lost one member of staff since 2008, and another department has lost 8, it is not practical to transfer staff over.

One of the questions asked was;

Do you agree with the employment embargo?

The responses I got in the front line department were all 'no'. The reasons for this I believe are because the embargo has affected them all in one way or another. They believe that *'it's extremely silly to think that a hospital can run at an efficient and safe level if it loses a large number of its staff'*

The answers in the backroom departments are different; they believe that it is not being fairly distributed across the board. Interviewee two states that;

'Well at the moment it not really across the board because they are hiring in some areas and not in others. So the areas I look after, the likes of the front line staff, clerical

services, they are not really recruiting, but they are taking in agency staff to fill the holes and the gaps. Nursing staff are taking in some. Across the board it is just not fair'

From the interview with this particular worker, I think that he believes that his section is being mistreated and because they are not a front-line staff they are being hit by the embargo much more than others.

The staff in the social work department gave their opinion on the impact the employment embargo has had. The question asked was;

Do you think that your work has been directly affected by the employment embargo?

Interviewee 1	<i>Well for the last couple of months I have had to give some of my time to being a team leader in paediatrics as well as doing my own work, because they have had no team leader because they have not been able to recruit, so it means that I have been stretched right across the board.</i>
Interviewee 2	<i>Yes it has, the area I work in currently deals with patients with serious chronic and often terminal long term conditions. There was always two social workers in this area but now there is only one but the workload has not reduced.</i>

Interviewee 3

A lot of what we do in social work is linking and networking, say there is a clinic there that does that, I have a person here that would be useful for them to attend that clinic what do I need to do to make that happen, they would be able to network but there is never a gap there, we have no one to talk to anymore, so we can't really network

From these results, it can be surmised that the work of the employees has been affected in one way or another.

If you are to take a look at the backroom staff and see their results;

HR staff department results;

Interviewee 1	<i>Well I think my work was changing anyway, because of the core[1] system, I would not think the embargo has had as big an impact as it could have had so really no,</i>
Interviewee 2	<i>Well yes, your work load, yes definitely yes, and the quality of your work also</i>

From these answers, interviewee one believes that their work has remained at the same level but has changed due to new technology. Interviewee 2 believes that their work load has got bigger due to staff leaving. This would be a similar answer to that of the employees in the social work department.

4.4.1 Union thoughts on the embargo

Within the hospital several unions are active. As the HR department deals with unions, the employees would be less likely to go to a union if they have a problem, interviewee 2 stated;

'Well we do have unions, but working in HR, you rarely get your union involved in anything'

[1] CORE is an attendance system that is being introduced into the hospital on a gradual basis. Interviewee 1 states, 'My work is being affected by this in a good way as it is less work for me to do in one certain area'.

This is the type of response that was to be expected given the department they worked in. When asked, what position has your representation taken on the employment embargo?

His response was not that surprising;

'I've never really discussed it with them, but they are saying that you should not participate, across the board, in taking on extra duties of staff that have left and stuff like that, but that's not what it is like in HR, you just have to do what you have to do'

If you take this response and then look at the response given from a very unionised social work department where all the interviewees were in the union and one a union representative himself. The response is fairly similar but offered a more insightful look into the approach they took. One of the comments from the union representative was;

'they are completely opposed to it of course and working very effectively in all areas, coming here and encouraging the troops when things are difficult and when things happen'

He then went on to explain that he believed that unions should come in and *'meet staff'*. He has an example of unions fighting for staff gaps to be filled and he seemed happy with this, but he feels that the union could be doing more by coming *'in on a regular basis and motivating the troops'*, he explains *'because I think that people just get very despondent, you know the boss just lets gaps happen'*

Unions play a big part in the way the hospital is run and on the unions approach when they heard about the employment embargo the HR director states;

'Broadly speaking, I think it's fair to say it was accepted that there was a need, to reduce the numbers, and I think, again broadly speaking, it was accepted even with the recent voluntary redundancy scheme, that jobs were protected as it was a voluntary scheme, so I think the unions were realistic enough to realise that, the staffing levels couldn't be maintained, and the moratorium had benefit for them in the sense that it protected the people in the system'

This belief shows that the union had an understanding with the HR director and the government that change needed to happen, that the unions had to fight it but ultimately understood that it was in the best interest of the staff as it would help save the jobs that are presently in the system.

When the HR director was asked;

Are there more industrial relations issues since the employment embargo has been introduced?

He replied;

'There has been a slight increase, I wouldn't say that it is actually huge, however, it is not uncommon for staff to raise more issues with their unions. At a low level I'd say 'yes,' at a higher level I'd say that it is simmering along at a similar rate'

This shows that lower paid workers are more likely to raise issues with their unions instead of higher paid. This could be for a few reasons such as that they have lost more money than higher paid people in the hospital as the pay cuts and rise in tax's and levy's would have a greater impact on their wages.

4.5 Objective 4: To establish what ways this psychological contract has formed?

My research shows that little was known about the psychological contract within the hospital and that everyone was surprised to know that they had one. The psychological contract, as covered earlier in the literature review, begins at the interview stage, a question can start the relationship in the simple case of asking the interviewer 'if there is a chance of promotion', the interviewer may say 'yes', the process has begun. It was the case that all three interviewees in the social work department answered with the day they started working in the hospital was when their psychological contract started. This may be true to them as the contract is based on presumption and to them they presumed it started at this stage.

When asking the staff in each department when they thought the psychological contract was formed, the responses I got were;

Department	Interviewee	Resonance
Front line	Interviewee 1	<i>I suppose it would have begun for me at the point at which I began working here</i>
Front line	Interviewee 2	<i>When I came for interview and then when I first started working here</i>
Front line	Interviewee 3	<i>The minute I walked in the door</i>
Backroom Department	Interviewee 1	<i>Well rewards is a good way but people has different views of rewards</i>
Backroom Department	Interviewee 2	<i>A lot of it can be seen as perception, I suppose it is a working relationship as well</i>

The two different departments have different understandings of when the psychological contract actually begins, this could mean that they do not pay much attention to it or that it does not have an impact on the day to day activities they do.

When asking the HR director when dealing with issues such as change, is the psychological contract taken into consideration when deciding how to approach the task?

His response was;

'I don't think there has been consideration given to the psychological contract, and again, we could argue that this is a crude mechanism and as it is coming from outside there hasn't been'

From this response, it seems clear the psychological contract in the AMNCH is not known and does not really have an impact on the day to day running of the hospital.

4.6 Objective 5: to find out what impact the employment embargo has had on the psychological contract?

This is the main objective of this dissertation. The embargo has been in place for over three years now and one would surmise that it has had an impact on the psychological contract.

The first piece of evidence that can shed light on this would be the question put to the HR director, which was; *'Do you feel staff motivation and work ethic has been affected?'*

He stated; 'I definitely think motivation has been affected, because if you look at stuff like the moratorium, the redundancy schemes, the pay decreases it does all add up to

be a de-motivator, while if there were increases they wouldn't be guaranteed to be a motivating factor, but their removal would tend to be a de-motivating factor'

This response shows that, he believes that staff requirements and what it now takes to motivate staff in the work place has changed. He explains that with the moratorium and the redundancy schemes etc, it would be difficult for staff to do anything but get de motivated.

Absenteeism levels which, is connected to the psychological contract, had shown little change since the employment embargo first came into existence in 2008. The front-line manager commented on absenteeism levels, saying;

'One person had significant absenteeism last year but that was for a particular reason. Apart from that overall it has not increased. Any increase has been genuine'

But in the backroom department, when the manager was asked the same question, he responded;

'To my knowledge they haven't. They have remained at the same level as they were prior to the employment embargo'

This response is different to what was expected in the present climate, staff have maintained their attendance records.

Within the front line department, employee turnover has increased as expected. The main problem, the department manager explained was that there was no room for

promotion within the department so *'we had a situation in December where three people went to more senior positions in other health care agencies'*

This is a problem that staff is being offered better positions in other public sector operations and then the vacant position left in the AMNCH cannot be re-filled due to the embargo. This will impact the psychological contract as staff looking for promotions can't get any as the promotional opportunities are not being filled. As a result staff is leaving the hospital which makes matters worse for the staff remaining in the department.

This is the case in a front line department, but in a backroom department, it's a little different. The HR manager states;

'Well there doesn't seem to be better opportunities elsewhere in the current economic climate, so it would appear that people are hanging on to their jobs here (in Hr) rather than leaving'

This could be because there is more of a demand for front line service then backroom staff in the present external recruitment climate.

Within the social work department, the psychological contract between management and staff does not seem to be affected. When staff are asked are they happy with their present psychological contract with management, there response was;

'Yes I feel my manager is doing everything she can. She is very aware of the difficulties we face due to shortages and she is very supportive around these, her door is always open'

And;

'Positive with Brenda'

These answers show that their psychological contract has not been affected directly between them and their direct manager but they go on to explain that it has been with hospital management. One social work staff member described the change as *'negative'* and another stated;

'Definitely a negative change, they have no idea the pressure they have put on frontline staff and seem much removed from the day to day issues facing their staff, thus creating a very low morale around the hospital'

These results show that staff in the social work department is more annoyed with the management of the hospital. They believe that hospital management are not working for the best interests of the hospital. They are not communicating about what is happening. One worker states about hospital management;

'No I don't. They are not telling us what their plan is, they are not talking to us'

This type of comment shows that there is lack of a good communication structure in place. Most of the people interviewed said that management are doing their own thing and the occasional *'memo'* is sent down that does not really tell them anything. The

problem here is that staff feel that they are being used and that they are not appreciated and this in turn will have a knock on effect to their psychological contract.

In the HR department, the results are similar to the social work department. One interviewee said when asked '*were they happy with their present psychological contract,*' they replied;

'With Graham (HR manager) yes, but with hospital management, I would not really deal with them but would not be happy'

And when asked what they would like to change about it they said that;

'Better communication, really definitely'

This seems to be the main focus in both departments. Communication is a big problem in the hospital and it needs to improve especially from hospital management to the individual employee. Memos are sent out that don't really say much.

When talking to management levels about breaches in the psychological contract, the HR manager had to cite a different department to offer an example and when asking the social work manager, she was inclined to go back and mention the fact that communication was the main cause of the breach.

4.7 The future of the employment embargo

According to the director of HR, there is a procedure in place that allows for recruitment of staff during the employment embargo. The procedure is as follows;

'the manager has to apply through the hospital, it goes to the hospitals employment controls group and after that it then has to be approved by the following, it goes to the national regional director, and it has to be approved by the HSE'

He explains that it is a cumbersome procedure that takes a lot of time and effort. The director then goes on to explain that;

'It is too administrative, and It could be more communicated to people how difficult it actually is to get it'

This shows that the staff of the hospital do not understand the difficulties there are to hire someone and that they believe that it is easier than HR make it out to be.

The HR director answered when asked the question: what is your opinion of the direction HSE and the Government are taking with the health services?

"It would appear that there is no clear strategy on what is happening, the question mark is that there definitely is still savings needed in the health sector, but I'm not so sure that the big issues are being dealt with'

The HR director responded to the question, having discussed the impact of the employment embargo on the management of the hospital and on the health services being provided, in your opinion do you believe the embargo should be lifted

'No, not fully, it shouldn't be lifted until it is replaced with a better system. I think the problem would be if it was lifted now, you would have an unrealistic situation where posts would be filled where not necessarily required'

This shows that the HR director believes that the work the HSE and the government is doing while necessary, is not totally right and change needs to happen. From this, it can be seen that the HR director thinks that management levels would take advantage if the embargo was relaxed or lifted and that the hospital would be back to where they were three years ago, overstaffed. The director explained a procedure that is in place now that some departments are being reviewed to see if they are over or under staffed and then they will try to ensure that the correct numbers of staff are in place to run the department safely and efficiently.

Chapter 5

Conclusions and

Recommendations

5.1 Conclusions

From the extensive literature review and the research that I have carried out, there are numerous conclusions that can be gathered that relate to the impact that the employment embargo has had on the psychological contract in the AMNCH.

Firstly, the main reasons behind the embargo, was to reduce the numbers of staff employed in the hospital. All staff understood this but they did not all necessarily agree that it was the correct approach to reducing staff numbers. Even the HR manager thought that other options should have been explored as the employment embargo was too general and it impacted on the hospital's ability to continue to provide the high standard of service it was noted for. While the results show that the objectives of the embargo were successfully achieved, the head count in the AMNCH was reduced by about 400 staff, the social work department felt that the staff reduction of 33% in their area made it impossible to provide the critical and professional care needed by their patients.

It also emerged from the research gathered, that there is two types of psychological contract that exist between the front-line staff and backroom staff in the two departments. The social work department who are the front line staff work as a team that are constantly supporting each other. Communication is good between the social work management and the staff and they believe that their contracts have improved as they have a common adversary in hospital management. In the HR Department who is the backroom staff, the contract shows a strained relationship as each staff member

knows their workload and tends to work independently. While they try to support each other ultimately they look after number one.

Next conclusions that can be made is that the embargo has definitely had an impact on the employees of the hospital. As stated, staff levels are down by about 400, the result of which means, that there is more work to be carried out by the remaining employees. With the embargo on staff, other influences have not helped such as the introduction of the levies and pay cuts. Staff are feeling dejected as they are being asked to do more work for less rewards. Besides the impact of the employment embargo, turnover was also affected in the social work department by staff leaving to take up promotional opportunities in other public health care establishments. This has not been the case in the HR department: employee turnover has remained stable as there are very few external job opportunities available to them. Surprisingly also, the absenteeism levels have not been affected. One can surmise that this is because the work load staff is now faced with is so huge that they can't afford to be sick.

Most of the employees interviewed were not aware of the term psychological contract but were aware of the concept and what it involved. When it was discussed during the interviews, the staff in both departments had a general acceptance that the psychological contract began on their first day which is true in some cases. However, the HR manager said that it begins at the interview stage, when the first interchange takes place between the interviewer and the interviewee. This shows that both parties were aware of the general concept of the psychological contract but had different opinions about when it came into play and what resulted from it.

Both departments believed that the psychological contract with their direct manager has not been affected as a result of the employment embargo. The staff in the social work department believed that in fact the employment embargo has brought the staff closer together as they are both fighting the same battle. They state that communication between social work staff and management is excellent but the problems begin outside the social work department with the hospital management and that's where the contract is then broken. In the HR department as already stated their work is independent of each other and while their relationship is strained, the psychological contract has not changed. The main problem here is the lack of communication between HR staff and HR management and between the HR department and the hospital management. The latter is the same problem that exists in the social work department.

In the present economic climate the country is changing. As a result in all organisations both public and private, more is being asked of staff for less remuneration. In a public sector body, such as the AMNCH, communication should be critical, but there seems to be a conscious decision in the hospital to ensure that the communication process is poor. An example of this is when something that is important to the staff happens in the hospital, a memo will be sent out that is supposed to relate what happened but actually contains no real information about the event. In an organisation such as AMNCH, which has over 2,500 staff, this type of communication is not acceptable. It should be a two way process in which management can receive information from the worker and visa versa.

Equity is another conclusion that can be drawn. Many employees believe that the employment embargo has not been fairly distributed across the board. These are mainly the social work staff. They believe that some departments are being hit more than others saying that they have lost more staff than others.

The unions that are active within the hospital did not seem to pay much attention to the employment embargo. While they initially were active in fighting the policy, in the end they seemed to withdraw and let it come into force with relatively no opposition. They told the staff not to take on any more responsibilities but when push came to shove this was not an option for the staff and the union let them go with the flow.

Since the HSE was established, the general consensus seems to have been that if there was problems don't try to resolve it but just throw more staff at it. With the recession and the present financial difficulties this approach could not continue and while there will be difficulties in the short time I believe if the recommendations that I am putting forward are implemented and managed the problems will be resolved and the hospital can look forward to providing an efficient and viable service into the future.

5.2 Recommendations

AMNCH is a critical part of the infrastructure of South Dublin and it provides an essential and critical medical service to the population of south Dublin and the surrounding counties. It is therefore necessary that it provides this service in an efficient and cost efficient manner. With a public hospital, you are faced with the problem of 'hospital boards'. When a recommendation is put forward, different levels

of management have to query it before it can be set in stone. It is against this background that I make the following recommendations.

The first recommendation would be that the embargo should remain in the hospital but with fewer restrictions as I believe that the hospital has brought the numbers down to a standard that is acceptable to run a hospital. Now a task force should be set up to finish this exercise and review each department to see what the correct numbers required are to provide the service from each department and new staff should be hired if required. This is a process that is taking place in a couple of departments at present and it needs to be widened out across the hospital. Providing patient care is the only priority of the hospital, it is therefore essential that the correct number of staff is available to ensure that this service is carried out in a professional and cost effective manner.

A Change Management executive needs to be employed. The hospital is constantly changing and staff are struggling to cope with this. Changes include new technologies such as the CORE project. The lack of direction from the present hospital management is very obvious from the level of frustration displayed by the staff interviewed. Staff appears to have the view that hospital management don't know what they are doing and that they are only concerned with targets. If a change management executive was put in place, a change programme could also be put in place and then staff could be informed about what is happening and their role in the change. I believe as a result of this process, change would be accepted better. The main issues with this recommendation would be staffs presumption of, the point of it is. They may believe

that this is a waste of money and it could be spent on a new social worker or HR administrator.

Another problem is that vacant senior staff positions are not being filled and staff are sometimes being left to 'manage' themselves. This situation leads to uncertainty and leaves staff with no direction or leadership. It also suggests that there are no promotional opportunities for them in the organisation. These management level positions should be filled as it will give staff the sense that there are opportunities within the hospital and thus motivation will improve and staff will be managed better and better use of time will be made. As the employment embargo will still be in place, there should be an opportunity for the new managers to hire through the special task force outlined above.

A sense of ownership is a great motivator to staff. Therefore, their roles and responsibilities should be explained through a training programme with no ambiguity. When the employees first started to work in the hospital they were given job specifications. These should be updated and form the critical part of their training to explain what their roles are and how they should perform. Well trained and motivated staff tend to take ownership of their jobs. This will allow them to express themselves through their work leading to growth and development in their roles, making them happier and more committed employees.

Communication within the hospital seems to be a non-event. Within the social work department it seems to be of an acceptable standard but in the HR department it seems to be poor and the overall communication's policy within the hospital seems to

be very weak. All staff from both departments complained about the communication that hospital management offer and how poor it is. If management communicate down, staff will feel less worried and will have faith in what the hospital is doing. The communication process should work two ways and I believe that it should be run in conjunction with the communication meetings that take place in each department. Management should take the complaints and problems that can't be dealt with in the departments and bring them to the meetings with hospital management. This will give the staff the view that they are being listened to. The use of memos should still be used but more effectively with clearer information being filtered down.

Unions are a powerful tool in any organisation if their potential is properly channelled. In the hospital they tend to have a very passive role which is of little value to either party. From the research that I gathered it shows that unions initially tried to resist the introduction of the employment embargo but according to the HR director they more or less just accepted it. If the unions took a more active role with the staff levels they represent, it would be another form of communication that would keep staff informed and help to keep them motivated.

Flexibility is a tool where employees agree to carry out all tasks related to a department or departments as a result of which the overall work load of each person may fall. The hospital as a whole entity would be unable to become flexible as there are too many different professions. However, I believe that in departments where there is a high level of clerical or related type of work it could be carried out by a central team thus reducing the requirement for clerical type staff in all departments. Also if staff were trained in the more menial tasks, then the problems associated with

getting cover for maternity leave and other types of absenteeism will not have as many repercussions.

If you look at the technology that has been used in the HR department i.e. the CORE project, this has been used to cut jobs as the project is being slowly spread out across the hospital. If the social work department was to look at new technologies that would cut their workload, it would give staff more time to work on their patient care.

Technology is constantly improving the way that business is operated. It is up to departments to look at ways of identifying and implementing new technologies that will make work life better for them. If a new administrative program was introduced that would help quicken up the pace of the report writing that takes up copious amounts of the social workers' time, it would leave more time for staff to concentrate on patient care or getting other work that needs to be done completed.

One of the conclusions that was gathered was that the employment embargo was not fairly distributed. Staff in both departments believed that some departments were not being hit as badly as others. This also led to staff suggesting that management levels were not doing their job correctly. I recommend that there should be an independent person that would be directly responsible for the fair distribution and management of the employment embargo, thus making staff feel that hospital management are not directly responsible for staff shortages. The perceived bias would be removed, the embargo would be managed fairly and the allocation of new staff would be distributed fairly over the busier departments of the hospital.

The training and development of managerial and supervisory staff is a clear requirement in the hospital. At present there is a definite culture of us against them and it is not good for the running of the hospital. Changes need to happen and staff at all levels of management need to be willing to open up to that change. Training programmes to cover such areas should be developed or sourced externally and the relevant staff should attend.

The number of patients continues to increase significantly from year to year in all sections of the hospital, which in turn will increase the workload of all employees. These recommendations are made against this background and where all employees continue to strive to ensure patient management and care are of the highest standard. There is a constant onus for support and I believe the implementation of these improvements will provide this.

Bibliography

- Alkins, R. & Brown, JM. (2008) 'Ireland tumbles into recession'. *Financial Time, Global Financial Crisis*. Available form:
<<http://proquest.umi.com/pqdweb?did=1562249441&sid=4&Fmt=3&clientId=142094&RQT=309&VName=PQD>> [Accessed, 12/04/2011]
- AMNCH (a). (2011). *About Us*. Available: <http://www.amnch.ie/About-Us/>. Last accessed 06/07/2011. AMNCH= Adelaide and Meath Hospital Incorporating the National children's Hospital.
- AMNCH (b). (2011). *History of the Hospital*. Available: <http://www.amnch.ie/About-Us/History%20of%20the%20Hospital/>. Last accessed 11/08/2011. AMNCH= Adelaide and Meath Hospital Incorporating the National children's Hospital.
- Armstrong M. (2004) *Human Resource Management Practice*, 9th edition, London: Kogan.
- Bernard, C. (1938) *The functions of the Executive*, Cited in: Purvis, L. J. & Croples, M.. (2003). The psychological contract of National Health Service nurses. *Journal of Nursing Management*. 11 (.), 107-120.
- Brett, J. M. (1980). Why employee want unions. *Organisational Dynamics*, 8, pg. 45-59.
- Brooks, P. (2008). *What is the NHS?* Available: <http://www.netdoctor.co.uk/health-services-guide/what-is-the-nhs.htm>. Last accessed 05/07/2011.

- Burnard, P. (2005). Interviewing. *Nurse Researcher*. 13 (1), pg4.
- Burrell, G. & Morgan, G (1979). *Sociological Paradigm and Organisational Analysis*, London, Heinemann.
- Business Balls. (2010). *maslow's hierarchy of needs*. Available: <http://www.businessballs.com/maslow.htm>. Last accessed 11/08/2011.
- Collis, J & Hussey, R. (2009). *Business Research A Practical Guide for Undergraduate & Postgraduate Students*. 3rd ed. Hampshire : Palgrave Macmillan
- Cullinane, N & Dundon T. (2006). The psychological contract: A critical Review, *International Journal of Management Reviews*. 8 (2), pp113-129.
- Daniels K.. (2010). *Employee Engagement*. Available: <http://www/hr-resources/factsheets/employee-engagement.aspx>. Last accessed 29/06/2011.
- Daniels, K. (2010). *The psychological contract*. Available: <http://www.cipd.co.uk/subjects/empreltns/psycntrct/psycontr.htm>. Last accessed 13/04/2011.
- Dawson C. (2010). *Introduction to Research Methods, A practical guide for anyone undertaking a research project*. 4th ed. Oxford: howtobook. pg. 14-15.
- Dearnley C. (2005). A reflection on the use of semi-structured interviews.. *School of Health Studies*. 13 (1).

- expertprogrammanagement. (2011). *Kotter Change | How to Lead Change*. Available:
<http://www.expertprogrammanagement.com/2010/11/kotter-change-how-to-lead-change/>. Last accessed 11/08/2011.
- Fox, A. (1974). *Beyond Contract. Work, Power and Trust Relations*. London: Faber & Faber
- Ghauri P. & Gronhaug K. (2005). *Research Methods in Business Studies*. 3rd ed. Essex: Pearson Education Limited. Pg15.
- Gill, C. (2009). How Unions Impact on the State of the Psychological Contract to Facilitate the adoption of New Work Practices (NWP). *New Zealand Journal of Employment Relations*. 34 (2), pp29.
- Guest, D.E. and CONWAY, N. (2002) *Pressure at work and the psychological contract*. London: CIPD.
- Guest, D.E... (1998). is the psychological contract worth taking seriously? *Journal of Organizational Behavior*. 19 (1), pp649.
- Gunnigle, P., Herty, N. & Morley, M.J. (2006). *Human Resources Management in Ireland*. 3rd ed. Dublin 12: Gill & Macmillan.
- Herron, J. (1996). *Co-operative Inquiry: Research into the Human Condition*. London: Sege.

- Hitt A. M., Black J. Stewart & Porter W. L. (2009). *Management*. 2nd ed. London: Pearson Prentice Hall. pg148.
- Kissler, G. D. 1994. *The new employment contract*. Human Resource Management, 33: 335-352.
- Levinson, H., Price, CR., Mundon, K.J. and Solley, C.M. (1962). *Men, Management and Mental Health*. In Cullinane, N & Dundon T. (2006). The psychological contract: A critical Review, *International Journal of Management Reviews*. 8 (2), p113-129.
- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative Communication Research Methods, 2nd Edition*. Thousand Oaks, CA: Sage.pg182.
- Maguire, H. (2002). Psychological contracts: are they still relevant? *Career Development International*. 7 (3), pp178.
- Makin, P., Cooper, C. Cox, C. (1996). *Organisations and the Psychological Contract*. Leicester: BPS Books.
- Maslow, A. (1943), 'A theory of human motivation' cited in: Pettinger, R (1998). *Managing the Flexible Workforce*. London: Cassell.
- Parzefall M.R.. (2010). Making sense of psychological contract breach. *Journal of Managerial Psychology*. 26 (1), pg13.
- Purvis, L. J. & Cropley, M. (2003). The psychological contract of National Health Service nurses. *Journal of Nursing Management*. 11 (.), pg. 107-120.

- Remenyi, D. Williams, B. Money, A. and Swartz, E. (1998). *Doing Research in Business and Management: An introduction to Process and Method*. London: Sage.
- Robson, C. (2002) *Real World Research*. 2nd ed, Oxford, Blackwell, pg393.
- Rousseau D. (2001). Schema, promise and mutuality: The Building block of the psychological contract. *Journal of Occupational and Organisational Psychology*. 7 (4), p511-541.
- RTE (a). (2009). *HSE recruitment embargo to stay*. Available: <http://www.rte.ie/news/2009/0408/health.html>. Last accessed 12/04/2011.
- RTE (b). (2009). *Income levies to be made permanent*. Available: <http://www.rte.ie/news/2009/0408/budget.html>. Last accessed 11/08/2011.
- RTE. (2008). *Health workers to step up work-to-rule*. Available: <http://www.rte.ie/news/2008/0606/health.html>. Last accessed 12/04/2011.
- RTE. (2010). *57,000 X-rays not reviewed at Tallaght*. Available: <http://www.rte.ie/news/2010/0309/tallaght.html>. Last accessed 11/08/2011.
- RTE. (2011). *Tallaght Hospital admits data breach*. Available: <http://www.rte.ie/news/2011/0803/tallaght.html>. Last accessed 11/08/2011.
- Saunders M., Lewis P. and Thornhill A. (2007). *Research Methods for Business students*. 4th ed. Essex: Prentice Hall. Pg118, 177.

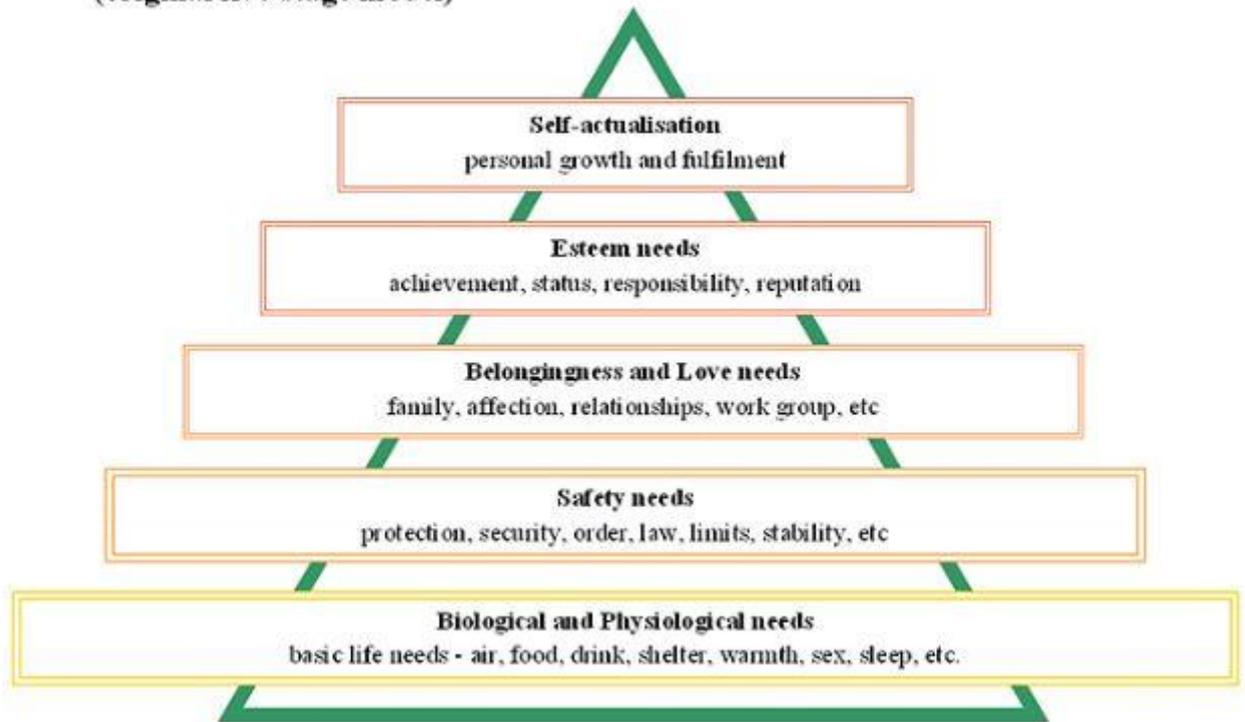
- Schein, E., H (1980). *Organizational Psychology*. 3rd ed. New Jersey: Prentice Hall.
- Schein, E.H. (1978). *Career Dynamics: Matching Individual and Organisational Needs*. Reading, MA: Addison-Wesley.
- Smithson, J & Lewis, S. (2010). *Psychological Contract*. Available: http://wfnetwork.bc.edu/encyclopedia_entry.php?id=250. Last accessed 13/04/2010.
- Stein, D.J. (1992). Schems in the cognitive and clinical sciences. *Journal of Psychotherapy Integration*. 2. 45.
- strategies for managing change. (2009). *Kurt Lewin's change model*. Available: <http://www.strategies-for-managing-change.com/kurt-lewin.html>. Last accessed 11/08/2011
- Towers, B. (1997). *The Representation Gap: Change and reform In the British and American Work-place*. In Cullinane, N & Dundon T. (2006). The psychological contract: A critical Review, *International Journal of Management Reviews*. 8 (2), p113-129
- Turnley, W., H., Bolino, M.C., Lester, S., W, & Bloodgood, J. M.. (2004). *The effects of the psychological contract breach on union commitment*. *Journal of Occupational and Organisational Psychology*. 77 (.), pg. 421-428.

- WALL. M (2009) 'HSE embargo on jobs created 'uncontrolled downsizing'. *Irish Times*. Available form:
<<http://www.irishtimes.com/newspaper/health/2010/0504/1224269631201.htm>> [Accessed, 12/04/2011]
- Winter, R. & Jackson, B. (2006). State of the psychological contract. *Employee Relations*. 28 (5), pg 421-422.

Appendices

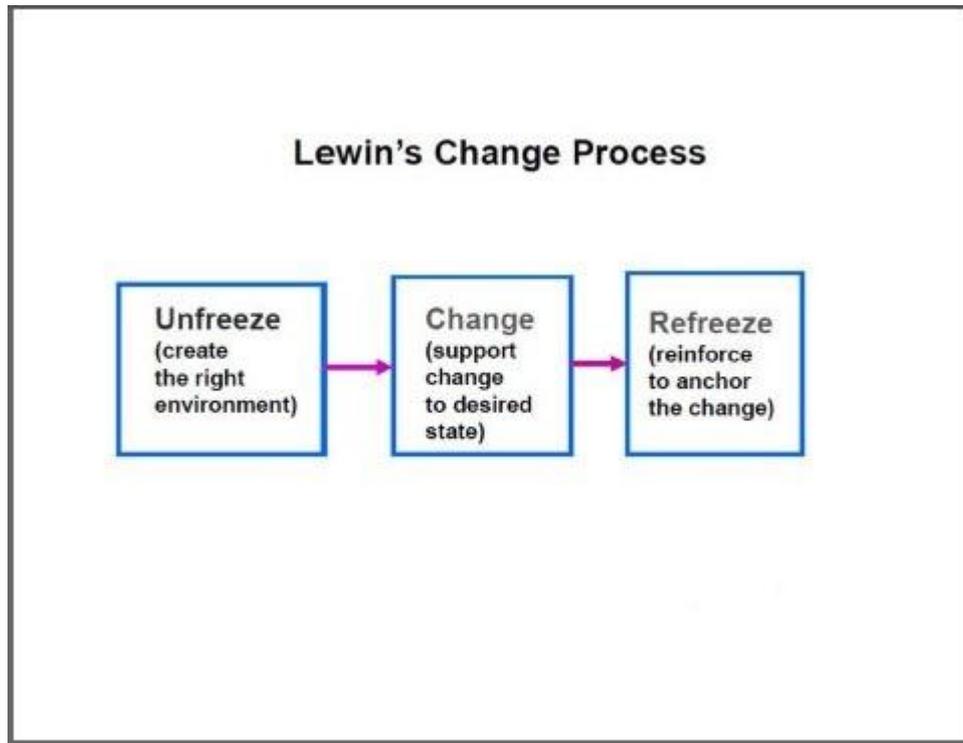
Appendix A

Maslow's Hierarchy of Needs (original five-stage model)



Source: businessballs.ie (2010)

Appendix B – Lewins Model



Source: strategies-for-managing-change.com (2009)

Appendix C – Kotters 8 Step Change Model



Source: expertprogrammanagement.com (2011)

Appendix D – Interviews Inclusive

Interview with the Director of Human Resources

1. Did you as the HR director, have an input into the decision to introduce an employment embargo?

'No the embargo, which is the moratorium and the subsequent voluntary redundancy scheme, were both government decisions, they were both national issue so therefore there is no local discretion. You are very much directed what to do by the HSE. In that regard, it's a very blunt across the board instrument and it is one where you know it is constantly being revised. For example, what happens quarterly is that the HSE will issue new staffing figures, so effectively, you may notice that you start the year at a certain staffing level but you are expected to get down to a lower staffing level by the year end. There is internal pressure on the hospital to hit their ceilings, because there are penalties if you don't hit the ceilings as in financially, you can actually lose funding so therefore it is quite serious. The other fact is that it is based on an overall cut in the hospital so your impressions on what you can actually cut, for example, you may have a number of resignations or retirements in one area, so areas can be hit more than others. Therefore there is an imbalance in the sense that it is slightly arbitrary in terms of whose going to get hit, because if you have a department that hasn't had any reduction on terms of people leaving and turnover, well then it's impossible for the employer to remove any permanent post, because there is no voluntary redundancy scheme. Therefore some departments may have been more affected than departments that have a tendency to have a lower turnover ratio, where as other departments that normally have a higher employee turnover ratio are going to be more affected, purely by the definition that they have staff who are constantly moving on so therefore in terms of implementation it can be slightly arbitrary'.

2. Whose decision was it to implement the employment embargo?

'Well that was a government decision, that was a ministerial decision and then there was various memos sent out, so it's comes from on high to all the hospitals, so it's not something we have had to decide on ourselves'.

3. Do you feel that it was the correct decision?

'It definitely was the correct decision to reduce the numbers, because if you look at it in the public sector, from a HR problem point of view, we would see that there is definitely fat in the system. There definitely was areas where there was over staffing and effectively what you had was a comfort zone where without getting too much into performance, you' were going to have certain areas where there were people only working at a certain capacity of performance level, and again its due to the comfort factor that was there. There was definitely a need to look at taking numbers out of the system and I think that was definitely the right idea. The bigger issue is to make sure all the correct areas are being targeted. If you look at this hospital for example, and if you look at a period of time since 2007, we would have reduced our ceiling by approximately 400 and over the five different hospitals it would be similar, so you see yourself, you're looking at 2000 staff coming out of Dublin hospitals and that's only the main ones'.

Follow up Question; would that be natural leavers or through redundancy?

'Well there are two things, most of it would be natural leavers, and also at the end of last year, there was a voluntary redundancy scheme that removed 40 people for us. That is only 10%. I do think the voluntary redundancy scheme was the correct idea, it was the correct way to go, however, from an employee and an employer point of view the problem was the implementation of it. I don't think it was correctly planned or organised, so therefore there wasn't the time to adjust to the change and that's still causing some pressure at the moment. While you may say its only forty people, for

example in our department we lost two people so it does take time to adjust. Also a lot of people did not have time to consider it. I know there is apparently a new scheme that is going to come into place in September, however that's not confirmed yet, but hopefully at that stage, it will be managed better and people will have more time to consider it. I suppose one of the things as well with the likes of the embargo, is that it's a crude instrument, and is not a change process like a redundancy scheme, where there still would have to be a consultation period, and a change management process of what is going to happen now. That didn't really occur, so I'd say yes there is a need to implement the embargo, but the problem is that it is an inflexible tool, that's where you could have tweaking. Also, the other concern with the embargo is, it does bring up equity issues and comparisons of course while that is perceptionally bias, you know there are queries over where the hits have been taken. As is the general consensus that there are still areas in the public sector, that continue to be hugely overstaffed, like for example, everyone talks about the 'quangos' and the semi-state bodies, It is fair to say if you look at statistic form ESI etc, its quite clear that a lot of those areas should be reduced, but we are now at the point, in the health sector, where there isn't the scope. I think in fairness there was fat in the system that needed to be trimmed, and I think pretty much in the health sector it has been trimmed, but we are at a limit where I don't think there is much more scope. The complexity of the health sector wasn't taken into account. The moratorium more suits the public sector where there is more transparency, i.e. a civil servant can move from one department to the other relatively seamless whereas in a hospital, a social worker can't work as a medical scientist, medical scientist can't work as radiographer. I mean what you might say is that the civil servants is like a machine bureaucracy, a hospital is more a professional bureaucracy, your organised into the hospital setting, but you are going to have differences in those areas and it's very hard to have the transferability, purely because of the service provided and the nature of specification and qualifications'.

4. When did the employment embargo first come into place?

'Well it's in place a while now, there was a circular sent out, I think it's probably, if my memory serves me right it was 2008, initially it has assisted, but I think now, we are at a stage where the problem with the embargo is, what needs to be looked at is, and what hasn't been looked at should be, 'What staff do we actually need to provide a service?' as opposed to what staff we have actually have? And this is where there is a major perception difference between the likes of corporate and HR versus front line staff, where people seem caught up on the fact that 'we had twenty staff, we now have ten, so we have ten vacancies, whereas that is not a realistic version of life. If you had twenty people and now have only ten, you only have ten because the vacancies don't exist anymore because of the embargo, the ceiling has been cut so every year you're on a reduced ceiling, so every department is pro rata, has their staffing reduced, so there is that miss-understanding, but however, what needs to be looked at now, is what actual numbers are required to run a service, so that's part of the difficulty of where we are now'.

5. What were the main objectives behind its introduction?

'Well I think the main objectives of the embargo were simple, it was a straight forward tool, in a sense it was introduced to reduce the public sector numbers, and a major factor of that is that in not only reducing the pay role budget because while it was felt that it was too high, it also reflected the fact that they wanted the numbers down to reduce the future pensions liability. Obviously, people are out of the system and you have less people coming into the system, fewer pensions to run in the future, that was one major factor, and again with the voluntary redundancy, that was another factor that was there'.

6. In your opinion, are these objectives being met?

'Well, the objectives have been met in the sense that, I mean, if you look at the Croke Park agreement, the towards 2016 agreements, the public sector agreement, I mean

the major objective in that is to reduce the cost of the public sector, and essentially the concept there is more to do with less, the moratorium has had success in effectively reducing the numbers. I mean the one thing you will say about it, it is quantifiable, you can look at your figures and your staff bill and say, there has been a reduction, so it has met its objectives, and also by not allowing recruitment, it has reduced the future pension liability for the public purse, so it has met its objectives. However, I would argue that it hasn't fully looked at, in enough detail the public sector pay deal, and I know, we are all hearing about the stuff that is happening now, what it didn't actually address was issues such as; premium payments allowance etc., and obviously if you look at the psychological contract, there is a number of staff now having difficulty in terms of when you add in all the taxes etc., pension levy's, pay increases that weren't approved, you're looking at about a 22% gross hit for people, and for people on a salary, that is quite difficult. Now also, there is another factor, in terms of their equity, in that there are other areas of the public sector system who are still benefiting from very generous re-numeration packages, so that is having an effect, because you know, when change is happening, people will look around and see what is happening elsewhere and asking well you know, why am I doing this, when I don't get rewarded for it and someone else does? So while it was across the board, it didn't actually address the areas that needed to be addressed in terms of the public pay bill. There was a particular area of staffing in the health sector, who would, have had very generous systems of payments that needed to be addressed, which have not been fully addressed, and that has been a major difficulty. I think there is a flaw in the system, one that does cause quite a bit of grievance and I suppose resentment from staff in the system'.

7. How were the unions informed of the introduction of the employment embargo?

'Well that was done nationally, through the social partnership and also it was done by government, it was essentially led by government and also there was the national Joint council, the national union bodies who were all advised on and brought in on it. So it

was very much a centralised approach and it was at quite a high level. However what you see on the ground is that local people may not necessarily agree with their more senior representatives that work in national level, so it was agreed at the high level'.

B; What was their reaction?

'Broadly speaking, I think it's fair to say, it was accepted that there was a need, to reduce the numbers, and I think, again broadly speaking, it was accepted even with the recent voluntary redundancy scheme, that jobs were protected as it was a voluntary scheme, so I think the unions were realistic enough to realise that, the staffing levels couldn't be maintained, and the moratorium had benefit for them in the sense that it protected the people in the system. So people within the system who had permanent jobs couldn't lose their jobs. While obviously they would suffer future pay cuts that came down the line the moratorium actually protected their employment, and I think they understood that it was, realistic. However I would say that you would get a difference of opinion between high level of negotiators and the lower level on the ground, where local representatives now are seeing the pressure and they are looking for the staff to be replaced You've got a total divergence of views within unions, depending on what level in the union the person is at'.

8. What impact has the employment embargo had on?

B; the management of the hospital,

'Well, I suppose from a practical point of view, there has been tighter controls in terms of staffing. It has caused some difficulty in terms of prioritisation of services, however it would be fair to assume that initial reduction in staffing did have material effect because it was felt that there was overstaffing, but it varies from area to area. In certain areas, it has caused pressure on the system and it has led to some prioritisation where, some services have been reduced in certain areas and others not so much, it is very much on an area by area basis. There has been some pressure which has led to

having to look at how things are done, it has been very much more focused on how financial management are now dealing with it than in the past'.

B; the administrative staff of the hospital,

'I think the administrative staff have been under pressure, because it has been looked at that there is a need to reduce the numbers there, due to the fact they are not front line staff, so that has caused pressure with administrative staff and nursing staff, where there has been particular pressure due to maternity leave, in terms of covering such leave, that has caused gaps in the system. On a positive side it has also led us to look at more technology, so not all the staff moratorium is bad, because one of the forms here to the fore was that before the moratorium, if there was an issue, the organisation were very quick to throw staff at the problem, as opposed to looking at the underlying problem and addressing it from a technological point of view. So there are potential long term benefits, instead of saying we need another person here, it's maybe we need to change our process, so I suppose you could say, 'necessity is the mother of all invention', and that it is definitely, in the long run something that is of benefit'.

C; the patient care provided by the different medical services,

'Well I think overall it would be fair to say, that there hasn't been too much of an effect on patient care, well obviously there has been some effect, in terms of a reduction of service, or there has been an increase in waiting list due to capacity levels, and obviously we are well aware about the A&E difficulties, but some of the difficulties on the patient care side, for example A&E is not to do with the staffing but actually to do with the physicality of resourcing, as in, quite simply the A&E departments area isn't big enough, so there isn't the funding. So it's more a funding issue as opposed to a staffing issue, which gets confused, but we would still see that there is a level of care provided, but essentially, you look at what the moratorium is. And also the fact more is expected from people now, then when the hospital opened in 1998, so it would be

deemed that the level of output from an individual in 1998 when the hospital opened would not be an acceptable level now in 2011'.

D; the operations of the accident and emergency services,

'I think the pressure is there, the moratorium hasn't really had an effect there as there is certain areas that you have to ensure that there is staffing and the moratorium does allow for some filling of posts, so it is fair to say that the hospital has prioritised certain areas, for example the ED and theatre would be two obvious areas. The moratorium hasn't had a major negative effect on that area, its more resourcing but, none the less regardless of what you think of it at the moment, it is a difficult time for staff resourcing, because people are asking you to do more with less, which means less pay in their back pockets, so it does have an effect in terms of, it is a difficult environment to work in and there are added pressures to every individuals work load, so there is a major effect there'.

E; the outpatient clinics.

'Well there are difficulties there as we have one of the busiest outpatients clinics hospitals so again there is difficulties there, but I mean I suppose what has led to this is due to your staffing resources etc, there has been delays in appointments, for example, getting appointments has been pushed out and extended, so there are delays there with outpatients clinics, but nonetheless it would be felt that embargo is the major factor there and it does have an effect, because if you look at areas such as medical records etc, who prepare for the clinics, they would be expected to provide the same service sometimes with less staff'.

'So I think what we are finding now is, we are getting to the point where knowing what capacity can be taken from the present workload, then other factors need to be considered'.

9. What is your opinion of the direction HSE and the Government are taking with the health services?

'It would appear that there is no clear strategy on what is happening, the question mark is that there definitely is still savings needed in the health sector, but I'm not so sure that the big issues are being dealt with. If you look in the health sector, nationally, there is ferocious duplication which should be removed to provide more savings which could in turn actually go into providing better services. If you look at the staff embargo, one of the problems with the moratorium is that it is too short-sighted in the sense that it is looking at numbers. It's not looking at costs, as opposed to the private sector which would look at costs. You could actually employ more staff in certain areas for a reduced cost especially if you look at certain staff in support grades, maintenance for example, junior doctors, the NCHDs, laboratory staff, radiography staff, these people can be doubling their income in terms of additional, overtime payments etc., which you know, is not a sustainable model, cost wise, so that's something that could actually be dealt with. Again one of the problems which previous agreements have failed to deliver, in the sense that they haven't really offered any definite goals for example, benchmarking where there was pay increases that were meant to remove all allowances and costs which it didn't. This is one example where we have paid for change to happen but it hasn't been delivered. The HSE is quite cumbersome, it would appear that if you are looking for staff cuts more could be taken out of there. Why is there a need for a HSE and the department of health? So really the answer there is it's really unclear what they want, even with the funding levels given to the hospitals it is unrealistic in terms of targets they are setting, so I suppose, not very joined up thinking would be the answer'.

10. Do you feel that staff motivation and work ethic has been affected?

'I definitely think motivation has been affected, because if you look at stuff like the moratorium, the redundancy schemes, the pay decreases it does all add up to be a de-motivator, while if there were increases they wouldn't be guaranteed to be a motivating factor, but their removal would tend to be a de-motivating factor. I think it

is fair to assume that the extra pressure and workload is having an effect on motivation, it's very obvious from staff, that there is far less positivity in the work place at the moment and that is a definite form of demotivation that can be seen. It is not that it has led in some cases to a detraction of discretionary effort. The difficulty there is in accessing it, as it can be very anecdotal from area to area, you know, the problem is people have been given the extra, but it is hard to continue, so I definitely think work ethic has been affected'.

'However, the work ethic issue is not all necessarily bad, it would have been felt that, prior to the moratorium, that not every area was working to optimum level as in there was a lot of fat in the system and people were working at a comfortable rate so the fact that the reduction of staff has forced an increase in some areas in productivity or performance, isn't necessarily deemed as a bad thing. Again the difficulty with a hospital, is that you have so many distinct areas, but some of the demotivation is very much expectancies, people would have a view on what is there required amount of work, whereas the hospital management would see a different view. They would expect more work from the person and of course this is the difficulty of the emotional contract, it's not clear, your contract of employment and your job description will never fully deal with that. I think it is fair to say that, there has been a hit felt and there has been a lot of retraction in certain areas, while it is hard to put your finger on it, you can definitely see it'

B; in what ways?

'There has been a withdrawal of flexibility in certain areas, now that has got us by because of things that have happened, some people have probably become more flexible, taken on more work, but what you tend to find is that there has been a slight withdrawal in terms of flexibility overall, but sometimes it is slightly balanced by the fact that people are been expected to do more now with less pay'.

11. Are there more industrial relations issues since the employment embargo has been introduced?

'There has been a slight increase, I wouldn't say that it is actually huge, however, it is not uncommon for staff to raise more issues with their unions. At a low level I'd say 'yes' at a higher level I'd say that it is simmering along at a similar rate. Now staff are more inclined to involve their union representative with minor issues such as grievances, that has happened, and again that is down to their expectancies of what they feel is doing an appropriate level of work. You are also seeing very different views of what is expected and what is not. What we have seen is that the staffing levels have now come up as industrial relations issues. Yes in the sense that staffing levels have now become industrial relations issues in certain categories of staff at times which would not have happened in the past, and there are more issues with certain individuals on an individual basis, we do find, overall at national level it is busy enough, but you find more of the normal really'.

12. Do you think that there is a different psychological contract in the different departments of the Hospital?

'Yes I would say so, depending on department, but I would say that some departments would be very similar, depending on the category of worker. Yes in the sense that you have so many categories of worker, you know you have medical staff, nursing staff, allied health staff, health care professionals, supports staff, clerical staff, corporate staff, so you know, there definitely would be differences on how the psychological contract is viewed. There definitely would be very different approaches to what would be expected and seen as the norm, and again, in certain departments, it would be the norm to do extra hours with no reward, whereas in other departments, extra hours would only be done if there is reward, so you can see that would be a distinction that would happen between a professional clerical department and let's say a front line clerical department, and again you would definitely see that in support areas where there would be an expectation to be paid for everything as well. I suppose the psychological contract would differ in the sense that in certain areas and sometimes

more so in the clerical and support areas, it would be deemed that its more about getting by whereas in some of the more professional front line areas there would be more emphasis on professional standards, so it definitely will differ. But again in some of the professional areas, for example, even medical, there would be a far higher expectancies' from the staff member and what we would see if you look at the psychological contract. Here to fore, there has been quite an imbalance, in the sense that the employee in particular in support and professional grades, would have a high expectancy over what the employer should do for them, whereas, it has sometimes been thought of at corporate level what has been missed is the 'mutuality of obligation'. You know with your contract of employment, there is a 'mutuality of obligation' and obviously the employer has to treat them well , pay them etc, but there is a level of performance that is expected and sometimes that has been missed, and if you get into the psychological contact, that 'mutuality of obligation' is expected, like in a hospital, we would expect a high standard in terms of a psychological contract and mutuality of obligation, obviously due to the nature of the work and the sort of loyalty professionalism that is expected, and perhaps people were in a comfort zone where there was a high level of expectance's, so if someone wants a redistribution of the balance is not necessarily a bad thing. However because it has happened in such a crude way across the board instrument, there hasn't been the middle side psychological change management want to bring people along, to the same extent they should be, the expectations haven't come into reality, and that is seen, even with the unions. If you look at groups such as NCHDs they haven't come to the reality of the situation, which the hospital is in a dire situation, so there definitely is a gap between the employer and the corporate view and the individual front line view'.

13. Do you feel that there is a major different between the psychological contract of a front line and non-front line employee?

'If you look at front line and non-front line, it's definite that there is a difference that in general, the front line should be more focused but not withstanding that it will very

much depend from department to department, there definitely is difference of expectancy'.

14. When dealing with issues such as change, does hospital management take into consideration the psychological contract when deciding how to approach the task?

'Well I think if you look at issues such as the moratorium etc. that has come in, I don't think there has been consideration given to the psychological contract, and again, we could argue that this is a crude mechanism and as it is coming from outside there hasn't been. However in terms of change management, there is some consideration given to participation of staff which affects it, but to be frank, is it fully considered? Probably not enough, to an extent, there is consultation in terms of the change, but probably not enough. There probably is more of an approach of 'tell and sell' rather the 'sell and tell', in the sense that people are told what happens and to get on with it as opposed to here is what we think should happen, there probably hasn't been enough to bring people over to the required state. Notwithstanding that, I suppose there probably is a presumption that people are aware of the situation and people should get on with it, and maybe there hasn't been enough done in that regard, so I definitely think at a national level, there should be a change process, the psychological contract hasn't been fully considered'.

15. Is there any procedure in place that will allow for employees to be hired within the employment embargo?

'Yes there is a procedure in place that should be known, is that people have been employed; now however, it is limited. It is very controlled and limited, but it has happened and obviously, you can see when that happens it does have a positive effect. The introduction of a new person and new blood, obviously you can see when that happens it does have a positive effect, obviously, it does help relieve the burden of pressure from here to floor, where that has happened, it definitely has had a positive effect from a staffing point of view, from your unconscious, and I suppose your back to

your psychological contract, but from the emotive point of view, and how we are dealing with the employer, that has been seen as a positive, which helps the employer to be seen as not the worst overall'.

'The procedure is; the manager has to apply through the hospital, it goes to the hospital's employment controls group and then after that it then has to be approved by the following, it goes to the national regional director, and it has to be approved by the HSE, so it is quite a cumbersome process, perhaps sometimes what is lost is that hospital hasn't communicated how difficult it actually is to do'.

B; do you feel that this is the correct procedure?

'I dare say that it is too administrative, and it could be more communicated to people how difficult it actually is to get it. I think one of the problems is that, from our point of view, from a unionist staffing point of view, there is a total unrealistic view of the world. In terms of staffing people haven't moved on to the present, 2011 is a far trickier year than go back to the height of staffing levels in 2007. The recent example that we have of staffing, where the matter went to the labour court and it was only afterwards that the HSE agreed to staff two posts, now obviously, the staffing posts were seen as a positive by all parties, but that just highlighted that this process is long and difficult. It took about two years to get two posts, so as you can understand that the cumbersome nature of the process doesn't help either in terms of people's motivation'.

16. Having discussed the impact of the employment embargo on the management of the hospital and on health services being provided, in your opinion do you believe it should be lifted? If so what are those circumstances?

'No, not fully, it shouldn't be lifted until it is replaced with a better system. I think the problem would be if it was lifted now, you would have an unrealistic situation where posts would be filled where not necessarily required. I do think that overall in the health sector, there is a long term view to reduce numbers, but the golden nugget is all about where you reduce the numbers and where you increase them. I would definitely say that

some areas could go with an increase in numbers in terms of a patient view in providing a more quality service, so I would say partly yes, it should be lifted in terms of some patient areas, but not until there is a better system in place. Essentially it should be replaced with a better system but the problem is, it is not specific enough across the board, there are certain areas of employment that should be controlled more than others, but what needs to be established is what staffing allowance you actually need to provide a service. The problem is it hasn't been properly thought out in terms of what you actually require. I would agree to a change but not a full removal of the embargo, because you would see the potential flood gates opening and the problem is that not all appointments that have been made have been necessarily required in the past in the health sector and that is something that should be considered. So again you're probably looking at it from an emotional point of view. There is more work to do in terms of bringing people on side. More needs to be done with less and there is a piece for more engagement in terms of how things can be done smarter and from an emotional contract point of view and form a psychological wellbeing. There needs to be more engagement with staff at a local level on how to actually effect change because change is required at this stage and I don't think that has happened. I think the problem is that there is a gap between national agreements and what is happening on the ground and if you look at the Croke Park agreement and the change agenda, the return of change ideas from local management and local staff has been very poor. Now I suppose it's a point that we haven't discussed before, but I think it's fair to assume that the absence of ideas coming back in terms of the cost savings, is actually a direct reaction to the moratorium and the staff reductions, where staff were saying 'well look, how can you expect more out of us'. But the reality is more is needed but it is how it is done, the national agreements haven't been affective in dealing with change. What is now needed is more local service areas. Every area needs to be reviewed, like for example this was a view of the laboratory, this is now a view of the radiology, more of that needs to occur to provide a better service long term, but the fact that the response to the public sector agreements has been so sparse, I'd definitely say it is a kick back form the moratorium'.

Interview with Head of the Social Work Department

1. What is your understanding of the employment embargo?

'Ah that, Social work and I suppose allied health in general is not subject to the embargo in the same way as other sections of work, but internally in this hospital I suppose we have had problems with staff ceiling over the past couple of years so that is what it means in this organisation and in this hospital is that everybody is subject to the embargo, regardless of what areas of responsibilities you have or what your professional role is. For us in social work department I suppose there has been this discussion is the social work department subject to the embargo or not? It tends to be a big issue here with plenty of discussions on it but nothing is clear cut on it. This has been the situation since 2008, this was when it came in first, and I have been manager since the Hospital opened'.

2. Do you think the employment embargo was the correct method of dealing with the issue of the recession?

'I don't think an embargo works because I think what tends to happen is a blanket embargo which gives no overview of where vacancies might arise, and what impact it has on services. For this reason I don't think an embargo works well. In that way you are not deciding the service needs and if these resources goes below a certain minimum level, you need to top it up where in other areas it could be fully staffed purely in an ad hoc way in that no one has moved or left or has gone on maternity leave. So one area could be fully staffed and another area totally depleted. Quite often there is no rationale to that because people who are in control of budgets are not given the scope to look at things in a different way and make those decisions. Such as here in the hospital on what is the patient's priority or needs, not who left last week or where the most recent vacancy occurred'.

3. Has the social work department been affected by the employment embargo? If so what ways?

'Yes, since 2008 we have averaged at times, a third of our staff in deficit, while we have fluctuated between 25% to 30%. On average we have had 25% vacancies so it has impacted hugely. We were affected because of the ad hoc nature of things and we were possibly unlucky that a few things happened here at a critical time, so we were hit very quickly'.

4. Do you feel that the social work department is one of the departments of the hospital that can't afford to be understaffed?

Yes. In certain areas we all have to look at running our services efficiently pairing down our services so that we are prioritising patients' needs and that, but I think there is certain aspects of the work that has to be covered. If you want an example, recently in the children's area we would have lost a senior post which was very much linked with managing child protection referrals in the hospital. That post has been vacant since January and that has been a serious concern to me as it was a high risk. We had no way of making sure that the kind of tasks, duties and responsibilities that person was carrying out could be delivered on because our staffing was so low. We have tried to manage it as best possible , we are now in a position that we are able to fill that post but I would have been flagging it up as high risk for the hospital for some time to leave that post vacant .

5. Do you feel that the employment embargo has had a positive or negative effect?

'Negative'.

6. Do you think staff morale has been up or down since the introduction of the employment embargo? Why do you think that is the case?

'I think it has impacted on moral hugely both within the department on staff and within the hospital and I think a lot of that has to do with the uncertainly around what is going to happen. People have not been sure if posts are going to be filled or would they not

be filled if somebody goes on maternity leave or if somebody leave or gets another upgraded position next week. If they go is there any possibility that their work would be taken up or will their position be filled? I think it's not knowing affects moral most. In this organisation we have not got a clear minimum base line to work from so when we go below that bar we are into a category that we can fill that post. I think we have been living with a huge amount of uncertainty. There was some critical things that happened here that in another time would have been handled differently. Yes the recession had an impact but mixed in with it is par for the course things that in any big organisation or big department can happen. We had two people die in our service last year and I think that was not taken into account. These were two very experienced people. Staff having to deal with that in itself and the psychological factors around that and even to have to pick up the workload was very difficult and I don't think it was even recognised that it might be a slightly different situation to the norm and that, people might need some help getting through that. I am manager for ten years and I know, five years ago that would have been handled in a very different way'.

7. What way did the Union react to the employment embargo and how did their approach to the human resource department change as a result of the employment embargo?

'Our experience is that when we flagged issues with the Union my staff will fill you in on this. Obviously as a manager I have a certain role, there would be a Union rep taking up issues for us, but the response from the Union would have been if they were alerted to issues to try and support us on how we might handle vacancies and how you handle gaps in service. But to me the whole flux in the Health service has meant there is so much change so quickly and all the uncertainty that we spoke about a moment ago makes it difficult for the union to come in with any clarity about things. I think there has been a vested interest in keeping things unclear, not from a Union point of view but from a general kind of Health Service Management that is not conducive to good communications with Unions or good communications between the Union and their members. There was talk about industrial action and my memory was that we were balloted in relation to that at a certain point. But I think the action was more on a day

to day basis in that if there was a particular vacancy left a social worker could not cover two posts instead of one in a safe type of way and the Union would support that in that they we were not expected to double or treble a social worker's work load. If there were gap then there were gaps and we had to accept that. That's difficult in an environment where the social worker goes up to a patient in bed in the ward and then say I am sorry I am not going to talk to you. It is that kind of thing you know that's so difficult for people to deny a service but the Union would have tried to support safe practice'.

8. What is your understanding of the psychological contract?

'As a term I would not have been familiar with it until you mentioned it but I am interested to see the definition you have written down there. That makes sense to me as up to this I would have been guessing what it meant, I feel that it is about a mutual relationship that exists between an employer and an employee'.

9. In what way do you feel the psychological contract is formed?

'I think the organisation has tried to promote good practice in recruitment here and in terms of the whole process of recruitment I think a lot of attention has been to get that right, so I think that when someone reaches the point on entering into a contract with the organisation that hopefully they have been through a very transparent process and that they know what the expectation is and what they are engaging in. I think then the next phase of that is that a lot of attention has been paid to the induction period for the broader organisation and for the department as well, that people will get induction particular to social work. I hope that in that way new employees would feel that when joining the organisation they are entering into a healthy contract where there are certain policies and procedures. We have an occupational health department here in the hospital and new employees can access that. You can also access an employee assistance programme and it's good to know that those supports are there. I think that how the system works I am sure there are flaws in it as well'.

10. At what stage do you believe the psychological contract is formed?

'I would think that it is formed at the recruitment stage and develops from there'.

11. Has your relationship with your subordinates been affected? In what way?

'Yes we have had a number of challenges here I suppose because apart from anything else we have had a number of senior managers positions that have been affected by the embargo, so there has been a lot of change and uncertainty at top management level as well that has impacted on staff in the organisation'.

12. Do you feel that the psychological contract has been affected between you and your employees? In what ways?

'My experience here in the department is that we have a good team spirit that people have pulled together through very adverse situations you know in circumstance like I mentioned through last year when people had doubts but have pulled together on things and that has been a big asset. We try and make sure that we have a structure in place where people are supported in their day to day work, you know that nobody is left out their feeling away out of their deep where they can't manage or they can't cope. We ensure that we have those structures in place. I think that this has served us well. Everyone has a supervisor and the supervisors should report to me as manager. Having said that and I am sure there are times and they will tell you themselves, you know I come in and sit in a room to have a meeting with them and I am feeding back to them you know we are losing more resources, that obviously has an impact it is not ideal from that point of view. I think the other area that has been affected that I find as a manger is there is so much going in to keeping the service just about functioning as a result of which, a lot of other things are not being attended to. Thus there is a lot of work going around not being attended to, or time to look at practice improvements, or areas that we could develop or look at in a different way. It is very hard to get to that type of thing. People feel that they are just doing the core work and responding to referrals that need to be actioned very quickly and we are not getting the chance to step back and look at the work the same way as we could before. Could we make

changes that could improve things? That's a kind of the fall out in that we are just striving to survive'.

13. Do you know of any breaches within the psychological contract?

'In terms of the communications between hospital management and staff that at times it has fallen down. I think going back to what people would have expected joining the organisation most people would have entered into a contract where they would have expected they would have access to in house service training or to training modules that would keep them up to date. There has not been funding for staff to keep their professional development up to date, as such we have to be creative about that but it has been a difficulty, but it is a huge factor for people because as in many other areas, in social work it is very important for people to keep up that dynamic in their work and keep up with the changes and practices in their profession. I think that this has suffered; this is a time factor as well as finance. That is an example of where I would think there has been a breach of contract'.

B; If so what was the cause and outcome of the breach?

Refer to question 13

14. Have absenteeism levels increased over the period since the introduction?

'Not particularly, it has not been significant. One person had significant absenteeism last year but that was for a particular reason. Apart from that overall it has not increased. Any increase has been genuine'.

15. Has conflict risen within the social work department between yourself and your employees?

'No, from the reasons I have stated earlier we promote good communication but I do think there are less opportunities for people so it has been difficulty for people in relation to upgrades or career opportunities so that when something does come up and there is only one post and there has been nothing for a year it does create tensions. There are certain factors coming into play such as the lack of opportunities after

several years of working and experience and the access to CPD and training, this would be another kind of conflict issue’.

16. Has there been much turnover, or have you lost staff to other organisations?

‘That has very definitely impacted on us. We had a situation in December where three people went to more senior positions in other health care agencies. These were in public sections as well; these organisations had a different interpretation of the employment embargo’.

B; Is there any conflict between yourself and Hospital Management?

‘Ah I don’t know if you would call it conflict but put it this way there has not been outright conflict but I would be putting a lot more energy in trying to highlight the problems about the gaps in services and other areas that I would see as critical so in that way I have to argue for things and fight for things. Sometimes you would feel it is a fruitless exercise and it can be non-productive so in that way it can be difficult, but there has not been outright conflict as we do try to work together. There is that ethos in the organisation that people do try to work together but it has been severely challenged in recent times’.

Interview the Human Resource Manager

1. What is your understanding of the employment embargo?

'Well because of the state of the nation and the financial implications for the country the department of health is getting a smaller budget. Also there is a service level agreement between the HSE and the hospital and as I understand the number of staff we need to deliver that service level and we are trying to match that but we had gone over that because that has been loosely run in management terms. At one stage we had over 3,300 people here, accounting for 2,900 whole time equivalents, now it is less than 2,500, and now the total numbers would be about 2,900, so we had to cut staff, purely because of the financial and budget constraints that are actually being implemented now, but in my view they hadn't been up until then. John O'Connell, (Was Director of HR, then Acting Deputy CEO and now Acting CEO), was to me primarily involved in driving this staff reduction programme to ensure that we would match our whole time equivalents with the HSE agreed levels and trying to get the budgets back in line again'.

2. Do you think the employment embargo was the correct method of dealing with the issue of the recession?

'No, we could have 2,400 consultants as far as the HSE are concerned, now I know that its linked into budgets, but the primary one here is the head count, you could have 2,400 consultants and no one else or you could have 2,400 of let's say the lower grades, and that's all they are looking at, the bottom line figure, but I think that the payroll budget should be as important as the head count. Because if you release two porters and take on a consultant, the difference in salary is huge. Consultants are paid almost two hundred thousand while the porters are paid maybe 30K each. You have a 140k amount in the difference and you only drop the head count by one, so it doesn't tally or it doesn't marry, this should be linking it with the service as well. For example, if they gave us a new service to provide for dermatology we would need consultants, we would need to get 2 or 3 junior doctors, plus a couple of nurses and a couple of support

staff, but they give you the permission to have one consultant and the rest you have to kind of find form elsewhere within your system. They don't look at the delivery of the service and what it takes to deliver the service. Oh you could have a consultant for dermatology, and you work out the rest of it yourself, which to me isn't fair. In private industry, I don't think the CEO of Coco-Cola would do something like that, just give you part of the resources to deliver a new product and say you have to manage without the rest of the necessary staff. You would kind of go for a fully staffed, fully prepared and fully thought out project, with business and cost benefit analysis or whatever carried out, but that doesn't seem to happen in the health service'.

3. Has the human resource department been affected by the employment embargo? If so in what ways?

'Well with the employment embargo, we have lost a number of employees through natural leverage and we also have three going on maternity leave. Also before Christmas we lost a member to the redundancy scheme that was held. We are definitely down numbers and we are going to be hit again with the maternity leave as they will not be replaced'.

4. Do you feel that the human resource department is one of the departments of the hospital that can't afford to be understaffed?

'No, we provide a service that makes the employees of the hospital get paid among other things so if employees are not getting the correct remuneration, for example, then work level will be down across the board. It is fair to say that the administrative work we do here is important. We are constantly looking at new ways of dealing with the reduced numbers. I think that the introduction of the CORE attendance system is good as when that project is fully operational, we can probably reduce the number to two or even one depending on how it goes'.

5. Do you feel that the employment embargo has had a positive or negative effect?

'Overall with regards to the staff level, the results are very positive as numbers are down over 400. But the results have not been positive as staff can be negative at times. I feel they will get worse but overall not overly negative'.

6. Do you think staff morale has been up or down since the introduction of the employment embargo? Why do you think that is the case?

"I feel that staff morale is down big time, and I feel that this is understandable because its more work and less pay essentially, and the problem I see and I am trying to manage is that with the maternity leave approaching, things will only get worse".

7. What way did the Union react to the employment embargo and how did their approach to the human resource department change as a result of the employment embargo?

'To be fair to the unions, they naturally enough weren't happy but they did realise that something needed to change and they slowly came on board. I am not saying that they let everything go, they still fight for employee's positions to be filled and that's the way it is and will probably be for a little while to come'.

8. What is your understanding of the psychological contract?

'The psychological contract, in my opinion is the relationship that you have with your employees and vica-versa; it is about expectancies, what you expect to get from your employee and what they expect from you'.

9. In what way do you feel the psychological contract is formed?

'Over time you can get an understanding of what to expect from your employees. The manager and employees need to get along with each other and this could start from

as early as the first time you meet. Your psychological contract can begin I feel at an interview stage because if you are going to be directly working with them, from that stage you can maybe try and find out if you will get along and hopefully build a relationship'.

10. At what stage do you believe the psychological contract is formed?

'I think that it depends from person to person and manager to manager. I believe that it can start at interview stage and then materialize from there'.

11. Has your relationship with your subordinates been affected? In what way?

'Well they are under pressure as are we, so the relationship is obviously going to be affected but it is the case that we are both trying to implement the embargo and must work together to achieve and ensure that the service of care that we provide is of the best standard'.

12. Do you feel that the psychological contract has been affected between you and your employees? What way?

'Well with the three maternity leavers coming up soon the relationship will be affected again. I think employees sometimes think that the way to fix the problem is to hire new staff like in the old days, whereas nowadays it's not so simple. If we want new staff we have to go through a big procedure. The relationship has been affected and will again in the future, for example, it's not strictly related to the employment embargo, but a matter of holidays recently came up where a few people had the same weeks booked off from work. I was one of them. I was given seniority over others as of my position, I believe that this has affected the relationship I had with the said employees, but overtime I believe it will come good again'.

13. Do you know of any breaches within the psychological contract?

'I think in technical services Paul X has stepped up to the mark as there grade 8 manager has left. Paul stepped up as he is a grade 7. He was looking for managers to do more paper work and in the last while they have stopped doing it, 'no that's not in our contract that's not in our job description' where before they didn't have a problem but now they have an issue'.

B; If so what was the cause and outcome of the breach?

'They have got the unions involved and stopped doing it, and he's saying, 'look I come in here Saturdays, I spend most of my time doing paper work that three or four guys had been doing but have stopped doing it", so he has to make up for it'.

14. Has employee turnover risen or fallen since the introduction of the employment embargo?

'Well there doesn't seem to be better opportunities elsewhere in the current economic climate, so it would appear that people are hanging on to their jobs here rather than leaving. We would have had a higher turnover at the boom times where people saying 'I'm going out to work in private industry' or 'I'll go down to some other hospital' but because of the management of the employee numbers in the various hospitals and HSE agencies, there is not as many vacancies available. Where people would say, 'I'll leave Tallaght and look for a job down near Portlaoise, because I live down closer to there, I'd get to Portlaoise in 30 minutes where I would get to Tallaght in 20 min', so that kind of thing Isn't happening where it had been. Employee turnover has gone down not directly because of the psychological contract but because of the economic condition outside. I've people coming in and asking me, 'can I leave here? can I go there?' I'd say yes you can but have you got a job when you go there. Two years ago you would have been able to get jobs. Four years ago you would have been able to get jobs but now you can't so I think people are prepared to kind of stay and bear it now rather than leave'.

15. Has absenteeism levels increased over the period since the introduction?

'To my knowledge they haven't. They have remained at the same level as they were prior to the employment embargo. I think that this is the case because employees are just trying to keep their head down and do the job that they are paid to do. Having said that there are people who are ringing in saying they can't come in for one reason or another but they would have been doing this prior to the employment embargo period.'

16. Has conflict risen within the human resource department between yourself and your employees?

'Employees are always going to find something to complain about, it's in their nature. it's true that staff workloads have increased but that's the same throughout the entire hospital but the numbers were high and employees were sitting about a lot and it needed to be addressed. Employees may not be happy but we are doing what we can to facilitate them and most of all to provide an efficient health service that is the reason why we are here.'

Interview with Social Work Staff Number 1

1. How long have you been working in the Social work Department?

'Since the first of April 2004'.

2. What is your understanding of the employment embargo?

'My understanding of the employment embargo is that it came in a couple of years ago, but I am not sure exactly when it came in. I suppose people have kind of different ideas of what it is. I think in general the HSE put in an embargo that said that staff could not be employed, but it made exemptions for the likes of allied health professionals, social workers, physiotherapists, occupational therapists and that kind of thing. But the hospital from my point of view has carried that through and we have had a lot of problems trying to get social workers and other allied health professionals employed in the hospital even though the embargo, from what I understand, does not necessarily apply to us but in the hospital it does because they are not employing staff at all'.

3. Do you agree with the employment embargo?

'No, not at all. I suppose we are well the hospital are trying to run a service for patients and by just not replacing everybody that leaves, we can't offer an efficient service to patients. They have to realise that just because somebody leaves, their job can't necessarily be picked up by other people and therefore we can't offer an effective service if they are not willing to replace people as they leave or go on maternity leave and things like that and its noticed, you can see where people leave, the problems that it creates'.

4. Do you feel that the social work department is one of the departments of the hospital that can't afford to be understaffed?

'Absolutely. We are a front line service that deals with patients on a day to day basis and you can really notice it when we are understaffed like we are at the moment and as we have been for years. There is a huge difference from when I started here where we were up to full complement and when people left they were replaced quite quickly to what we are at now'.

5. Have you been affected personally by the employment embargo?

'Hugely because when the embargo first came in I had an interview for a team leader position, a senior position here, and I got the position. I was interviewed on a Tuesday and on the Wednesday I was told that I had the job and then the following Wednesday the embargo came in, and although I was allowed to move to the team leader grade, I was not allowed to move from the position I was in which was in paediatrics. I was not able to move to another area of the hospital as they would not back fill me, so I spent eleven months working in the position I originally was in before I was allowed to move as they would not back fill my post. And as paediatrics would be seen a critical post due to child protection it could not be vacant. I did eventually move and I have been in my current case load for the past year and five months'.

6. Do you think that your work has been directly affected by the employment embargo?

'Well for the last couple of months I have had to give some of my time to being a team leader in paediatrics as well as doing my own work because they have had no team leader because they have not been able to recruit. This means that I have been stretched right across the board and a lot of people are'.

7. Do you have any form of representation?

'We have the IMPACT Union and I'm a member but I've never really had much to do with them. I did go to them at one stage when I wasn't being allowed to move but nothing really came of it. Because I was allowed to become the team leader part of it they kind of felt why should you be allowed across, your still getting paid the extra money'.

B; what position has your representation taken on the employment embargo?

'They did try and fight it hospital wide. They would have made calls to management and there would have been a lot of meetings and stuff like that, but from my point of view I never really saw any kind of results. I never saw any more staff coming in as everything moves at a very small pace. I don't think they did an awful lot. I know they actively worked at it but I don't think they got the end results'.

8. What is your understanding of the psychological contract?

'I suppose it is not quite an employment contract like you know the physical contract that you would have between an employer and an employee but more what you kind of expect, like I expect to be able to come in to work in a safe environment, I expect to be able to do my job and I'm sure they expect the same kind of thing from me, I'm imagining it's not what's written down but it's kind of what you expect from each other'.

9. How would you describe the psychological contract that you have with management?

'Social work Management; I think we have a good psychological contract with Brenda (social work manager). She is very fair and she can see what is happening around the place and she can see the impact that it is having on her staff and I think personally that she does a lot to minimise that. She works hard for us and fights hard for what we

need and I think her communication with us is always very good about what is going on. She obviously has a lot of meetings with management and stuff like that and she does filter down what's relevant. She does let us know what's going on in the organisation as a whole'.

10. Do you feel that your relationship with social work management has been affected by the employment embargo?

'No I don't think so in terms of the social work department itself. I don't think it has because I think you know I've always felt that Brenda was fighting for me to move posts and I've always felt that she has fought for us for what we need. I think in terms of the department, I think if anything at times it has brought us closer together as a department because we are all fighting the same battle with hospital management and with the HSE and the powers that be. I don't see any major problems within us as a department'.

Follow up Question: Do you think the psychological contract has changed with the hospital management?

'Absolutely yes, you know a lot of times you feel that you are being screwed over. They don't listen no matter how much you say. They wouldn't let me move to paediatrics at one stage and yet they would not fill the paediatrics post because of the child protection issue. There is all that kind of thing and I think communication within the hospital is a disaster. At times, I feel that sometimes hospital management are focused on working with the HSE and I know we have loads of targets and that kind of thing that have to be met but we are a front line service and we meet patients on a day to day basis. We have a role here but a lot of the time they don't see that, they just see the targets. It is all about targets, meeting the HSE targets, being within budget and they don't see the implications that this has on staff and patients. They just do what they feel and a lot of the time it just feels as if they are not even listening to you and they don't communicate things. Every now and then you get an e-mail saying what's

going on, but it is usually about something that is already happening and there has been no communication process the whole way through'.

11. Do you feel your management is doing all they can to help ease the effects of the employment embargo?

'Yes, I do think she is'.

12. Do you feel the hospital management level are doing all they can to help ease the effects of the employment embargo?

'No'.

13. Do you think your psychological contract has changed since the introduction of the employment embargo? In what way?

'I think in terms of my relationship with Brenda, it has changed'.

B; Do you think it has been a positive or negative change?

'I think it is a positive change. It kind of feels as we have pulled together a bit so therefore it's kind of made us see her role a bit clearer and how much she actually does fight for us and what she thinks is right for us. I suppose since I became team leader I've been going to meetings with the seniors in the department and you kind of see more of what actually does go on. You can see how much Brenda does at the meeting she has to go to and the hoops that she has to jump through to get anything, so in that way it has had a positive effect I suppose on my relationship with Brenda'.

14. How do you think the psychological contract was formed?

'I'm not really sure, I suppose it's just expectations really of what you build up and what you get used to and I suppose when I started here back in 2004 it was good times. You know there was never a problem with recruiting staff, so in that way it was always very good and met my expectations. I expected that we would never have a problem with

staffing and communication wasn't as bad but I suppose I was very newly qualified at that stage as well so I probably would not have paid as much attention at that stage to communication. It was more about settling into the department and I would not really have had much to do with people outside the department or with hospital management. But as time has gone on, you understand how the organisation works and I suppose that's when it really becomes clear as to what is right and what is wrong and what works and what doesn't. Well really I started in good times and that is when I formed my opinion on how the hospital works and we were funded well at that time and we had no problem with posts and communication. As I said it would not have been an issue for me. Well to me the psychological contract is formed by what you get used to, and it's when things change is when you see the difference'.

15. At what stage do you think the psychological contract began?

'I suppose it would have begun for me at the point at which I began working here. I would not have known much about the organisation before I began working here, so to me it would have begun when I started'.

16. Are you happy with the present psychological contract?

'With Hospital: No, I think in the last couple of years probably since the embargo came in and again part of that would be at this stage I'm probably more used to it, I see more of what goes on in terms of management of the hospital and things like that, but I do think in the last couple of years communication has broken down and they are not really sticking to their end of the bargain. In terms that they don't care about what we do. They just see it as statistics and numbers and how many people we can get through and how quickly we can get them through and there is more of a focus on hospital discharges. I suppose that pressure would always have been there but not as bad as it has been in recent years'.

B; and with your social work management?

'With Brenda: Yes I think I work well with Brenda. I feel she is very fair and I feel that communication between me and Brenda would be good'.

17. How would you like it to change?

'I suppose I would like to go back to simpler times when we had money to employ people and that is not just in our department but across the whole hospital. When you work in a particular clinical area or case load of work on a particular ward, if a different member of staff leaves, you can see the effect that it is having and the stress that it brings on everybody. I suppose I would like more recognition of allied health professionals and what we do. There never seem to be a problem getting nursing staff or doctors employed if someone leaves, but there is when it comes to allied health professionals. I think hospital management should try to communicate more effectively because they have all these systems in place to communicate but you get all these emails and memos about hospital management meetings and they don't say anything. You know the way they talk around an awful lot of issues but they don't actually get anywhere. I was at a meeting there recently where they said the HSE wants these risk registers drawn up in all the departments. They are setting them up in the hospital but when you do your risk assessment register they have nowhere for them to go so it does not go up to hospital management because the systems are not in place up there. Because we have gone through so many CEOs and acting CEOs and Deputy CEOs and the whole lot we just seem a bit scattered. There is nothing in place, there has been no formal plan for quite a while. We have had three CEOs and acting and directing and all the rest since I started here. The management structure isn't there and hasn't been there for a long time, so communication isn't very effective and everything seems to be done as a reaction to something. It's a lot easier to deal with things if you know what is going on, if they tell you what's going on. it's a lot easier to deal with the fact that you don't have any staff, so I think that communication is a big thing that this hospital falls done on'.

Interview with social work Staff Number 2

1. How long have you been working in the Social work Department?

'Eight years'.

2. What is your understanding of the employment embargo?

'This means that there is a ban on recruiting new staff, it also means there is a ban on replacing staff that leave the hospital or go on maternity or long term sick leave'.

3. Do you agree with the employment embargo?

'No I don't, I understand that reductions need to be made in spending and I know that certain areas may have been overstaffed or could manage with less staff, but I think to put a complete ban on recruitment is ridiculous. I think within a hospital it's extremely silly to think that a hospital can run at an efficient and safe level if it loses a large number of its staff'.

4. Do you feel that the social work department is one of the departments of the hospital that can't afford to be understaffed?

'Yes I do, I will acknowledge that a couple of areas within social work have managed adequately with fewer social workers but overall due to the nature and sensitivity of the work, it is impossible to maintain a high level of service when understaffed'.

5. Have you been affected personally by the employment embargo?

'Yes I have. The area I work in always had two social workers as it is a very complex and busy area. Sadly the other social worker who was senior to me passed away and her position was not replaced so not alone am I doing the work of two I am also doing work that was seen as at a team leader level while still at a lower grade'.

6. Do you think that your work has been directly affected by the employment embargo?

'Yes it has. The area I work in currently deals with patients with serious chronic and often terminal long term conditions. As I am now covering two posts I find I have to focus on inpatients and outpatients in crisis. I find it very difficult to tell people who really need my support they will have to go on a waitlist. I feel I am literally fighting fires rather than working with people at an earlier stage thus preventing them ever reaching a crisis situation. Also there is no time to research or go on training to improve your skill levels for day to day work'.

7. Do you have any form of representation?

'Yes I am a member of the union impact'.

B; What position has your representation taken on the employment embargo?

'They have tried to fight it but have had very little success'.

8. What is your understanding of the psychological contract?

'Don't know what it is but not that you explained it to me I do understand'.

9. How would you describe the psychological contract that you have with management?

'Not good. I would feel very let down by decisions they have made particularly towards staffing'.

10. Do you feel that your relationship with social work management has been affected by the employment embargo?

'No I don't think it has, our manager is very much on the same side as us'.

11. Do you feel your management is doing all they can to help ease to effects of the employment embargo?

'Yes I do. She has brought issues to hospital management time and time again and fought regularly for recruitment of replacement social workers. She has developed registers to show the risks the lack of social workers is making within the hospital. She has made sure social workers aren't stretched too thin and has stood firm when under serious pressure to cover cases from areas where there are no allocated social workers'.

12. Do you feel hospital management level are doing all they can to help ease the effects of the employment embargo?

'No I don't feel they are. I don't think they have tried to understand the impact the embargo is having for people on the ground, for example in the social work department two social workers who worked in the paediatrics department left at Christmas and were not replaced. Due to child protection laws, cases with child protection concerns in the hospital have to be covered by social work which put the remaining social worker s under serious stress and difficulties in trying to see all patients'.

13. Do you think your psychological contract has changed since the introduction of the employment embargo? In what way?

'Yes it has! There is definitely a lack of trust there now as they have gone back on promises made'.

B; Do you think it's been a positive or negative change?

'Definitely a negative change, they have no idea the pressure they have put on frontline staff and seem much removed from the day to day issues facing their staff, thus creating a very low morale around the hospital'.

14. How do you think the psychological contract was formed?

'Through the contracts and rules set out for staff when commencing, people knew their jobs, what was expected from them but now with the embargo they feel more is expected and they are not valued for what they are doing'.

15. At what stage do you think the psychological contract began?

'When I came for interview and then when I first started working here'.

16. Are you happy with the present psychological contract?

'No I am not'.

B; And with your social work management?

'Yes I feel my manager is doing everything she can. She is very aware of the difficulties we face due to shortages and she is very supportive around these, her door is always open and she is very praising to her staff who she realises are working under serious pressure'.

17. How would you like it to change?

'With hospital management I would like it to change in the following way, I think they need to be more visible to staff working on the front line. They need to let us know face to face why they are making these decisions explaining in detail the reasoning behind them. I think if they were more open people might understand better. I think they need to talk to staff in each department and find out the impact the embargo is having. I think the reason the psychological contract is affected is because hospital management are making decisions but are not visible and are not facing the public day to day who are affected by their decisions and it is the staff that have to face the anger of the public, this has made staff lose faith in the management'.

Interview with Social Work Staff number 3

1. How long have you been working in the social work department?

'Here in Tallaght, since it opened in 1997'.

2. What is your understanding of the employment embargo?

'The Hospital has to curtail the staff levels here. It has done it in a certain way where certain areas have not been affected and other areas have been affected. I think certain developments that were to happen here have been curtailed and others that were planned to go ahead are not doing so. I think the Hospital have been trying to get through a very fluctuating time and it is therefore trying to adjust the staffing levels, however I do agree they have not done it in an even handed way. When existing people who had contracts left, those contracts have not been filled, more so in certain areas than in other areas for obvious reasons. Medics, from what one hears over the last few days haven't been curtailed. I suppose because they could not get enough of them as was heard in the news. With what we call allied health professionals (AHP's) such as social workers, physios, OT's there are gaps in the recruitment of all these levels. We had a certain level and we have much less numbers than that at the moment'.

3. Do you agree with the employment embargo?

'If you ask me as a social worker of course not, simply because the service is delivered in consultancy led teams. This means basically a consultant has many multiples of a social worker's salary it is necessary, they will come with a medical team and the cost there are much higher than you will get down stream with ourselves as social workers and others. But the team does not work except you have everyone, especially for long term illnesses. For acute illnesses like for e.g. if you break your leg you come in and it's a tragedy in your family but you will get over it, at least you should, except you are eighty years old. But if you come in with a heart illness, which is where I work and it is

severe and it can stay with you for long time or if you come in with a stroke you are going to need an awful lot of help so the AHP's and social workers in there are absolutely crucial to your on-going support. So the way we have done it in the social work department is when there is a gap if Dr A gets a social worker and that social worker for some reason goes off on leave or something we don't replace that social worker so Dr A does not get a social work service no matter how they feel about it. That's the way we have done it so far. We apply the pressure back up the tree so the Dr applies pressure on management to have the gap filled'.

4. Do you feel that the social work department is one of the departments of the hospital that can't afford to be understaffed?

'Absolutely yes it is one of them. I think there are some areas that are absolutely crucial but it depends on how you see it. When you look at the AHP's, if a physio is dealing with somebody mobilising after a stroke and say they are on a four day week, that means that unless somebody comes along and helps the elderly lady mobilise over the weekend there may not be the necessary progress for this patient. That's a kind of a behind the scene help, it's not from stage medicine that means that the person will not mobilise quickly enough and will not leave the hospital quickly enough. From our own point of view if somebody elderly comes in and needs long term care there is a process that we go through. Doctor's nurses and all sorts operate this process. Patients go through this process, but the process of getting the finance for that through the nursing home support scheme and finally actually placing the person in care is crucial. So if we are not there, that process does not happen. The appropriate care is the social work process so if we are not there that does not happen. So we are crucial in certain areas. We are not front line so when someone comes into the hospital they don't say stand aside Doctor I need to see a social worker. They do the medical first and from there all the downstream problems emerge. A very obvious one recently is that up to a year ago people had jobs. Now when people are dealing with hospitals or the health service they have no health cover or no medical card. They have nothing and they honestly don't know what to do, yet we are giving them a bill. You know they are suddenly in a situation where they need expertise, they need financial help, they need all sorts of

things that they never thought about before, so we have to get in there and help. There is a Discharge Planning Department set up simply to deal with the nursing home scheme for elderly or infirm people or young people who are going for long term care because they can no longer return home. That is a process that we have to drive along and some of our social workers are involved in this discharge planning department. There are nurses and various other people involved in there, about a half dozen altogether. The reason for this is that the hospital is seeing the priority of not letting people sit for weeks or months in hospital waiting for the bureaucratic process to happen. On an everyday basis we have some one here where the medicine is coming to an end or has ended they are going to need community support service. They are going to need the bargain basement home health service. They are going to need a public health nurse or a home health care attendant. They are going to need various things, maybe not in the short term but in the long term, and they can't really safely go until those things are in place. One of the things that happen to people that are in social work and other people involved in discharge planning, we are chasing ghosts. Patients need these things, they have to have them in place but these things don't exist in their particular areas. Look there are certain areas where these things don't exist and there are other places in Dublin where they are in abundance so if you happen to be living on a certain road you won't get something that someone two roads over will get'.

5. Have you been affected personally by the employment embargo?

'I would say I have an awful lot more of my attention based on it. I suppose it all depends on what level you are at in the department. Quite often I do deputy manager and I have just come off a session and yes at that level people are appropriately putting pressure on social work or social work managers through various means when there is gaps in services. The manager might have to take phone calls, how would I put them, sometimes irate phone calls and sometimes I get them direct from consultants who have lost their service and are not getting what they see as their appropriate service and that can be very difficult to take. You know somebody is ringing you because they think you have the power to change the situation and therefore they are putting tremendous pressure on you. You then have to explain that you are not the decision

maker in this tree and they need to go x y z and that's part of the job as manager. I think in a situation where there are gaps nobody is entirely sure who is the ultimate decision maker. People will put pressure on anybody who is an officer of this hospital. So does it affect me personally? Yes it does. You can go home all worked up about it and very deflated about something and very discouraged'.

6. Do you think that your work has been directly affected by the employment embargo?

'Definitely it has because the connections we have, the inter connection services we would have, for instance you have a general category of over sixty five, if you are over sixty five and have certain needs the geriatric service would be involved in some way in your service, but you may have other core morbidities as well. You may have had a stroke or you could also have a learning deficit or something like that. In the past when we were better staffed, we called them attachments it just means that when a social worker works with a certain group or number of consultant led groups say neurology or something like that where we don't give a service anymore simply because our social worker died in service and was never replaced. So there is no links there, a lot of what we do in social work is linking and networking. Say there is a clinic there that does that I have a person here that would be useful for them to attend that clinic what do I need to do to make that happen, they would be able to network but there is never a gap there. We have no one to talk to anymore, so we can't really network. Sometimes in a hospital you have to use your common sense. I had a bit of a crisis not for me but for a patient last Monday and he came in for a simple surgical operation and he had a disaster on the table and he was taking too I T U and he was intubated and he was excavated and then we found out that he had a heart attack and that he had a serious heart complaint. It was all new to him; we all arrived to try and calm him down and get him ready for the next bit. He is a taxi driver who has always worked hand to mouth. He hasn't got any money because he has not been taxiing for ten days. That's the way it is, he is not on social welfare he does not know anything about what he needs. He needs to be plugged in to a number of services which he thought he would never have anything to do with. This was just an accidental find, a very good find because he could

have become very ill. There are these connections you have to make when you are in the hospital here and, there are connections that can be made for instance when you go to discharge planning, then I go to the intern and the consultant I make connections with the service that he is going to go too and that is social work. I make connections with the other areas that he is going to go to and we can put together a plan. Then when he came back this morning we were able to say that in the middle of you going off in your own community to a welfare officer we have been doing this behind the scenes. You know that only happens when there is a connected service in here'.

7. Do you have any form of representation?

'Yes I am in impact and I think there is a high not total representation here in the department'.

B; what position has your representation taken on the employment embargo?

'I suppose it is hard to quantify but they are completely opposed to it of course and working very well effectively in all areas, coming here and encouraging the troops when things are difficult and when things happen. I think they do well at two levels. I am a union rep. Now I am new to this to be honest with you, but I am strong on the union coming in with a presence and meeting staff members as often as possible. Just at the moment the Union have been meeting with management and fighting all these gaps for obvious reasons. I am sure the Union would see it as losing members, but anyway I want them to come in on a regular basis and motivate the troops, you know because I think that people just get very despondent. You know the boss just lets gaps happen, that the way it is we just have to get on with it. I don't see it like that at all, I think first of all it is anti-very effective networking that we do in here. If there are gaps in here, and also it is very demoralising for staff and you may find staff looking around at opportunities in other places, saying services are better their and why should I struggle here and I will go there and we don't want that to happen either'.

8. What is your understanding of the psychological contract?

'I did not have an understanding of it until you asked now that you read it, yes I do now'.

9. How would you describe the psychological contract that you have with management?

'With the social work management, Brenda yes I would describe it as very good but with hospital management very poor. Such as bad communications because they hold all the cards and keep them very close to their chests, and I am afraid it is a conflictual one at this stage which is a pity, but it has not been much better over the years. Social workers always felt like the poor relation in that we don't get the opportunity to discuss issues at the top table very often. I think the scheduling by HR or management of meetings is very poor, quite often they don't meet you for months on end. Requests and understandings are not being addressed, that is why I think the Unions presence is more important in the recent past particularly in the last six months where quite honestly we realise we can't get in the door to have meaningful discussions and the Union are better at it'.

10. Do you feel that your relationship with social work management has been affected by the employment embargo?

'I don't think so, in fact if anything I am talking about, we might be at cross purpose here, I am talking about the current situation we find ourselves in terms of industrial relations vies a vi the number of people we have in this place against the number we should have. I think it has brought us closer together in that we are trying to unify. There are issues about how close social work management can be to the Union. I think we have got around that, like I am a rep and I will do a certain amount of work and inform staff about what is going on and give motivational talks to people and obviously be in touch with management in social work, knowing that it will eventually get up the tree sometime, so do I think there is any risk in any way to the employee relationship in fact I think it has brought us closer together, because we are all in the one fight'.

11. Do you feel your management is doing all they can to help ease the effects of the employment embargo?

'Oh yes of course, she is reporting back, and while I understand there are confidential matters, how she is getting on, not the detail, we don't need the detail'.

12. Do you feel hospital management level are doing all they can to help ease the effects of the employment embargo?

'No I don't they are not telling us what their plan is, they are not talking to us, now while I talk to you I am aware there is a possibility some redrafting of the employment ceiling that might have some positive effect for us, now that is only a positive rumour I have no detail, now the Unions are sensing that as well. This rumour is coming from Union sources, I have no details I have not tested this it is still very early days, but I would be hopeful I don't think they would say something like that if there was not something in it, I don't know what it means but we are down seven and a half posts now'.

13. Do you think your psychological contract has changed since the introduction of the employment embargo? In what ways?

'Positive with Brenda and negative with management'.

B; Do you think it been a positive or negative change?

As a above

14. How do you think the psychological contract was formed?

'The minute I walked in the door, I would say what you are talking about there is when I walk in the door as I started in Hospital as a social worker many years ago, what I understood as my duties and role what I understood were the duties and roles of my employer, that's what I would have come from. Out of that you form an understanding of the limits of what they can do for you and what you can do for them, what the duties are what the responsibilities are from both sides. And other things are how you resolve conflict if it arises and other stuff and what the style of resolving conflict is. Because generally people are motivated to be in a place, they are motivated to keep going, they

want to earn their salary, they want to earn more than their salary. If all the conditions are correct in the work place that will continue. It is only when people have gripes or things change or as in our place when staff are not replaced we do feel we are not valued, you know that kind of thing. So I would say I formed it when I came in to the Hospital service that was in the Meath Hospital before the Meath Hospital combined and the psychological contract if I am grasping it right was more healthier than it is here. Even when we came out, even in the commissioning stage and all the meetings before this place and as this place was being built and when we arrived out here on the first day and the first months that was very cooperative. It has to be said there was so much detail that had to be sorted out, where they did acknowledge us initially, but it really has not improved. Now I do acknowledge our Hospital for some reason, I have my suspicions it has never really bedded in here. We always had financial crisis, we never broke even. We were always over budget and we were also getting rapped by the HSE so we have always been in that situation. Now I don't know if that comes down to our management or our financial people not doing their jobs properly or not being good enough or down to the HSE saying your staffing limits is that and the hospital management saying we can't do it with that staff. You are asking us to run all the services with that staff level, we are saying we can't run with that level so we are going to have to run over it. In many ways I would say if a medical director in combination with a CEO and a HR manager is saying I need that level of excellence with that number of people well I think that is the bottom line. As a consumer of health service I don't want to come into a shambolic service in any hospital in Ireland saying it is like that because we could not get the staff a bean counter set it up, it should not be like that'.

15. At what stage do you think the psychological contract began?

Refer to question 14

16. Are you happy with the present psychological contract?

'Yes happy with contract with Brenda not happy with contract with management'.

17. How would you like it to change?

'Much more communications and even an acknowledgement that we are on the same page, when we say we are down seven and a half posts actually we are down eight and a half posts but we have just agreed to employ somebody so we will be down seven and half most of those posts are so long in abeyance that it is hard to know how that service would come back, others are very recent people have moved on and have not been replaced. HR are still playing the numbers game saying eight and a half is not eight and a half it is five and a half They are saying that a gap that occurred three years ago is not a gap anymore, we are saying, are you saying has the ward is closed down, are the consultants not there, are the nurses not there you know that type of semantic game , if we were both on the same page arguing a point that we can agree as a point then that would be better but at the moment what they are saying the smoke is here the mirrors are there what you are seeing is not really what you are seeing and that's just bullshit'.

Interview with Human Resource Staff Number 1

1. How long have you been working in the human resource department?

'Here in Tallaght, since May 2002'

2. What is your understanding of the employment embargo?

'Well the employment embargo was simply put in place by the HSE, it is a structure that does not allow any new staff to be hired, and it has been in place for over two years at this stage'.

3. Do you agree with the employment embargo?

'Yes I think it's reasonable. I think that for the level of service that we are supposed to be providing it's probably reasonable, but I think the service level is probably where the fault is. It's very difficult to say that you can take in one hundred thousand people though A&E and deal with them through the triage and the A&E staff and for those who go into the hospital, because it's A&E so its unforeseen and it's not planned and you can't kind of gage that. There is going to be oh one hundred thousand instants in the catchment area and also if you're not from the catchment area, but you are driving through the catchment area and you happen to have a car accident, the ambulance is going to bring you to the hospital. If it's an emergency that is what they do, so it's a very arbitrary service level, and my view is that if we do happen to go above our service level then we should be compensated for it financially. If instead of delivering one hundred patients to our A&E targets, we deliver one hundred and ten patients then the budget for A&E level should be upped because we are probably taking on people from other areas, or else our catchment area has grown which it has been doing since the time of the Celtic tiger and now we have got a bigger population. The commuter belt, within our catchment area, west Wicklow, mid Kildare, would all be part of our catchment area and that has grown significantly, but our service level agreement in my view doesn't reflect that and coincidentally the budgets don't reflect that'.

4. Do you feel that the Human resource department is one of the departments of the hospital that can't afford to be understaffed?

'I would think that we shouldn't be understaffed, but I think there is ways of reducing the work requirements so that we can shed staff without dropping service and one of the projects that I could see help with that would be the 'Core' projects which is the attendance maintenance system used in the AMNCH Hospital. At one stage we had three and a half people recording times on paper time sheets and that's now down to one person who does it in half the time. We've dropped staff significantly for that kind of thing. Now we have 2 or 3 people working in the core project. When that core project is fully rolled out that could probably cut to one or one and a half staff so we are cutting down. The other side of it as well is for instance, I think we could be working as well on 'E-stuff'. Contracts and letters would be saved in an e-file rather than a hard copy. We have a huge filing room out there and if we were to work on a soft copy it might be easier, smarter and less cumbersome and therefore we could do with less staff. But those kind of things take time. The long view, the long game, would be go that way and in the future we could reduce the numbers, and we have got a number of people who would be retiring naturally in the next three, four, five years and we wouldn't have to replace those people. So there is a natural wastage and if anyone leaves, for whatever reason, they may not have to be replaced. We could work with less but we would have to work an awful lot smarter with the systems we should have and that would make it more manageable instead of duplicating effort'.

5. Have you been affected personally by the employment embargo?

'Well here within the department we have lost people. We have lost Cora X who was a half time, originally working on the records side but when that work load finished ,that was part of the core project, she was transferred over to the pension side. She availed of the voluntary scheme before Christmas so we lost her. As a result there is work not getting done that should be getting done. I had a good relationship with Cora so also I was sad to see her go'.

6. Do you think that your work has been directly affected by the employment embargo?

'Well I think my work was changing anyway because of the core system. I would not think the embargo has had as big an impact as it could have had so really no'.

7. Do you have any form of representation?

'I'm in a union yes'.

B; what position has your representation taken on the employment embargo?

'Well they never wanted it but as a former union rep myself, we were never in favour of losing numbers because it's the members subs that pay your wages and stuff so I wouldn't necessarily agree with them. I think there is a bit of slack here and in certain areas there is too many staff and in other areas there is shortages but to get the balance right involved negotiating with the unions, and the unions are opposed and because of the partnership agreements they have to be brought on board now. You can't just unilaterally say well listen you don't need ten people in that department so we are reducing it to six. We are going to let four of them go but that is giving up latitude to bring two into another department where they need two additional staff. That kind of thing isn't happening and in my view it probably should. Anyway the unions position is no we are not losing numbers and if we need two extra staff then we should take them in. There doesn't appear to be any give or take within negotiations on the Croke Park agreement and they are reluctant to lose staff'.

8. What is your understanding of the psychological contract?

'I suppose it's a personal commitment to the hospital. You come in and you go the extra little bit and I suppose one of the professions, I was doing one of these courses years ago and nurses always point out that they go over and above the call of duty. I think that a lot of staff would go over and beyond the call of duty and there is a lot of them

wont. They say 'well that's not in my contract, that's not on my terms and conditions, that's not...' but there is a lot of staff here that would help you and if you ring someone and ask for assistance they would give it to you even though it is not in their contracts or not part of their job descriptions. It's not part of their normal work but people will look to help others I find. I think with the psychological contracts we are here to provide a service. We should provide a service the best we can and I'd think that is the position of maybe 50/ 60 percent of the staff. There is another large number of staff who don't think like that, its 'my job description say I have to do X Y and Z, I'm not doing A B and C,' So I think some have the ability and the desire to deliver over and above and others don't, they do as little as possible'.

9. How would you describe the psychological contract that you have with management?

'I'm paid to do a certain service and they expect for it to be done'.

10. Do you feel that your relationship with Human resources management has been affected by the employment embargo?

'Mine personally hasn't, but I can see that some in the HR would view that it has been'.

B; In what ways?

'We are looking to change here and it's that kind of look I worked in Eircom as a change manager and we managed our change but, it was been driven by the implementation of new systems, for instance, the SAP system in HR, new systems for planning and designing of cables and networks, that kind of stuff, and we were able to forecast what was going to happen, here it is not as quite forecast able as that. We don't know exactly how CORE is going to change itself when we fully go over to CORE. We should realise that there is going to be changes and there should be savings because of it in resources not money. That's in the HR department but what do you do with that. Some people here were promoted because they were doing certain tasks, 'oh I'm facilitating so I get a grade 5.' There is very little facilitation going on now.

Facilitation would have been at interviews. Its streamlined now. They are not doing facilitation. They haven't stepped up to the mark in other areas. 'Well that's grade five work, I can do that'. Facilitation isn't happening, it hasn't happened for quite a while. I can do other stuff, they tend to be boxed in and when they are asked to do other things, they will kind of do it if they are cornered or forced but there is no willingness or a kind of giving. I'm not X Y and Z so I can do A B and C, there is a certain degree of reluctance, and some have changed and are happy to change, while others haven't.

11. Do you feel your management is doing all they can to help ease the effects of the employment embargo?

'More could be done but it is only after you make the change that you realise that 'oh we could have done it X Y and Z way rather than this way'. You really have to suck it and see and you don't know what the reaction by staff is going to be and that's part of the problem. Some of the staff will say 'that's a great idea we will do that', others will say 'I'm not doing that, that's not the way we are supposed to do things' and they will oppose it, so it's difficult for the managers to get it right and to satisfy all the needs of all the people in all of the HR groupings. So it is difficult but, I'm of the school of thinking that you should do things and if it turns out right, that's fine and if it turn out wrong, undo it and go back and do something else, but if you do nothing, nothing will change, there will be no progress, there will be no improvements made. If you go forward and you go the wrong way, as long as your learn from it, it's not bad, you can go back and do it a different way, and see if that's right and tweak it till you get it right. Hopefully you will learn from your mistakes and your shortcoming, because you are making these decisions, but making the best decision you can with the information you have at that moment and go with it'.

Follow up question; and do you think that what management are doing now since the introduction of the employment embargo is right?

'I think some have and some haven't. Some of the mangers have made changes and others haven't. We have a huge issue taking you outside of HR, in relation to

overtime where there has been changes suggested and brought forward. Some of the managers have gone with it and looked to change, others haven't.

Follow up question; so it depends from manager to manager?

'And from manager to manager some can be at a clinical manager level and not necessarily a department manager. Some say we are not changing and some are saying 'yes' we want to get in and change. I was part of a group that was delivering reports to demonstrate overtime and that kind of stuff and some managers were saying that we didn't know about this. They were learning it for the first time and some were saying 'this is great information, we can now start making decisions armed with that information'. Others were saying well 'I didn't want to know that information, I'm trying to deliver a service, the cost of it isn't my concern'. It's all about the delivery of service. it's all about costs, but there has to be a happy medium between both, like you're not going to tell a patient, 'look you get up off the trolley, go out we are not going to be able to look after you, we don't have the budget', but similarly, you don't just treat every patient, for everything they may have without having any regard for the budget'.

12. Do you feel hospital management level are doing all they can to help ease to effects of the employment embargo?

Refer to question 11

13. Do you think your psychological contract has changed since the introduction of the employment embargo? In what way?

'No mine would not have. I don't think so anyway, others will probably tell you yes. I don't think so and my opinion is it hasn't. Others might say 'Tommy used to do this and now he doesn't'. Now I don't do it but it wouldn't be related to the embargo because the hospital has changes. One of the girls was saying I used to do this report, but the structure has changed and we haven't married the new structure into the reporting format that then existed, it's just not possible to do it'.

B; Do you think it has been a positive or negative change?

'It would have remained positive I feel'.

14. How do you think the psychological contract was formed?

'Well rewards is a good way but people has different views of rewards. I mean for some it is just a pat on the back you know thanks well done. For others it's all about money. For others it just about getting enjoyment out of the work you are doing and I thinks that's probably the way mine would be. I'm happy enough to enjoy what I'm doing and kind of what needs to be done to do it'.

15. At what stage to you think the psychological contract is formed?

'Probably from day one. It starts on day one. I have had anecdotal examples of people starting in other hospitals. Again I worked in Eircom and a lot of people availed of redundancies schemes. People would have been used to working but not killing themselves. One guy went to work as a porter in one of the hospitals. He went in and they said 'you don't do this, you don't do that' by the union rep, he said he couldn't do that. They told him that you come in the afternoon and we'll give you an hours work to do and that's it, pretty much it, an hour, two hours a day and the guy said, I can't hack this I'm leaving, and he just left. He couldn't bear to sit around all day doing nothing. But it happens to be, the brotherhood kind of gets to you and none of us work more then we have to. You have to be instructed to do something's, we won't get up off our backside if something needs to be done, we get an instruction, and then if its ok, we'll do it and if it's not we won't do it kind of stuff, but it starts on day one and develops from there or dies from there depending on how your treated'.

16. Are you happy with the present psychological contract?

'Well I could be happier if I was getting more shekels, but nah, I'm happy enough, I'm happy I'm been paid reasonably well. I'm satisfied that I'm doing a reasonable job most

of the time, the stuff I do, I try and do it on time, deliver my reports on time and that kind of stuff'.

17. How would you like it to change?

'I'm happy enough, I had an argument last year over trying to get four weeks off unpaid, but other than that I'm happy enough'.

Interview with Human Resource Staff Number 2

1. How long have you been working in the human resource department?

'10 years now, it was 10 years in June'.

2. What is your understanding of the employment embargo?

'Well it's not hiring staff on a full time basis'.

3. Do you agree with the employment embargo?

'Well at the moment it not really across the board because they are hiring in some areas and not in others. So the areas I look after the likes of the front line staff, clerical services, they are not really recruiting, but they are taking in agency staff to fill the hole and the gaps. Nursing staff are taking in some. Across the board it is just not fair'.

4. Do you feel that the Human resource department is one of the departments of the hospital that can't afford to be understaffed?

'Yes, but we are. At the moment we are and we actually have three going on maternity leave as well, and none of the maternity leave has been back filled so we are actually very short staffed. We are getting more work and less staff really. All areas of the hospital look at us and think what are you doing, if there is no recruitment what are you doing, but you know yourself that is not what happens'.

5. Have you been affected personally by the employment embargo?

'Well our department has been affected so it does affect us personally'.

6. Do you think that your work has been directly affected by the employment embargo?

'Well yes. Your work load, yes definitely yes, and the quality of your work also. When you're getting so much to do and standing over what you do these days because everything is getting thrown at you'.

7. Do you have any form of representation?

'Well we do have unions, but working in HR you rarely get union involved in anything'.

B; What position has your representation taken on the employment embargo?

'I've never really discussed it with them, but they are saying that you should not participate across the board in taking on extra duties from staff that have left and stuff like that, but that's not what it is like in HR you just have to do what you have to do'.

8. What is your understanding of the psychological contract?

'Well it depends on what way you look at it, it's a sticky one. I think it's just about the relationship that you have with your manager, good communication'.

9. How would you describe the psychological contract that you have with management?

'Well the communication is brutal'.

10. Do you feel that your relationship with human resource management has been affected by the employment embargo?

'It would do, definitely yes. We are all in the same boat you know, but in our department it is a huge communication issue and everyone in the department is so busy as it is and information is not filtering down. I think that causes more problems'.

than anything. We all understand that we are busy and we are short staffed. We have a job to do but at the same time the information is not coming down, so communication is a huge barrier. I think that it is one of the causes of the embargo, everyone is so busy, getting more work to do and not enough time to do it'.

11. Do you feel your management is doing all they can to help ease to effects of the employment embargo?

'HR management: Well yes I suppose the HSE have cut their staff as well, so they have to meet their budgets so there is a lot of other issues as well around, not only the embargo, but the budgets are a huge thing that has been cut. So I suppose yes'.

12. Do you feel hospital management level are doing all they can to help ease to effects of the employment embargo?

'Well yes and no, I feel that the cuts in staff are not being applied across the board correctly'.

13. Do you think your psychological contract has changed since the introduction of the employment embargo? In what way?

'No not really no'.

B; Do you think it been a positive or negative change?

'Positive'.

14. How do you think the psychological contract was formed?

'A lot of it can be seen as perception, I suppose it is a working relationship as well, it's an understanding. I've worked with Graham (human resource manager) so long, so myself and Graham's understanding of things are similar and that comes with working with someone for so long and knowing their ways as well and visa-versa you know, it not to do with the embargo really'.

15. At what stage do you think the psychological contract began?

Refer to question 14

16. Are you happy with the present psychological contract?

'With Graham yes, but with hospital management, I would not really deal with them but would not be happy, Graham yes above Graham no'.

17. How would you like it to change?

'Better communication, really definitely'.