

Special themed issue - call for papers - 10th July, 2019

Positive Organisational Scholarship in Healthcare

Guest Editors:

- [Dr. Ann Dadich](#), School of Business, Western Sydney University
- [Dr. Ben Farr-Wharton](#), UTS Business School, University of Technology Sydney



Positive Organisational Scholarship in Healthcare - Brief

The aim of this special issue is to invite ‘researchers to understudied phenomena’ (Gable and Haidt, 2005, 103) and assemble articles that focus on POSH. Articles that are theoretically informed, methodologically insightful, and empirically rigorous are particularly welcome. To inspire prospective authors, the following (purposefully incomplete) lines of inquiry are suggested:

- How might the seismic wave of seeming pessimism in health service management discourse be redressed – within academe, health services, government, and/or public sentiment?
- How might research in areas such as positive deviance be leveraged to instantiate POSH?
- Which forms of leadership, management structures, and human resource practices are particularly germane to positive experiences with, and/or positive outcomes in health services?
- What are the intended and/or unintended effects associated with a positive orientation towards health service management – whether they be for the service, the staff therein, the consumers and carers they support, policymakers, or scholars?
- ‘Can there be too much positivity?’ (Spreitzer and Cameron, 2012, 1042)

- What is the full range of virtues to be considered within POSH, some of which remain largely neglected in research, such as ‘wisdom, temperance, and transcendence’ (1043)?
- Which research methods appear to be particularly appropriate and conversely, inappropriate for POSH?
- How might POSH embrace diverse traditions, rituals, values, genders, sexualities, races, religions, and cultures (among others) and avert a ‘monocultural tint’ (Spreitzer and Cameron, 2012, 1042)?
- How might government, health service, and/or academic policies support and promote POSH, and what is the dark-side of such policies?

Submissions

Due Date: a 5-12 page paper proposal is due on the 10th of July, 2018. The proposals will be reviewed prior to the end of October, 2018, and successful authors will be encouraged to present their research at the 2018 ANZAM conference in December, 2018. Final full papers are due on the 30th of January, 2019, with publication expected for the second half of 2019.

- All manuscripts must adhere to the Instructions for Contributors
- Please submit the manuscript via [ScholarOne Manuscripts](#) – this will require:
 - The creation of a user account, if not already established
 - The selection of the Special Themed Issue – Positive Organisational Scholarship in Healthcare
- All manuscripts that enter the reviewing process will be double-blind reviewed following the journal’s normal review process and criteria
- Formats - welcome the incorporation of digital media, audio, arts, illustrations, photos, music, websites
- For further information on this special issue, please contact:
 - [Dr Ann Dadich](#), School of Business, Western Sydney University
 - [Dr Benjamin Farr-Wharton](#), Business School, University of Technology Sydney

A Call for POSH

This special issue focuses on positive organisational scholarship in healthcare – or POSH. Positive organisational scholarship has grown and – with the publication of the Oxford Handbook (Cameron and Spreitzer, 2012b) – has reached a stage of maturity. Yet this scholarship has largely been situated within for-profit businesses, much to the neglect of health services (Spreitzer and Cameron, 2012). This imbalance has attracted criticism, necessitating a rethink about the best way(s) to further POS. This special issue addresses this concern by bringing together conceptual, methodological, dialogical and empirical articles that draw attention to the positive aspects of the management and organisation of health services. The ‘H’ in POSH extends to organisations within the public, private, and third sectors that contribute to the social fabric. As such, POSH is not limited to conventional domains, such as hospitals and general practices, but embraces mental health services, drug and alcohol services, sexual health clinics, indigenous health services, aged care facilities, and virtual health services, among others.

Efforts to bring POS into the realm of health services face considerable challenges (Dadich et al., 2015). The discourse on the management and organisation of health services is largely skewed towards negative narratives. Oft-cited empirical studies (Wilson et al., 1995, Runciman et al., 2012), media reports with considerable traction (Peacock and Scott, 2016), and Hansard-worthy government reports (Francis, 2010a, Francis, 2010b, Primary Health Care Advisory Group, 2016) appear to direct the public gaze towards ‘mistakes’ (Opie, 2016), ‘horror stories’ (Gregory, 2015), healthcare ‘crises’ (Turnbull, 2011, Schriever, 2011, Krugman and Wells, 2006), and services that are ‘at breaking point’ (Khalik, 2016).

A negative bias towards mismanaged health services can have considerable implications for consumers and their carers; practitioners – be they managers, clinicians, or ancillary personnel (Brunetto et al., 2016); policymakers; as well as scholars. As Dadich and colleagues (2015) have noted:

For consumers and carers, this [negative] focus can silence their positive experiences with the care and support received... furthermore, a tainted view of health services may diminish help-seeking behaviors and subsequent access to timely care... For practitioners and their services, such pessimism may (unfairly) stereotype them as part of a systemic problem... Additionally, and perhaps more importantly, it can diminish learning opportunities and innovation... In addition to diminishing the consumer and carer’s experience with health services, this has implications for policymakers who may continue to support (and fund) these [apparently negative] practices (750-751).

Akin to the implications for practitioners, scholars who solely focus on problems and negative issues risk thwarting opportunities to learn and innovate – that is, they risk the advancement of scholarship (Alvesson and Sandberg, 2012). The development of a respectable theory requires research that constructively provokes beliefs and assumptions, rather than – as per convention – merely identify gaps within the knowledge-base, which is itself largely based on prevailing beliefs and assumptions (Alvesson and Sandberg, 2011). For instance, Alvesson and Kärreman (2011) have argued for ‘the active mobilization and problematization of existing frameworks’ (4, original italics) to develop theory. More specifically:

Problematization means that more effort is put into thinking through what may be rethought in terms of assumptions, ideas, and the conceptualization of a particular subject matter... problematization first and foremost involves a systematic questioning of some aspects of received wisdom in the sense of dominant research perspectives and theories (but also of the subject matter itself), while at the same time offering a ‘positive’ or constructive formulation of interesting research questions (45).

This is not an argument for a dichotomy that unhelpfully polarises negativity and positivity – but rather, it is a call to explore how these critically important dynamics work together and against each other in framing the ways that health services are managed, organised, experienced, and understood.

To further and sharpen POS, this special issue draws on Cameron and Spreitzer’s (2012b) insights to explore each component. They suggested that, although the ‘P’ component remains the most contested, challenging, and inspiring, it nonetheless has four consensual meanings. First, it denotes a unique positive orientation that prefigures ‘strengths rather than weaknesses, optimism rather than pessimism, supportive rather than critical communication’ (Cameron, 2008, x), even under negative circumstances. Second, it requires an affirmative bias to foster resourcefulness or create an

amplifying effect for individuals and their organisations through exposure to positivity. Third, it involves virtuousness and/or the quest for human virtues that capture the highest aspirations of humankind. Fourth, it encompasses the pursuit of extraordinary outcomes and/or positive deviance by ‘identifying and explaining spectacular results, surprising outcomes, and extraordinary achievements... including those in the context of change’ (Spreitzer and Cameron, 2012, 1035-1036). Collectively, these four meanings reveal the positive conditions that enable individuals and organisations to flourish. The ‘O’ component addresses ‘the positive processes and states that occur in association with organisational contexts’, while ‘S’ reflects the pursuit of ‘rigorous, systematic, and theory-based foundations for positive phenomena’ (Cameron and Spreitzer, 2012a, 2).

According to Spreitzer and Cameron (2012), the path forward for POS involves responding to its critics and widening its scope to encompass different contexts, including health services, as well as different voices, like those of ‘nonmanagerial and nonelite populations and perspectives’ (1042). This suggests that those who pursue POSH should not simply be seduced by all that glitters, or by those who are privileged. Akin to critical appreciative inquiry (Oliver, 2005, Grant and Humphries, 2006), POSH requires a recognition of challenges, issues, and the associated effects – to neglect these might be deemed disrespectful and potentially erroneous. As such, POSH represents ‘an alteration in focus’ (Cameron and Caza, 2004, 732) – a deliberate attempt to redress the scholarly preoccupation with the non-positive, if not the negative. Building on the relatively few pockets of studies that have heeded this call (Baxter et al., 2016, Braithwaite et al., 2015, Dadich et al., 2015, Brunetto et al., 2016), this special issue uniquely positions POSH within the broader scholarship on management and organisation that considers, ‘how context shapes managerial theory and practice; recognizing the diversity of business practices and environments found around the world’ (Anonymous, 2015, , para. 9).

References

- ALVESSON, M. & KÄRREMAN, D. (2011) *Qualitative research and theory development: Mystery as method*, London, Sage Publications.
- ALVESSON, M. & SANDBERG, J. (2011) Generating research questions through problematization. *Academy of Management Review*, 36, 247-271.
- ALVESSON, M. & SANDBERG, J. (2012) Has management studies lost its way? Ideas for more imaginative and innovative research. *Journal of Management Studies*, 50, 128-152.
- ANONYMOUS (2015) JMO: Instructions for contributors. Cambridge, Cambridge University Press.
- BAXTER, R., TAYLOR, N., KELLAR, I. & LAWTON, R. (2016) What methods are used to apply positive deviance within healthcare organisations? A systematic review. *BMJ Quality & Safety*, 25, 190-201.
- BRAITHWAITE, J., WEARS, R. L. & HOLLNAGEL, E. (2015) Resilient health care: Turning patient safety on its head. *International Journal for Quality in Health Care*, 27, 418-420.
- BRUNETTO, Y., XERRI, M., FARR-WHARTON, B., SHACKLOCK, K., FARR-WHARTON, R. & TRINCEHRO, E. (2016) Nurse safety outcomes: Old problem, new solution - The differentiating roles of nurses' psychological capital and managerial support. *Journal of Advance Nursing*, Epub-ahead-of-print.

- CAMERON, K. (2008) *Positive leadership: Strategies for extraordinary performance*, San Francisco, CA, Berrett-Koehler Publishers.
- CAMERON, K. S. & CAZA, A. (2004) Contributions to the discipline of positive organizational scholarship. *American Behavioral Scientist*, 47, 731-739.
- CAMERON, K. S. & SPREITZER, G. M. (2012a) Introduction: What is positive about positive organizational scholarship? IN CAMERON, K. S. & SPREITZER, G. M. (Eds.) *Oxford handbook of positive organizational scholarship*. New York, NY, Oxford University Press.
- CAMERON, K. S. & SPREITZER, G. M. (Eds.) (2012b) *Oxford handbook of positive organizational scholarship*, New York, NY, Oxford University Press.
- DADICH, A., FULOP, L., DITTON, M., CAMPBELL, S., CURRY, J., ELJIZ, K., FITZGERALD, A., HAYES, K. J., HERINGTON, C., ISOUARD, G., KARIMI, L. & SMYTH, A. (2015) Finding brilliance using positive organizational scholarship in healthcare. *Journal of Health Organization and Management*, 29, 750-777.
- FRANCIS, R. (2010a) Independent inquiry into care provided by Mid Staffordshire NHS foundation trust January 2005 - March 2009. London, Office of Public Sector Information.
- FRANCIS, R. (2010b) Independent inquiry into care provided by Mid Staffordshire NHS foundation trust January 2005 - March 2009. London, Office of Public Sector Information.
- GABLE, S. L. & HAIDT, J. (2005) What (and why) is positive psychology? *Review of General Psychology*, 9, 103-110.
- GRANT, S. & HUMPHRIES, M. (2006) Critical evaluation of appreciative inquiry: Bridging an apparent paradox. *Action Research*, 4, 401-418.
- GREGORY, A. (2015) Hundreds of thousands of patients dying without dignity as end of life horror stories reveal. *Daily Mirror*. London, MGN Ltd.
- KHALIK, J. (2016) Maternity wards across NSW 'at breaking point'. *National Affairs*. Sydney, NSW, The Australian.
- KRUGMAN, P. & WELLS, R. (2006) The health care crisis and what to do about it. Jackson, MS, New York Review of Books.
- OLIVER, C. (2005) Critical appreciative inquiry as intervention in organisational discourse. IN PECK, E. (Ed.) *Organisational development in healthcare: Approaches, innovations, achievements*. Oxon, Radcliffe Publishing.
- OPIE, R. (2016) Hospital failed to learn from mistakes, potentially contributing to death of pregnant woman, coroner says. *Australian Broadcasting Corporation (ABC) News*. Sydney, NSW, Australian Broadcasting Corporation (ABC).
- PEACOCK, M. & SCOTT, S. (2016) St Vincent's Hospital chemo dosage bungle could have occurred as early as 2005: Report. *Australian Broadcasting Corporation (ABC) News*. Sydney, NSW, Australian Broadcasting Corporation (ABC).
- PRIMARY HEALTH CARE ADVISORY GROUP (2016) *Better outcomes for people with chronic and complex health conditions*, Canberra, ACT, Department of Health.
- RUNCIMAN, W. B., HUNT, T. D., HANNAFORD, N. A., HIBBERT, P. D., WESTBROOK, J. I., COIERA, E. W., DAY, R. O., HINDMARSH, D. M., MCGLYNN, E. A. & BRAITHWAITE, J. (2012) CareTrack: Assessing the appropriateness of health care delivery in Australia. *Medical Journal of Australia*, 197, 100-105.
- SCHRIEVER, J. (2011) SA hospitals won't handle crisis. Sydney NSW, The Advertiser.
- SPREITZER, G. M. & CAMERON, K. S. (2012) A path forward: Assessing progress and exploring core questions for the future of positive organizational scholarship. IN CAMERON, K. S. & SPREITZER, G. M. (Eds.) *Oxford handbook of positive organizational scholarship*. New York, NY, Oxford University Press.

TURNBULL, S. (2011) Ambulance service under fire for slow response times. Lismore Heights, NSW, ABC North Coast NSW.

WILSON, R. M., RUNCIMAN, W. B., GIBBERD, R. W., HARRISON, B. T., NEWBY, L. & HAMILTON, J. D. (1995) Quality in Australian health care study. *Medical Journal of Australia*, 163, 458-471.