



Australia's National Research Centre  
on AOD Workforce Development



# Workforce Development 'TIPS'

**T**heory **I**nto **P**ractice **S**trategies

A Resource Kit for the  
Alcohol and Other Drugs Field

# 12

WORKER  
PERFORMANCE





# Workforce Development 'TIPS'

Theory Into **P**ractice **S**trategies

*Edited by*

Natalie Skinner

Ann M. Roche

John O'Connor

Yvette Pollard

Chelsea Todd

# 12

WORKER  
PERFORMANCE

© Alcohol Education and Rehabilitation Foundation Ltd (AER) 2005

ISBN 1 876897 06 6

The text in this document and corresponding electronic files available on the NCETA website may be used, modified and adapted for non-commercial purposes. It is not necessary to seek permission from AER and/or NCETA to use the materials for non-commercial purposes. The source of the material must be acknowledged as the National Centre for Education and Training on Addiction (NCETA).

Suggested Citation:

Skinner, N. (2005). Worker Performance. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

[www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

Printed on Recycled paper – Monza Satin Recycled Art 100gsm  
Design and layout by Inprint Design, Adelaide. Ph: 08 8201 3223. (IPD 2962)

Funded by the Alcohol Education and Rehabilitation Foundation Ltd, with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health and the Drug & Alcohol Services South Australia.



Department  
of Health



# ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Worker Performance is the 12th chapter in the Resource Kit.

## CHAPTER

- 1 An Introduction to Workforce Development
- 2 Clinical Supervision
- 3 Developing Effective Teams
- 4 Evaluating AOD Projects and Programs
- 5 Goal Setting
- 6 Mentoring
- 7 Organisational Change
- 8 Performance Appraisal
- 9 Professional Development
- 10 Recruitment and Selection
- 11 Retention
- 12 Worker Performance**
- 13 Worker Wellbeing
- 14 Workplace Support



## Acknowledgements

This project was funded by the Alcohol Education and Rehabilitation Foundation (AER), with additional support provided by the Australian Government Department of Health and Ageing, the South Australian Department of Health, and Drug and Alcohol Services South Australia. The production of the Resource Kit has involved the input, support and collaboration of many players and partners.

The principal editors of the Kit were Dr Natalie Skinner and Professor Ann Roche. Additional editorial support was provided by Dr John O'Connor, Yvette Pollard and Chelsea Todd.

The authors and editors would like to gratefully acknowledge the feedback and input received from the Project Reference Group. Input from these contributors has enabled comprehensive AOD experience and relevance to be incorporated into the Resource Kit.

### Project Reference Group

Kieran Connolly	Education and Training Contract Manager, Turning Point Drug and Alcohol Centre, Melbourne, Victoria
Katherine Gado	Acting Senior Adviser, Drugs of Dependence Unit, Queensland Health
Bill Goodin	Lecturer/Researcher, Faculty of Nursing, University of Sydney
Trish Heath	Senior Education Officer, Drug and Alcohol Office, WA
John Howard	Director Clinical Services, Training and Research, Ted Noffs Foundation, NSW
Terry Huriwai	Project Manager AOD, New Zealand Ministry of Health
Karen Lenihan	Manager, Population Health and Infrastructure Development, Centre for Drug and Alcohol, NSW Health
Diana McConachy	Manager, Workforce Development Program, Network of Alcohol and Other Drugs Agencies (NADA), NSW

Thanks also to Dr James Guinan (Northern Sydney Health), Sally Laurie (Uniting Care Moreland Hall), and Kate Marotta (Department of Human Services Victoria) for providing their AOD specific programs and experiences to be used as Case Studies.

In addition to the editors and project reference group, an important role was played by a team of NCETA staff who worked on editing, design, development and overall production of the Kit. They are Yvette Pollard, Chelsea Todd, Anna McKinnon and Belinda Lunnay. The final editorial team comprised Ann Roche, Yvette Pollard and Chelsea Todd.

# WORKER PERFORMANCE

Natalie Skinner

## Table of Contents

Overview	2
Introduction	4
<b>Determinants of effective performance: A simple model</b>	<b>4</b>
1. Can do (personal capacity)	4
2. Will do (motivation)	4
3. Opportunity to do (work environment)	8
<b>The good organisational citizen</b>	<b>10</b>
Benefits of organisational citizenship behaviours	11
Strategies to enhance organisational citizenship behaviours	11
<b>Useful workforce development tools for supporting effective performance</b>	<b>12</b>
Summary	12
Resources for supporting effective performance	13
References	14

## Resources and Tools



**Case Study:** Using organisational behaviour management to manage performance



**Recommended Readings**

# WORKER PERFORMANCE

## Overview

Alcohol and other drugs (AOD) related work is challenging and complex and the factors influencing performance are multifaceted. Two aspects of worker performance are addressed in this chapter:

1. Factors likely to impact on AOD workers' performance of core tasks, roles and responsibilities
2. Organisational citizenship behaviours.

### Determinants of effective performance: A simple model

A simple scheme that can be useful for understanding the diverse influences on performance in the AOD field is to consider three important factors:

1. Can do (personal capacity)
2. Will do (motivation)
3. Opportunity to do (work environment).

#### 1. Can do (personal capacity)

Workers' knowledge, skills, abilities and other personal capacities form the foundation of effective performance (e.g., ability, health, intelligence, confidence).

#### 2. Will do (motivation)

Motivation refers to an individual's desire to achieve certain standards of performance and to achieve particular outcomes. High motivation contributes to effective performance and is driven and sustained by:

- Perceptions that work is meaningful and significant
- Confidence that a task / role can be performed successfully
- Clear performance standards, expectations (goals), and availability of performance feedback
- Perceptions that fair and adequate rewards (i.e., pay, status, promotion) are provided.

#### 3. Opportunity to do (work environment)

The most skilled and motivated workers will not be able to perform effectively unless their work environment maximises supports and minimises constraints.

Factors in the work environment that facilitate or inhibit effective performance include:

- Tools, materials and equipment
- Working conditions
- Actions of coworkers
- Leader behaviour (e.g., clarifying roles, providing rewards for performance)
- Organisational policies, rules and procedures
- Availability of required information
- Time availability.



## Organisational citizenship behaviours

Organisational citizenship behaviours are important voluntary actions which can increase an organisation's effectiveness and are often not formally recognised or rewarded. These types of actions are often designed to create and support a positive social and psychological working environment that benefits organisational effectiveness.

### Organisational citizenship behaviours include:

- Helping behaviour (assisting others with work-related problems)
- Organisational loyalty (promoting the organisation)
- Organisational compliance (acceptance and adherence to organisational rules, policies and procedures)
- Individual initiative (contributing to the organisation with creativity, innovation, and enthusiasm "beyond the call of duty").

### Benefits of organisational citizenship behaviours include:

- Enhanced productivity
- Facilitation of retention by creating positive, supportive and cohesive workplaces
- Increasing the organisation's capacity to adapt to change and take on new roles / responsibilities
- Reducing stress and tension.

### Organisational citizenship behaviours are encouraged by:

- Receiving fair and just treatment
- Having a supportive leader
- Being supported by the organisation.

## Introduction

The diverse nature of AOD related work presents challenges for defining effective performance, and for identifying the factors that influence performance. Faced with complex issues such as co-existing disorders, increased use of pharmacotherapies and evidence-based practice, the AOD field has tended to focus on education and training as the key determinant of effective performance. Consistent with this view, there is also increased emphasis on defining effective performance in terms of specific skills and competencies.

In this chapter we present two perspectives on effective performance of relevance to the AOD field. The chapter starts by presenting a simple model that can help to make sense of the range of factors that are likely to impact on AOD workers' performance of core tasks, roles and responsibilities (material that may be familiar to many readers).

An important dimension of performance that is often overlooked in competency-based perspectives – organisational citizenship behaviours, is also discussed.

## Determinants of effective performance: A simple model

AOD related work is often challenging and complex. Similarly, the factors that influence performance in this area are multifaceted. A simple scheme that can be useful for understanding the diverse influences on performance in the AOD field is to consider three important factors:<sup>1-3</sup>

1. Can do (personal capacity)
2. Will do (motivation)
3. Opportunity to do (work environment).

### 1. Can do (personal capacity)

Workers' knowledge, skills, abilities and other personal capacities form the foundation of effective performance. Factors that impact on a worker's capacity to perform effectively include:<sup>1,3</sup>

- Ability
- Health
- Intelligence
- Confidence
- Education and training
- Work-related experience
- Personal experiences
- Interpersonal skills.



**The Professional Development chapter identifies strategies to support and enhance workers' knowledge, skills, abilities and confidence.**

### 2. Will do (motivation)

High motivation drives effective performance. In essence, motivation refers to an individual's desire to achieve certain standards of performance and to achieve particular outcomes.<sup>4</sup>

The determinants of motivation are complex and vary between individuals. A detailed examination of the determinants of motivation are beyond the scope of this chapter. Instead, an outline of three useful models of motivation is presented.

In essence, workers' motivation is driven and sustained by:

- Their perception that their work is meaningful and significant
- Their confidence that they can perform a task / role successfully
- Clear performance standards and expectations (goals), and availability of performance feedback
- Their perception that they are receiving fair and adequate rewards (i.e., pay, status, promotion) for their contributions.

These ideas are explored in more detail below.

### **1. Recognition of the significance of AOD work**

Many people work in the AOD field because of a strong motivation to “help people” or to “make a difference”.<sup>5</sup> Frustrated efforts in this regard can have a negative impact on worker performance.

Strategies to enhance workers' perceptions of the significant and positive impact of their work include:

- Providing workers with regular updates of research that demonstrates the benefit of prevention / treatment interventions
- Communicating realistic expectations – achieving small changes in AOD use and reducing harms in the short-term
- Having clients provide general feedback to an agency (not specific to individual workers) – positive feedback from clients can lift staff morale considerably.

### **2. Confidence in one's ability to perform successfully**

Confidence in one's ability to successfully perform a particular task or behaviour is essential for high motivation.<sup>6</sup>

The most effective approach to enhancing workers' confidence is to use a range of strategies.

Confidence can be enhanced by:<sup>7</sup>

- Experience in succeeding (“mastery experiences”) in the behaviour or task
- Observing the successful performance of others (e.g., trainers, coworkers)
- Positive feedback and other forms of verbal persuasion (i.e., support and encouragement from colleagues and supervisors).



**The Goal Setting chapter discusses strategies to set work goals, and provide feedback and rewards to support and reinforce workers' confidence.**

### **3. Clear performance expectations (goals) and feedback**

Goal setting is one of the most effective methods of motivating individuals in the workplace.<sup>8,9</sup> Goals are commonly used in everyday work practice. They appear in a variety of forms including project deadlines, targets for client loads, best practice or performance standards.

Goals enhance motivation via three mechanisms:<sup>8,10</sup>

- Direction of effort towards relevant tasks and behaviours
- Investment of effort and energy in goal-relevant behaviours
- Persistence in goal-related striving in the face of difficulties or obstacles.



The *Goal Setting* chapter presents goal setting strategies for teams and individuals to maximise motivation and performance.

Constructive performance feedback can be a powerful motivator. The “Practical Tip” below presents a range of strategies to provide constructive and motivating feedback.

## PRACTICAL TIP



### Providing good feedback

Giving feedback can be difficult. It is a skill that needs to be developed with proper training.<sup>11</sup> The following are some helpful hints for providing good feedback:

#### 1. Create a positive context for feedback

- Develop the feedback system in consultation with workers<sup>12</sup> (i.e., negotiate issues such as frequency of feedback, format (e.g., face-to-face, written) and focus (e.g., process and / or outcomes of performance))
- Feedback needs to be timely – it should be given as close as possible to the occurrence of the behaviour in question to have maximum impact<sup>13</sup>
- Clarify the purpose of the feedback session (i.e., it should be designed to assist the worker to improve their performance, not to punish or belittle).<sup>13</sup>

#### 2. Use constructive and positive language

- Avoid sweeping statements – words such as “always” or “never” can make people angry and defensive (e.g., “You always avoid difficult cases” or “You never deliver on time” )<sup>11, 14</sup>
- Avoid destructive criticism – it can breed resentment, intensify conflict, and may have a negative impact on workers’ confidence and motivation.<sup>15, 16</sup>

#### 3. Focus on behaviours and strategies

- Be specific. Give feedback that includes specific examples of behaviours or actions<sup>15-17</sup>
- Discuss observed behaviour or results, not personality – feedback that focuses on traits can be seen as a personal attack (e.g., “You are too passive”)<sup>14-16</sup>
- Coach rather than judge – suggest strategies for how to do the job better rather than focusing only on what went wrong<sup>11, 14</sup>
- Focus on aspects of work performance and outcomes over which workers have control (i.e., things they can change).<sup>12</sup>

#### 4. Tailor feedback to the needs of the individual worker

- Adjust the frequency and depth of feedback to the individual – some people may need more feedback than others, depending on their experience and self-awareness<sup>14</sup>
- Provide individual feedback privately (i.e., one-to-one), and group or team feedback publicly (i.e., with all team members present).<sup>12</sup>

#### 5. Make feedback a two-way communication process

- Feedback needs to be understood by the receiver – ask the worker to rephrase your feedback to ensure that he / she has understood you clearly<sup>13</sup>
- Feedback should be followed up with an action plan that is formulated together with the worker. Ensure that there is mutual agreement about deadlines and deliverables, and schedule a meeting to review progress.<sup>13</sup>

#### 4. Perceptions of fair and adequate rewards

In essence, people expect a fair and just exchange between their contribution to the organisation (e.g., skill, knowledge, effort) and the rewards provided in return (e.g., remuneration, promotion, support, recognition).<sup>18, 19</sup> If workers perceive an unfair exchange (i.e., giving more than they receive), this is likely to reduce motivation and job satisfaction.<sup>9</sup>

As discussed earlier, it is often difficult for AOD organisations to provide tangible material rewards to workers. Non-financial rewards such as positive feedback and recognition, opportunities to work in preferred roles (e.g., “temporary promotions”) and opportunities to attend conferences / workshops are also highly valued by many workers.

### UNDER THE MICROSCOPE



#### Principles for creating a just and fair organisation

In their review of the organisational justice literature Greenberg and Lind<sup>20</sup> (pp. 77-79) identified four principles of organisational justice:

**1. “The equity principle: Outcomes should be distributed proportionally to contributions”**

There should be a fair balance between workers’ contribution to the organisation (e.g., effort, skill, responsibility) and the provision of rewards / benefits (e.g., status, remuneration, allocation to more intrinsically satisfying work).

**2. “The perception principle: Justice is in the eye of the beholder”**

Judgements of fairness are influenced by individuals’ subjective perceptions of the importance or significance of their input, and also the relative importance of various types of inputs and rewards. In other words, it is important to address workers’ perceptions of justice and fairness as well as objective indicators (e.g., number of women in senior roles) or management’s views.

**3. “The voice principle: Input into decisions enhances perceptions of fairness”**

Providing the opportunity for people affected by a decision to voice their opinions, concerns, and needs will enhance the perceived fairness of the decision-making process. The key here is the perception that decision makers take into account the opinions and concerns of those affected by the decision.

**4. “The interpersonal justice principle: Socially sensitive treatment enhances perceptions of even undesirable outcomes”**

Perceptions of fairness are strongly linked to the experience of being treated in a dignified and respectful manner. Key considerations here include presentation of sufficient information concerning the outcome of a decision, and using a socially sensitive approach to discuss potentially negative outcomes of a decision.

Additional principles of organisational justice include:<sup>21</sup>

- Ensuring consistency of treatment towards people
- Basing decisions on accurate information
- Enabling decisions to be corrected or amended
- Ensuring decisions are representative by taking into account the interests of all stakeholders
- Ensuring decisions are ethical.

From a broader perspective, working in an organisation that treats workers in a fair and just way can also be a valued and rewarding experience. Workers' perception that the organisation is fair and just has a number of benefits including:<sup>20</sup>

- Higher organisational commitment
- Improved performance
- Increased organisational citizenship behaviours (e.g., helping others, conscientiousness).

The “Under the Microscope” on the previous page provides a more detailed discussion of the principles that characterise fair and just organisations.

### 3. Opportunity to do (work environment)

The most skilled and motivated workers will not be able to achieve effective performance unless their work environment maximises supports and minimises constraints. The emphasis here is on factors external to the worker that, to a large extent, are outside their control. These types of external systems factors may either enhance or constrain a worker's ability to perform effectively.<sup>22</sup> For example, the importance of managing organisational systems forms the foundation of the popular Total Quality Management (TQM) approach.<sup>22</sup>

The central point here is that to understand a person's performance you must also take into account the environment in which they work.

For example, factors in the work environment that facilitate or inhibit effective performance include:

- Tools, materials and equipment<sup>1, 23</sup>
- Working conditions<sup>1</sup>
- Actions of coworkers<sup>1, 23</sup>
- Leader behaviour (e.g., clarifying roles, providing rewards for performance)<sup>1, 3</sup>
- Organisational policies, rules and procedures<sup>1, 23</sup>
- Availability of required information<sup>1, 23</sup>
- Time availability.<sup>1, 23</sup>



**The *Performance Appraisal* chapter describes how an analysis of barriers and facilitators for effective performance can be incorporated into the performance appraisal process.**

For an example of the types of factors that are likely to influence AOD related work practices, see the “Under the Microscope” below.



## Factors influencing health professionals' conduct of brief interventions

An Australian study conducted by Cooke et al. (1998) provides a good demonstration of the range of factors that may influence health professionals' AOD related work practice. In their study of doctors and midwives in 20 antenatal clinics in New South Wales, Cooke et al. (1998) explored the factors that facilitate / obstruct the use of brief interventions for smoking cessation.

### Key barriers to conducting interventions included:

- Low perceived ability to intervene
- Lack of materials
- Lack of training
- Lack of teamwork
- Lack of time
- Pessimism about the effectiveness of interventions.

### Key facilitators for conducting interventions included:

- High perceived ability to intervene
- High autonomy (i.e., opportunity for staff to make their own choices about work-related tasks)
- High perceived work demand and time pressure
- In-service training on smoking cessation interventions.

### The (limited) role of training

This study also demonstrated that training is not the "magic bullet" of workforce development. Training increased the frequency of interventions performed by doctors and midwives, however, the impact of training was limited:

- Training did not increase client assessments for smoking
- Training did not increase perceived ability to provide counselling
- Training did not decrease perceived barriers to intervention.

### The importance of organisational policies

In contrast, in hospitals with written procedures for conducting interventions, doctors and midwives were more likely to:

- Have been offered training in smoking cessation interventions
- Perceive that the hospital had a policy for smoking cessation interventions
- Report use of smoking cessation interventions.

### Implications for practice

To encourage and support generalist health workers to conduct AOD related interventions, organisations should:

- Develop, disseminate and implement organisational policies that support the desired work practice
- Provide education and training opportunities to staff
- Consult staff regarding strategies to overcome organisational barriers to conducting the desired work practices.

Source: Cooke, M., Mattick, R., & Campbell, E. (1998). The influence of individual and organisational factors on the reported smoking intervention practices of staff in 20 antenatal clinics. *Drug and Alcohol Review*, 17, 175-185.

## The good organisational citizen

In reality, effective performance extends beyond performing a set of duties and responsibilities set out in a job description. It is increasingly recognised that organisational citizenship behaviours (also known as “extra-role behaviours”) are an important dimension of effective performance.

Organisational citizenship behaviours such as helping and being a “good sport” are particularly important within organisations where teamwork is common.<sup>24, 25</sup>

Organisational citizenship behaviours are important voluntary actions which can increase an organisation’s effectiveness and are often not formally recognised or rewarded.<sup>26</sup> These types of actions are often designed to create and support a positive social and psychological working environment that benefits organisational effectiveness.<sup>26, 27</sup> Volunteering to help a colleague who is struggling with a heavy workload is a good example of an organisational citizenship behaviour.

Organisational citizenship behaviours include:<sup>28</sup>

<b>Helping behaviour</b>	
Assisting others with work-related problems	e.g., informal debriefing after a critical incident
<b>Organisational loyalty</b>	
Promoting the organisation, protecting it against external threats, remaining loyal under difficult circumstances (“loyalty” does not rule out the need for whistle-blowing when unethical or dangerous practices are occurring and management is choosing not to address them)	e.g., voluntarily and enthusiastically representing the organisation at public events and at “open days”
<b>Organisational compliance</b>	
Acceptance and adherence to organisational rules, policies and procedures (it will help to have staff periodically review the rules, policy and procedures and collectively approve of them)	e.g., mandatory reporting of unethical conduct as specified in practice guidelines; using designated screening instruments as part of routine assessment
<b>Individual initiative</b>	
Contributing to the organisation with creativity, innovation, effort and enthusiasm “beyond the call of duty”, with a preparedness to do this through established channels	e.g., proposing to lead an investigation or trial of a new treatment technique that represents evidence-based best practice
<b>Civic virtue</b>	
Interest in, and commitment to, the organisation as a whole, including participating in governance and monitoring the external environment for threats and opportunities	e.g., passing on to management any relevant tender information or community liaison opportunity of which they may not have been aware
<b>Self development</b>	
Taking the initiative to improve knowledge, skills and abilities. The AOD field is in a constant state of flux, necessitating ongoing professional development	e.g., attending AOD workshops, taking personal responsibility for ongoing professional development (i.e., regularly reading literature, liaising with colleagues, establishing professional networks)



## Benefits of organisational citizenship behaviours

Organisational citizenship behaviours are important for the smooth and effective functioning of any organisation. A clear link has been demonstrated between these types of behaviours and the quantity and quality of products and services produced by an organisation, and the quality of customer service.<sup>28</sup>

Organisational citizenship behaviours may contribute to effective organisational functioning in a number of ways including:

- Enhancing productivity (e.g., sharing workloads, orientating new staff)<sup>28</sup>
- Enabling more efficient management (e.g., avoiding creating problems and petty complaints)<sup>28</sup>
- Facilitating retention by creating positive, supportive and cohesive workplaces<sup>28</sup>
- Increasing the organisation's capacity to adapt to change and take on new roles / responsibilities<sup>28</sup>
- Facilitating communication and coordination<sup>29</sup>
- Reducing stress and tension.<sup>29</sup>

From the perspective of Total Quality Management, organisational citizenship behaviours should be recognised and rewarded as a central part of effective performance.<sup>22</sup>

## Strategies to enhance organisational citizenship behaviours

Organisational citizenship behaviours are of significant value and benefit for AOD organisations, especially smaller organisations where resources and staff numbers are limited. It is particularly important, therefore, to ensure that workers are recognised and rewarded for performing these sorts of “extra role” behaviours.

In general, organisational citizenship behaviours are more likely when workers perceive that they:

- Receive fair and just treatment<sup>28, 30</sup>
- Have a supportive leader<sup>28, 30</sup>
- Are supported by the organisation.<sup>28</sup>

High levels of job satisfaction are also likely to encourage organisational citizenship behaviours.<sup>28, 30</sup>



**The *Worker Wellbeing* chapter discusses strategies to enhance job satisfaction of AOD workers.**



**The *Workplace Support* chapter discusses strategies to enhance support from the organisation, managers / supervisors and coworkers.**



## What can supervisors and managers do to reward workers?

Developing a valued and effective reward system can be a challenge. Financial rewards are often not an option in the AOD government and non-government sectors. Alternatives to financial rewards include:

- Public recognition of effort and contribution
- Opportunities to work on preferred activities (and / or a break from less desirable work)
- Time off or flexi-time
- Support for professional development activities (e.g., financial contribution, time off).

Don't forget – you can also ask the “experts” – the workers themselves. Developing reward systems that are based on workers' needs and preferences is likely to be most effective. Remember – what one person may find rewarding and satisfying may not appeal to another.

## Useful workforce development tools for supporting effective performance

Other chapters in this Kit that provide useful information and advice for supporting effective performance are:

- Chapter 2: Clinical Supervision
- Chapter 5: Goal Setting
- Chapter 6: Mentoring
- Chapter 8: Performance Appraisal
- Chapter 9: Professional Development
- Chapter 14: Workplace Support.

## Summary

Organisations in the AOD field are increasingly characterised by frequent change, increased competition for scarce resources, smaller “downsized” organisations and teams, and expectations for workers to be good “team players” who are highly motivated and committed to achieve best practice. In this environment, our understanding of effective performance and its determinants needs to extend beyond a narrow focus on tasks, responsibilities, skills and knowledge.

Providing professional development opportunities to develop workers' knowledge, skills and confidence provides the foundation for effective performance. A common theme highlighted in this chapter, however, is the importance of a working environment that encourages and supports workers to be effective performers and good organisational citizens. Workplace conditions to support effective performance include rewards and recognition, fair treatment, supportive supervisors, and provision of sufficient resources and materials.

## Resources for supporting effective performance

This chapter includes the following resources and tools to support effective performance:

- Case study on using organisational behaviour management to manage performance
- Recommended readings.

A number of the resources from other chapters in this Kit may help to support effective performance. Resources from the following chapters may be useful:

Chapter 5: Goal Setting

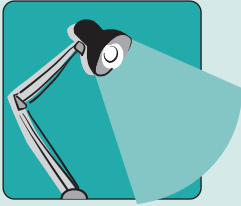
Chapter 8: Performance Appraisal

Chapter 9: Professional Development

Chapter 14: Workplace Support.

## References

1. Blumberg, M., & Pringle, C. D. (1982). The missing opportunity in organizational research: Some implications for a theory of work performance. *Academy of Management Review*, 7, 560-567.
2. Campbell, J. P. (1999). The definition and measurement of performance in the new age. In D. R. Ilgen & E. D. Pulakos (Eds.), *The changing nature of performance* (pp. 399-429). San Francisco, CA: Jossey-Bass.
3. Waldman, D. A., & Spangler, W. D. (1989). Putting together the pieces: A closer look at the determinants of job performance. *Human Performance*, 2, 29-59.
4. Skinner, N., Freeman, T., Shoobridge, J., & Roche, A. M. (2003). *Workforce development and the alcohol and other drugs field: A literature review of key issues for the NGO sector*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.
5. Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment*, 24, 183-196.
6. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
7. Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
8. Locke, E. A., & Latham, G. P. (1990). *A theory of goal setting and task performance*. Englewood Cliffs, NJ: Prentice-Hall.
9. Brewer, N., & Skinner, N. (2003). Work motivation. In M. O'Driscoll, P. Taylor, & T. Kalliath (Eds.), *Organisational psychology in Australia and New Zealand* (pp. 150-168). Melbourne, Victoria: Oxford University Press.
10. Latham, G. P., & Locke, E. A. (1991). Self-regulation through goal-setting. *Organizational Behavior and Human Decision Processes*, 50, 212-247.
11. Hauenstein, N. M. A. (1998). Training raters to increase the accuracy of appraisals and the usefulness of feedback. In J. W. Smither (Ed.), *Performance appraisal: State of the art in practice* (pp. 404-444). San Francisco, CA: Jossey-Bass.
12. Pritchard, R. D., Roth, P. L., Jones, S. D., Galgay, P. J., & Watson, M. D. (1988). Designing a goal-setting system to enhance performance: A practical guide. *Organizational Dynamics*, 17, 69-78.
13. Morfeld, C. (2000). *Human resources - Guidelines for effective feedback*. Suite University. Available: [http://www.suite101.com/article.cfm/human\\_resources/32564](http://www.suite101.com/article.cfm/human_resources/32564) [2005, 5th January].
14. London, M. (2003). *Job feedback: Giving, seeking, and using feedback for performance improvement* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
15. Butcher, D. (2002). It takes two to review. *Management Today*, 54-57.
16. Cascio, W. F. (1998). *Applied psychology in human resource management* (5th ed.). Upper Saddle River, NJ: Prentice-Hall.
17. Losyk, B. (2002). How to conduct a performance appraisal. *Public Management*, 84, 8-11.
18. Buunk, B. P., & Schaufeli, W. B. (1993). Professional burnout: A perspective from social comparison theory. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 53-69). Washington, DC: Taylor & Francis.
19. Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. London: Taylor & Francis.
20. Greenberg, J., & Lind, E. A. (2000). The pursuit of organizational justice: From conceptualization to implication to application. In C. L. Cooper & E. A. Locke (Eds.), *Industrial and Organizational Psychology: Linking theory with practice* (pp. 72-108). Massachusetts: Blackwell.
21. Leventhal, G. S., Karuza, J., & Fry, W. R. (1980). Beyond fairness: A theory of allocation preferences. In G. Mikula (Ed.), *Justice and social interaction* (pp. 167-218). New York: Springer-Verlag.
22. Waldman, D. A. (1994). The contribution of total quality management to a theory of work performance. *Academy of Management Review*, 19, 510-536.
23. Peters, L. H., & O'Connor, L. J. (1980). Situational constraints and work outcomes: A frequently overlooked construct. *Academy of Management Review*, 5, 391-397.
24. Taylor, P. (2003). Performance management and appraisal. In M. O'Driscoll, P. Taylor, & T. Kalliath (Eds.), *Organisational psychology in Australia and New Zealand* (pp. 78-105). Melbourne, Victoria: Oxford University Press.
25. Ilgen, D. R., & Pulakos, E. D. (1999). *The changing nature of performance: Implications for staffing, motivation and development*. San Francisco, CA: Jossey-Bass.
26. Organ, D. W. (1988). *Organizational citizenship behavior: The good soldier syndrome*. Lexington, MA: Lexington.
27. Organ, D. W. (1997). Organizational citizenship behavior: It's construct clean-up time. *Human Performance*, 10, 85-97.
28. Podsakoff, P. M., MacKenzie, S. B., Paine, J. B., & Bachrach, D. G. (2000). Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, 26, 513-563.
29. Arvey, R. D., & Murphy, K. R. (1998). Performance evaluation in work settings. *Annual Review of Psychology*, 49, 141-168.
30. LePine, J. A., Erez, A., & Johnson, D. E. (2002). The nature and dimensionality of organizational citizenship behavior: A critical review and meta-analysis. *Journal of Applied Psychology*, 87, 52-65.



## Case Study

Using organisational behaviour management to manage performance



## Recommended Readings



## Using Organisational Behaviour Management to Manage Performance

### Overview

This case study describes the implementation of an organisational behaviour management (OBM) intervention in a work unit of a community mental health organisation. The team was responsible for service delivery (e.g., case management, psychological services, respite) to approximately 240 developmentally disabled individuals living in two rural areas of Michigan, United States. It demonstrates the necessity of using a range of strategies to support effective performance.

The success of the OBM intervention was demonstrated by:

- Increased performance of critical work practices (i.e., behaviours that would improve the quantity and efficiency of the agency's service output)
- New work practices incorporated into the team's routine
- Performance improvements maintained at short-term follow-up (two, four, and six weeks after the intervention) and long-term follow-up (one, two and four years after the intervention).

The OBM intervention was driven by two factors:

1. Workers were not clear about job roles and responsibilities
2. Funding pressures required the agency to increase service output without an increase in resources.

### Planning and implementing strategies to improve team performance

The OBM strategies were based on the principle that changing and maintaining team performance requires:

- Job descriptions that accurately describe performance
- In-service training
- Modelling and reinforcement
- Goal setting
- Feedback (specific, frequent, and combined with goal setting).

The intervention was coordinated by an administrator, supervisor and unit manager and had several components.

#### 1. Establishing critical work behaviours

In line with Medicaid (U.S. equivalent of Australia's Medicare) and Michigan Department of Health standards, the coordinators established critical work behaviours and the relative importance of critical work behaviours.



## 2. Improving job descriptions

Existing job descriptions were outdated and unclear, therefore:

- Each worker was interviewed twice by the supervisor to generate new job descriptions
- Job descriptions were updated (based on established critical work behaviours and feedback from staff interviews).

Updated job descriptions were given to workers two weeks after an in-service training session.

“ ...staff in this mental health center often expressed complaints such as the following: 'I don't know what is expected of me. I never know if what I am doing is what I should be doing.' (Langeland et al, p. 28) ”

## 3. Intervention

Three categories of critical behaviours were measured before, during and after the intervention:

1. Administration and management (e.g., filing Medicaid updates of staff-client interactions, submitting timesheets by deadlines)
2. Record keeping (e.g., recording unusual client behaviours / events, filing incident reports within 24 hours, completing reports by deadlines)
3. Direct services and accessibility (e.g., taking part in client meetings, answering / returning phone calls).

The team's administrator, supervisor and manager evaluated the performance of 16 permanent staff (including program aides, case managers, and mental health associates). Performance was measured as the frequency of critical work behaviours completed within a particular time, divided by predetermined frequencies of work behaviours expected within that time (e.g., if five Medicaid updates were filed in one day but 10 were expected to be filed in one day, five would be divided by 10 to give a performance rating of 0.5).

The OBM intervention “package” took place over 15 weeks and involved the following steps:

### ***In-service training***

- The administrator and supervisor conducted training sessions for critical work behaviours. Training sessions were staggered in four-week blocks (administration and management was targeted first, record keeping four weeks later, and direct services and accessibility in the next four weeks)
- Workers' questions / problems were addressed in follow-up meetings, held two weeks following training.

**Goal setting**

- Goals were set for critical work behaviours required to improve the organisation's productivity
- Frequency of critical work behaviours was recorded by workers using checklists provided by the supervisor.

**Weekly feedback**

- The administrator and supervisor held one-on-one feedback sessions with each worker
- Feedback was verbal and goal directed (i.e., referred to standards and timelines based on the revised job descriptions).

**Praise**

- The supervisor gave praise for improvement and for achieving goals.

“ The agency underwent another audit before the one- and two-year follow-up data points. The results of that audit were very positive. (Langeland et al, p. 38) ”

**Outcomes of the staff performance intervention**

The OBM intervention achieved the required changes in work practice:

- Administration and management behaviours increased (77.5% before intervention, 90.6% during intervention). Increases were maintained at follow-up (89.4%)
- Record keeping behaviours increased (71.5% before intervention, 82.6% during intervention). Increases were maintained at follow-up (84.5%)
- Direct services and accessibility behaviours remained stable (87.5% before intervention, 89.2% during intervention, 86.7% at follow-up).

Other outcomes included:

- A reduction in costs
- OBM strategies used in the intervention became standard practice.



## Conclusion

This case study demonstrates the effectiveness of an organisational behaviour management intervention in achieving sustainable work practice change and performance improvement. An important component of this intervention was the use of a range of strategies to achieve work practice change (i.e., revising job descriptions, training, goal setting, regular verbal feedback, and praise from supervisors). This case study also demonstrates the importance and usefulness of monitoring and evaluating the impact of workplace interventions on work practice and performance.



*Source:* Langeland, K.L., Johnson, C.M., & Mawhinney, T.C. (1998). Improving staff performance in a community mental health setting: Job analysis, training, goal setting, feedback, and years of data. *Journal of Organizational Behavior Management*, 18, 21-43.



**Blumberg, M., & Pringle, C.D. (1982). The missing opportunity in organizational research: Some implications for a theory of work performance. *Academy of Management Review*, 7, 560-567.**

This article examines the range of factors that can impact on performance. Three factors are considered: (1) capacity to perform (e.g., ability), (2) willingness to perform (e.g., motivation), and (3) opportunity to perform (e.g., materials and resources). The discussion also considers the interactions between these factors, and implications for managerial practices. This paper is most useful for readers interested in workforce development theory and research.

**Podsakoff, P.M., MacKenzie, S.B., Paine, J.B., & Bachrach, D.G. (2000). Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, 26, 513-563.**

This article provides a comprehensive review of research on organisational citizenship behaviours (OCBs). The concept of OCBs is described and relevant literature on OCBs and related constructs are reviewed. The discussion includes an analysis of the antecedents of OCBs and the benefits of these for organisational functioning and effectiveness.

**Waldman, D.A. (1994). The contribution of total quality management to a theory of work performance. *Academy of Management Review*, 19, 510-536.**

This article discusses the effectiveness of various strategies for implementing total quality management (TQM) systems. The article supports a “systems level” approach to this process and describes how this strategy can be implemented. This paper is most useful for readers interested in workforce development theory and research.





FLINDERS  
UNIVERSITY  
ADELAIDE  
AUSTRALIA