April 2009

James Bay Community Project Succession Planning Project: Full Report

Sean O'Melinn (somelinn@uvic.ca)

Doug Anastos (danastos@uvic.ca)

School of Public Administration,

University of Victoria

Submitted to the Board of Directors of the

James Bay Community Project

TABLE OF CONTENTS:

LIST OF FIGURES & TABLES:

List of Figures

List of Tables

ABSTRACT

Selecting a management model for a non-profit organization requires an understanding of management theory and the preferences of employees. When employees and board members of the James Bay Community Project (JBCP) – a non-profit health and social services agency – were interviewed about their management and leadership preferences and views on culture, a number of themes became apparent. This report on succession planning applies these themes to non-profit management literature to arrive at a recommendation for a model that best fits the needs of the organization.

Interview data indicated trends that guide the selection of a model. As expected, employees preferred a participatory or consultative approach to management over an authoritative approach. In contrast, the data do not demonstrate that staff felt that one model, co-management or executive director is more legitimate than another. While flexibility was important, some structure was needed to ensure responsiveness. Findings related to cost did not indicate any clear trends. Conclusions about the effectiveness and sustainability indicated that vision and integration were necessary to provide holistic services to clients into the future. Leadership styles and cultural environment emerged as two key considerations for the context of the organization in which the structure exists. When combined, the conclusions from analysis inform which management options have a high utility for the JBCP.

EXECUTIVE SUMMARY

INTRODUCTION

The James Bay Community Project (JBCP) is a non-profit organization that provides clinical health care and community, volunteer, and family development services to the community of James Bay, Victoria, British Columbia. These services are provided by the Health Team and the Family and Community Team under a co-management model. An executive manager is responsible for the administration of each team. These executive managers report directly to the Board of Directors of the JBCP.

In June 2009, a major change will take place when the executive manager of the Family and Community Team – an employee of the organization for 20 years – will retire. In anticipation of the departure of the senior manager, the Board of the Project has requested a succession planning report that presents options for the future management structure of the organization. The aim of the report is to provide the Board a variety of management structure options with a recommendation of one option that will allow the Project to continue to deliver effective services to the community of James Bay.

This report reviews relevant management theory, approaches, and models to provide a solid understanding of the options available for the JBCP. From this review, a set of assessment criteria was developed to guide the selection of a management model. Interviews based on the literature and assessment criteria provide the report with the perspective of staff and board members of the JBCP regarding what type of management model would be the most appropriate in the organization going forward. Ultimately, the findings from the literature, the interviews, and the assessment criteria were used to formulate management model options for the JBCP and to recommend a specific option for implementation.

KEY FINDINGS

Findings from the Literature Review

The literature review revealed the following findings:

Three general approaches to management are found in non-profit organizations:

- Authoritative

- Consultative

- Participative

Non-profit organizations use a variety of management models to apply management approaches within an organizational structure. Those that have the most relevance to the JBCP are the:

- Executive director (ED) model

- Co-management model (current model in place at the JBCP)

- Board managerial model

- Person centred model

- Organizational goals / Managed systems model

- Matrix model

- Network model

Assessment Criteria

From the literature, a set of criteria was developed to assess and inform management model options. The criteria are:

1. ***Cost and time implications***. Costs associated with management models are generally a function of staffing and the time involved in decision-making activities. Discussion related to this criterion also includes a brief assessment of potential opportunity costs and transaction costs. Opportunity costs refer to services forgone as a result of expending resources in management-related activities. Transaction costs refer to activities such as bargaining, consensus building, and ensuring equal participation in decision-making. A model that maximizes the quality of services at the most efficient cost rates highly on this criterion.

2. ***Legitimacy.*** Legitimacy refers to whether or not stakeholders accept and support a model and approach. Indicators for this criterion include views regarding the practicality of implementation and staff support for the model in the form of fulfilling their needs and the needs of clients through high quality services. If staff support for a model is high, then the model and approach is seen as having high legitimacy.

3. ***Responsiveness.*** Responsiveness refers to the capacity of a model to recognize changes inside and outside the organization and adapt accordingly. This includes accountability mechanisms that ensure that input is being acted upon. A model is flexible if it can adapt easily to change and rigid if it is slow to incorporate change. Responsiveness is indicated by the availability of opportunities for staff and clients to give feedback and the presence of mechanisms that ensure feedback is being acted

upon. If feedback and input are received and incorporated into decision-making, the model has a high rating of responsiveness.

4. ***Effectiveness.*** Effectiveness refers broadly to the capacity of a model to meet the operational goals and requirements of the organization. This criterion combines the criteria of cost, legitimacy, and responsiveness to assess the capacity of a model to deliver services to clients. In addition, the effectiveness of a model depends on the other unique attributes of the model that ensure quality service delivery such as management expertise in a subject area, availability of management personnel, and the capacity of the model to provide holistic services. An effective model is cost conscious, legitimate, responsive, and has a combination of unique attributes that allow staff to deliver services to clients.

5. ***Sustainability.*** Sustainability builds on the measure of effectiveness. Subramanya (1997, p. 226) describes sustainability as "the maintenance of structure, function and resources through time and more particularly periods of stress". The concept of sustainability assesses the ability of the model to allow the organization to continue to provide high quality services over time. An evaluation of the risks associated with the model is included in assessing the sustainability of the model. If a model can maintain effectiveness over time and has acceptable risks then it has a high level of sustainability.

6. ***Utility.*** Each of the proposed models has been chosen because it provides a useful theoretical framework for management in non-profit organizations; however, while a model may be sustainable in some non-profit organizations it will likely not be sustainable in all. The sustainability of each model must be assessed taking into account the specific context of the JBCP including organizational culture and leadership. Models with high utility are sustainable and can be applied to the unique characteristics of the JBCP.

Findings from the Interviews

A total of 20 of the 25 staff at the JBCP were interviewed during the course of this project. The key findings from the interviews follow:

1. Staff at the JBCP would prefer a consultative or mixture of consultative and participatory approaches to management. Generally, staff on the Family and Community Team preferred a consultative approach, while the majority of Health Team members preferred a mix. It was commonly held by members from both teams that the model should have a chain of command with opportunities to provide input.

2. Staff from across the organization want different levels of involvement in decision-making. At a minimum they would like to be involved in both job specific and programming types of decisions.

3. Support for the executive director and co-management models was equally split with nine in favour of the co-management model and ten in favour of the ED model.

4. The vast majority of respondents that preferred the ED model also preferred the consultative approach.

5. The ED model was generally preferred for its potential to improve integration, support visionary leadership, and build a common culture across the organization.

6. The primary concern with the ED model was that the workload responsibilities would be too great for one individual to manage. It was commonly suggested that a two-tiered ED model with lower level coordinators would alleviate this problem.

7. Individuals saw cross-organizational meetings and committees as a means to bring the organization together to work on shared initiatives and build a common culture.

8. The single biggest benefits of the co-management model are: expertise in the subject area of each team, availability of managers, and the ability to make quick decisions due to limited bureaucracy.

9. The single biggest improvements that could be made to the co-management model are: integration of the teams, better communication, and a vision for the organization.

10. The single biggest risks to the current management model included: the division of the organization, and the fiscal sustainability of the organization. In total, 80% of those that preferred the ED model thought division was a risk.

11. Staff suggested a number of characteristics they believed would contribute to management model sustainability including: greater integration of the teams, more visionary leadership, and an ED model.

12. In total, 90% of staff and all four board members agreed that leadership traits are a central consideration when assessing a future management model and when selecting a manager for the model.

13. The most commonly desired leadership traits were: provision for autonomy, community awareness, and trust and respect.

14. There was an even split of employee views on whether the organization shared a common culture.

15. Findings related to organizational culture revealed that both teams shared many of the same cultural qualities without recognizing it. Cultural similarities were grouped into the

following three categories: collaboration and support; community centeredness; and health promotion. The main dissimilarity between the two teams was their cultural approaches to work. The Health Team was characterized as business-like, while the Family and Community Team was thought of as socially driven.

OPTIONS

The options for a new management model for the JBCP were determined by combining findings from the literature review, interview data, and assessment criteria:

Option 1 – Status Quo: Co-management model

Under this model, two managers would be responsible for separate areas of the organization based on functional responsibilities. The co-managers would be responsible for administrative decisions and would be required to consult with each other on strategic decisions. The approach in this option would be a mixture of consultative and participatory management. Specifically, each team would have the flexibility to apply their preferred approach to decision-making. The teams may select different approaches for programming and job specific decisions. This model is similar to the current model used in the JBCP with the addition of more frequent cross-organizational meetings that focus on the integration of services.

Option 2 – Single tier ED model

Under this model, one individual would act as the only manager of the entire organization. The approach to management would be largely consultative. The executive director would be deeply involved with strategic and administrative decisions but would have limited time to become involved in programming and job specific decisions. This would require substantial staff autonomy and devolution of some administrative, most programming, and all job specific responsibilities to staff.

Option 3 – Double tiered ED model with team coordinators

Under this model, an ED would be responsible for the entire organization. In addition to the ED, each team would have a coordinator responsible for the operation of the team. These coordinators would be included in the senior management team and assist in making strategic and administrative decisions. The approach to management would be a mixture of consultative and participatory approaches. The ED would manage strategic and administrative tasks using a consultative approach to engage staff. The team coordinators would use a participatory approach to manage programmatic decisions and the day-to-day operation of the teams. Staff would be responsible for job specific decisions with support from the coordinators.

Option 4 – Double tiered ED model with cross organizational manager

Under this model, an ED would be responsible for the entire organization. In addition to the ED, a lower level manager would be responsible for the operation of both teams. The approach to

management would be a mixture of consultative and participatory approaches. The ED would manage strategic and administrative tasks using a consultative approach to engage staff. The manager would be included in the senior management team and assist in making strategic and administrative decisions. The manager would use a participatory approach to manage programmatic decisions and the day-to-day operation of the teams. Staff would be responsible for job specific decisions with support from the manager.

RECOMMENDATION

Option 3 – Double tiered ED model with team coordinators.

Option 3 was selected because it demonstrated the highest level of utility of the available options. Utility was determined by assessing the management model options based on indicators of the assessment criteria. Cost was assessed by transaction costs, opportunity costs, and approximate salary costs of the option. Legitimacy was assessed by examining support for the management model and associated approach. Responsiveness was assessed by the presence of opportunities to give feedback and the presence of mechanisms that ensure the feedback is being acted upon. Effectiveness was assessed by the ability of the option to improve cross-organizational service delivery, the availability of subject area expertise, and the availability of management support. Sustainability of the option was assessed by the financial sustainability, the ability to promote integration, and the risks associated with each model.

1 INTRODUCTION

Non-profit organizations offer invaluable services to communities throughout British Columbia. Health care, family and child care, and youth outreach services are only a few of the many resources non-profits provide to communities. Often these services are not provided by any other organizations, or the services are not affordable for the individuals who need them the most. Without non-profit organizations, many of the most vulnerable people in the community – single parents, older individuals, and street people – would suffer from inaccessibility to basic services. Non-profit agencies face a constant struggle to fund these vital services as they are dependent on government, corporations, and philanthropic citizens. In addition, non-profits are challenged with issues such as continually assessing their services to ensure they are relevant and useful for clients, retaining volunteers and staff, and securing funding to pay for management salaries and overhead costs of running the organization.

The James Bay Community Project (JBCP) is a non-profit organization that provides clinical health care and community, volunteer, and family development services to the community of James Bay, Victoria, British Columbia. In June 2009, a major change will take place when the executive manager of the Family and Community Team – an employee of the organization for 20 years – will retire. In anticipation of the departure of the senior manager, the Board of the Project has requested a succession planning report that presents options for the future management structure of the organization.[1]

Implementing the appropriate management structure is crucial to ensuring the continuity of the Project. The appropriate management structure can facilitate cost savings, program integration, job satisfaction, and quality of service delivery. Without a succession plan, the Project runs the risk of insufficient funding, staff turnover, and less effective programs and services. Simply put, a review of management structures that integrates the perspectives of staff at the JBCP will allow the Board to make an informed decision about and plan for the successful operation of the Project in the future. The aim of the report is to provide the Board several management structure options with a recommendation of one option that will allow the Project to continue to deliver effective services to the community of James Bay.

The report begins with a brief history of the Project including the evolution of its management structure over the past thirty years. An introduction to succession planning in the non-profit sector follows. The literature review of non-profit management is broadly divided into three parts: management theories, approaches, and models. After the literature review, the report outlines a conceptual framework that establishes a set of criteria used to assess the advantages, disadvantages, and risks of each management model. Methodology is then

---

[1] Including the views of clients and other external stakeholders into the analysis was beyond the scope of this report.

discussed with consideration given to the research design, process, and the limitations of the data and analysis. The report moves on to an analysis of the findings of the data in relation to the assessment criteria and literature. In the next section, the conclusions from the analysis are used to arrive at a set of management options. A recommendation for the future management structure of the JBCP is then presented. Finally, the report concludes with a brief discussion of the role of change management in the implementation of a new management model.

2 BACKGROUND

2.1 PROFILE OF THE JAMES BAY COMMUNITY PROJECT

Statistics from the National Survey of Nonprofit and Voluntary Organizations released in 2004 show that there were an estimated 20,270 non-profit organizations in British Columbia, representing 13% of the national total (Murray, 2006). Social services organizations represented 9% of the total non-profit agencies in BC, while health organizations totalled 4%. Agencies in the health and social services sectors were found to be two of the three most dependent on government funding with 77% and 59% of revenues respectively acquired through government resources. Despite the relatively small proportion of the non-profit health sector relative to the third sector as a whole, it collectively reported the largest share of revenues of any sub-sector at nearly 25% of the third sector total. The same study found that planning for the future was the most frequently cited challenge across all non-profit organizations (Murray, 2006). The JBCP faces many of the same challenges as other non-profit organizations in British Columbia including funding constraints and succession planning.

Established over 30 years ago, the JBCP has offered clinical health and social services under the same roof since 1997. The organization serves the 11,000 member community of James Bay in Victoria, British Columbia. In the 2007-08 fiscal year, the organization's revenues totalled $1,792,448, 80% of which came from various levels of government. The majority of these funds (42%) came from the BC Ministry of Health Services, the BC Ministry of Children and Family Development (19%), and the Vancouver Island Health Authority (VIHA) (13%). Other sources of revenue included the Ministry of Public Safety and Solicitor General; Public Health Agency of Canada; the City of Victoria; grants from funding agencies and local businesses; services and fees; rental income; fundraising; and donations (James Bay Community Project [JBCP], 2008).

The JBCP currently operates under a co-management structure where two executive managers are respectively responsible for the Health and Family and Community teams. In total, the organization employs 31 employees. The manager of the Family and Community Team is responsible for eight staff including social workers, program and volunteer coordinators, outreach counsellors, and administrative personnel. This manager oversees an off-site community thrift store, a community library, a volunteer program that includes over 250 individuals, and the operation of the Family and Community Centre. Services offered through the Family and Community Centre include: child care; parent and family education, support and counselling; and a seniors' outreach program (JBCP, 2009).

The second executive manager is responsible for the administration of the Clinical Health Team and the Youth Clinic. The Health Team consists of ten staff including physicians, nurse practitioners, advanced practice nurses, and medical office assistants. Services of the Health Clinic range from health education and promotion to disease prevention to chronic disease management. In 2007/08, the clinic served some 2,700 patients totalling 12,000 patient visits (JBCP, 2008; 2009).

The Youth Clinic offers clinical health, outreach, health education, and counselling services to youth aged 12 to 24. The clinic operates onsite at the JBCP building and at another part-time facility in Bastion Square, Victoria (JBCP, 2008). The Youth Clinic consists of physicians, nurses, and outreach workers.

In addition to services offered through the Health Team and Family and Community Team, several tenants occupy the James Bay Community Project building. These businesses offer services ranging from massage therapy, midwifery, counselling services; and naturopathy including western herbal medicine and acupuncture (JBCP, 2009).

Figure one below shows the organizational structure of the Project under the current co-management model. Note that the vertical orientation of staff underneath management levels is not intended to indicate hierarchy.

Board of Directors
(8 members including one chairperson)

Office Administrator & Executive Assistant to the Board

Executive Manager, Primary Health Care & Youth Clinic

Finance Manager

Executive Manager, Family and Community Services

Youth Clinic

Health Team

Volunteer coordinator

Receptionist

Outreach Counsellor

Team Coordinator / Outreach Counsellor

Nurse

Physician

Family Physician

Medical Office Assistant

Nurse Practitioner

Program coordinator

Social worker

Outreach Counsellor

Nurse

Physician

Family Physician

Medical Office Assistant

Advanced Practice Nurse

Program coordinator

Social Worker

Physician

Family Physician

Medical Office Assistant

Advanced Practice Nurse

Social Worker

Physician

Family Physician

Medical Office Assistant

Figure 1: JBCP Org Chart

2.2 JBCP MANAGEMENT STRUCTURE HISTORY

Over its lifetime, the management structure of the JBCP has undergone a number of transformations, alternating between the executive director and co-management models four times. The Project has been organized around an executive director model for a total of 24 years during two separate periods of time. Variations of the co-management model have been in place for a total of approximately ten years on two separate occasions. Details of the management structures in place at the Project were gathered from the current executive manager of Family and Community Services who has been with the JBCP for some 20 years. The researchers were unable to connect with any other individuals with knowledge of the history of the organization's management structure.

During the 20-year period between 1975 and 1995, two consecutive executive directors served. The tenure of the first extended from the inception of the organization until 1991. The second served for three and a half years between October 1991 and February 1995. During this period, program managers / coordinators reported to the ED (Personal Communication, Hanne Fair, January 16, 2009).

Following this, a co-management model was created consisting of three internal employees. These managers were respectively responsible for Family and Community Services; Home Support and Health Clinic (the Youth Clinic had not yet been established); and Finance and Human Resources. This model lasted only eight months before the finance manager left the organization in October 1995, leaving a two-person executive management team. In 1997, a part-time finance manager joined the organization, reporting to the EMT. During this time, there were initially no program managers from the staff ranks, but over time several staff were given increased responsibilities in leadership and coordination roles to assist the management team. Eventually, excluded positions were created that reported to the executive managers (Personal Communication, Hanne Fair, January 16, 2009).

In 1999, the JBCP's Home Support Services program was regionalized by VIHA. This change had a $2 million budgetary impact and considerably reduced staff numbers at the JBCP as a total of 75 staff were employed through funding associated with this program. This transition changed the management structure of the Project. The executive manager of Home Support and Health Clinic left the organization and the executive manager responsible for Family and Community Services moved into an ED role. The part-time finance manager remained in place. Coordinators on both the Heath and Family and Community teams assumed a combination of program and administrative responsibilities. (Personal Communication, Hanne Fair, January 16, 2009).

The loss of the Home Support Services Program created a financial challenge due to a significant reduction in contributions to administrative costs previously shared by the various programs. In an effort to mitigate financial distress, the Project decided to enter into a new health funding model that increased the flow of patients and reduced the number of physician working hours. In the spring of 2003, both the Health Team coordinator and the ED left the organization following widespread community resistance to the introduction of the new funding

model and the resignation of all of the Project's physicians (Doe & Mortimore, 2003; Personal Communication, Hanne Fair, January 16, 2009).

Following this episode, the coordinator of the Family and Community Team temporarily assumed the role of acting executive director for three months. During this time, the current executive manager of the Primary Health Centre and Youth Clinic was externally hired and the Board established the current co-management structure with the executive manager of Family and Community Services and executive manager of Primary Health Centre/Youth Clinics. It was decided that the model would be structured as a two-person executive management model with a part-time finance manager reporting to the executive managers and each manager reporting directly to the Board of Directors. This model has been in place for roughly five years.

In September 2008, the JBCP Board of Directors of established a Succession Planning Subcommittee and drafted Terms of Reference for a research project that would combine non-profit management theory with the practice-based perspectives of the organization's management structure. The purpose of this report is to recommend a management structure that will best meet the organization's needs following the departure of the executive manager of Family and Community Services in the spring of 2009.

Figure two below shows the timeline of the key shifts in the management structure and management of the JBCP between 1975 and 2009.
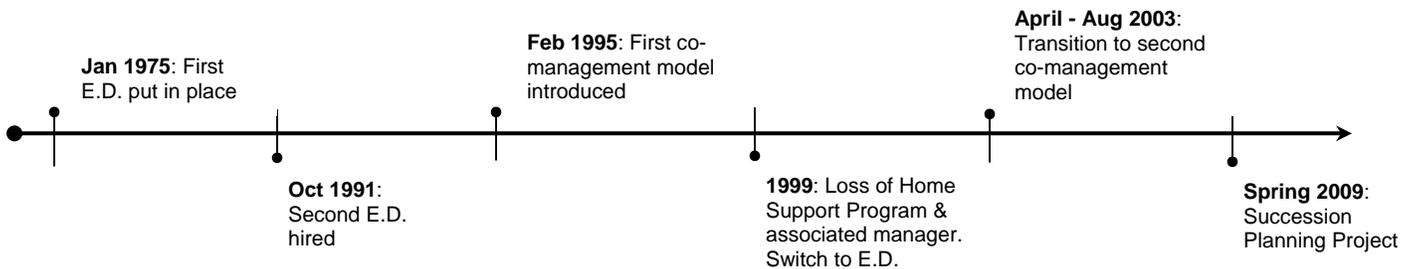
Figure 2: Timeline of Management Structures at the JBCP

3 SUCCESSION PLANNING

3.1 WHAT IS SUCCESSION PLANNING?

The goal of succession planning and management (SP&M) is to build personnel capacity and maintain stability by replacing important members of an organization. In short, the process is defined as planning for the type and number of people required to meet the needs of an organization over time (Rothwell, 2005). This strategic human resources strategy has two key objectives. First, critical management or leadership positions must be identified. Second, a plan must be put in place to fill these positions through external recruitment strategies or the internal advancement of employees. This second step is often coupled with mentoring, coaching, job shadowing and interdepartmental rotations. These strategies provide succession candidates with greater responsibilities in a specific area of the organization, while developing skills and knowledge that are aligned with the larger goals of the organization (Rothwell, 2005; Shirey, 2008).

Succession planning offers a range of benefits both to the organization and employees. The practice can result in cost savings, increased organizational capacity, corporate sustainability, enhanced employee development, knowledge transfer, and a competitive edge (Greengard, 2001; Redman, 2006; Rothwell, 2005). Succession planning can also be designed to involve employees in decision-making and career planning that supports upward mobility based on interests.

3.2 WHY IS SUCCESSION PLANNING IMPORTANT?

The importance of succession planning cannot be underestimated. Several authors identify employee development and succession planning as a business strategy that ensures the sustainability of health care systems and success in service delivery (Collins & Collins, 2007; Redman, 2006). According to one article, succession planning and leadership development are more than practical issues; the survival of the health sector depends on these strategies (Collins & Collins, 2007). Moreover, leadership development has been identified as a key strategy to ensure safer environments for patients (Redman, 2006). [2] Although management transition can

---

[2] Adams (2004) cites several studies which together suggest that the annual rate of Third Sector leadership transition in the US is approximately 10%. Even more alarming are early data which suggest that this rate will drastically increase in the future. Predict departure rates could reach as high as 60% or even 70% over the next decade (Adams, 2004). Likewise, a recent survey of over 2,000 executive directors in non-profit organizations across the US found that three quarters did not plan to remain in their jobs within five years of the study. The rates were even higher for small non-profit organizations (Bell, Moyers & Wolfred, 2006). The same study found that only half of mid-sized non-profit organizations (15-20 staff) were actively developing future executives.

be a challenge, a good succession plan can mitigate risks (Bell, Moyers, and Wolfred, 2006), offer the opportunity for organizational development, and present the chance to draft a "blueprint for sustainability" (Wolfred, 2008, p. 18). Succession planning can be used to maximize the human capital of an organization; define career plans of employees; cope with downsizing; and better prepare organizations for crisis situations (Collins & Collins, 2007; Rothwell, 2005). Another important benefit of succession planning is that it can greatly reduce the time involved with filling a vacant position. This is particularly important in an age when time has emerged as "a key strategic resource" that can be used to increase the competitiveness of an organization and help ensure its sustainability by better meeting its objectives (Rothwell, 2005, p. 43).

3.3 APPROACHES TO SUCCESSION PLANNING

The literature discusses six prevalent approaches that organizations employ when introducing succession planning as part of their human resources strategy (Carter, 1986; Collins & Collins, 2007; Rothwell, 2001; 2005; Stevens, 2001). Rothwell (2005) mentions that a universal approach to succession planning does not exist. Rather, organizations should implement combinations of the approaches to meet their specific needs and circumstances.

The top-down approach. Also known as "management driven succession planning," or "succession planning by position," top-down succession plans are developed at a high level based on the strategic vision of the organization (Carter, 1986; Collins & Collins, 2007, Rothwell, 2005).

Grounded in traditional bureaucratic processes, the top-down approach is often the least expensive and sometimes the quickest method to address succession planning. Nevertheless, Getty (1993) cautions that this approach is often cloaked in secrecy, which may adversely affect the motivation and interest of the succession candidate and other employees. Further, a lack of participation of others throughout the organization, including lower levels of management, may limit opportunities to share knowledge, thereby undermining the training and development program (Getty, 1993).

The market-driven approach. While the top-down approach is often used to replace corporate leaders such as executive directors, the market-driven approach recruits new leaders based on external competitive pressures. This approach may combine internal transfer strategies with external recruitment (Rothwell, 2005).

The futuring approach. This approach can be viewed to some extent as a combination of the top-down and market-driven approaches. Based on external environmental conditions, succession plans anticipate future needs of the organization and accordingly cultivate internal talent (Rothwell, 2005). Collins and Collins (2007) explains that this process involves detecting looming changes in the external environment and mitigating capacity shortages by matching internal talent to expected needs. When designed well, this type of succession planning offers an organization the ability to respond to environmental changes efficiently and in a timely manner (Rothwell, 2005).This approach resembles what Wolfred (2008, p. 6) refers to as

"strategic leader development." This term refers to a process where succession planning is closely tied to the strategic planning process of an organization.

The career planning approach*.* This approach encourages employees to identify their strengths and career goals in relation to the needs of the organization and accordingly accept greater responsibilities. However, individual managers are often still responsible for developing a plan that takes into consideration employee talent and the position of their respective department in relation to larger corporate human resource strategies. This process has the dual benefit of increasing organizational capacity, while actively involving employees in the creation of a plan that sets the course for their advancement (Getty, 1993; Rothwell, 2005).

The rifling approach*.* The final approach towards succession planning mentioned by Rothwell (2005) is used when an organization must resolve a specific problem, such as higher than expected job turnover. Succession plans created using this approach focus less on the corporate strategic structure than the current needs facing the organization. Similarly, Wolfred (2008, p. 7) mentions the "emergency succession planning" approach, which is used to mitigate the unexpected departure of a key management figure from a non-profit organization. Wolfred (2008) offers a number of preparative steps that can be taken, such as clear definition of temporary roles and training in skills that will help to fill gaps that might be left with the loss of key personnel.

The bottom-up approach. Stevens (2001) discusses one other approach that should be mentioned in this discussion. The bottom-up approach is, as one might expect, the opposite of a top-down approach to succession planning. This approach is led by employees and may be more likely to allow both horizontal and vertical succession planning (Collins & Collins, 2007; Stevens, 2001).

3.4 SUCCESSION PLANNING IN THE NON-PROFIT SECTOR: SHORT-TERM CONSIDERATIONS FOR THE JBCP

A number of questions may emerge during the process of executive leadership transition:

- What is the best way to structure the succession planning process?

- Is it possible to retain, in some form, the knowledge, skills, personal connections, and perspective of the departing executive manager?

- What kind of salary expectations will the incoming manager have?

- Should recruitment be internal or external?

The following discussion reviews the most recent literature on non-profit succession planning to provide considerations for each of these issues.

Given the circumstances of the JBCP, an important concept introduced by Wolfred (2008, p. 10) is "departure-defined succession planning". This approach to succession planning is used when

the date of departure of a leader in a non-profit organization is known in advance. The goal of this strategy is to reduce the dependency of the organization on the "skills, charisma, and relationships" associated with the incumbent manager (Wolfred, 2008, p. 10). Key steps in this process include forming a succession planning committee; preparing a communications plan to inform staff and the community of the transition; identifying and addressing vulnerabilities of the organization through a "sustainability audit"; determining the long-term strategic direction of the organization; building the board's leadership capacity; and strengthening key relationships between the departing managers contacts and other members of the organization (Wolfred, 2008).

The departure of a long-term executive from a small non-profit organization can have serious consequences including the loss of vital knowledge, skills, and client relationships. On the positive side, Bell, Moyers, and Wolfred (2006) found that most departing executives are not satisfied with outright retirement. The following are considerations for retaining the human capital of departing non-profit executives (Masaoka, 2007):

- ***Staying in a modified role.*** Masaoka (2007) claims that non-profit executives genuinely like the work and are committed to the organization, but may no longer be interested in the responsibilities associated with management. One option is to create a modified role for the executive that may include fewer hours and less responsibility. Of course, this option comes with the added expense of another senior administrative position. Another disadvantage is that long-time managers may have difficulty letting go of responsibilities and adjusting to new power relationships.

- ***Staying in a new role.*** The second option presented by Masaoka (2007) involves a number of ideas for how departing executives can stay actively involved in the organization. These individuals may be hired as project directors on a contractual basis, or use their networking skills and professional relationships in a fundraising capacity. Long-tenured departing executives might agree to transfer some of their knowledge by writing historical or inspirational documents. Others may wish to employ their knowledge of the organization and the community it serves by joining the board of directors, or acting as an ambassador at large – an implicit representative of the organization. One other useful position for the departing executive is mentor or coach for the new executive and other staff.

Once the search for an executive is underway, a key consideration is whether to recruit internally or externally. The selection of a leader in a non-profit organization is challenging. Careful consideration must be given to ensure that the incoming executive maximizes the organization's ability to fulfill its mandate of service delivery (Adams, 2004).There are advantages and disadvantages to internal promotion and external recruitment which directly affect service delivery during a management transition and over time.

Internal promotion has a number of advantages for a small non-profit organization with specialized services. Most importantly, drawing from an organization's own ranks offers the

opportunity to retain and build on human capital and organizational-specific knowledge, which can result in cost savings. In addition, an internal hire prevents some of the uncertainty related to management transition (Chan, 2006). The prospective candidate can be monitored, trained, and prepared for the unique challenges of the position (Rothwell, 2005). One potential disadvantage is that internal promotion often comes with the expectation of a wage increase (De Varo & Brookshire, 2007).

According to one extensive study of non-profit executives, "non-profits generally don't grow their own executives; they grow executives for other organizations in the sector" (Bell, Moyers, and Wolfred, 2006, p. 25). In fact, this study of nearly 2,000 non-profit executives found that only 27% of executives of mid-sized organizations (11-20 staff) were hired internally. A key advantage of external recruitment is that the pool of applicants is much larger. This presents the opportunity to select an executive from a group of people with diverse knowledge and skills that might fit the needs for the future direction of the organization. As mentioned above, a potential disadvantage of this approach is the large amount of risk involved with not fully knowing the skills or leadership style of an external applicant. Another consideration is the added cost involved with conducting an external search for qualified candidates (Tierney, 2006).

If the right person for the job cannot be found internally or externally, another option is to hire an interim manager. Wolfred (2005) explains that an effective interim manager is not simply a staff or board member that assumes the role of executive manager. Rather, "interim managers are highly skilled managers who temporarily take the helm of an organization (four to eight months on average), help the board and staff address important systems and capacity issues, and lay the groundwork for the permanent leader's success" (Wolfred, 2005 p. 2).

According to Wolfred (2005), interim managers have proven to be effective during leadership transitions offering a number of benefits to the organization. For instance, a temporary manager from outside of the organization often brings a new vision for the future; represents a separation from the old and new leadership and management systems; permits the board to take the time it needs to hire a suitable candidate; and acts as a mentor to the new executive manager or director which, in small to medium sized non-profit organizations, may not have experience in an executive capacity. One of the main disadvantages of this approach to leadership transition is that the hourly rate of interim managers is generally more than that paid to a regular executive manager. This can be mitigated by hiring an interim manager on a part-time basis (Wolfred, 2005).

One final consideration for non-profit succession planning is that a change in leadership might introduce new salary expectations. Bell, Moyers, and Wolfred (2006) found that over 60% of executive respondents expected an increase in management pay if they left their positions at the time of the study. The same study found that 44% of executive director respondents from mid-sized organizations (21-50 staff) expected salaries to increase between 11% and 20% at the time of the next executive recruitment. Many of the participants in the study's focus group session sensed that a culture change was taking effect in the non-profit world: the younger

generation of professionals expected a higher salary and increased benefits as soon as they joined non-profit organizations (Bell, Moyers & Wolfred 2006).

3.5 STEPS TO IMPLEMENTING A SUCCESSION PLAN: LONG-TERM CONSIDERATIONS FOR THE JBCP

Although there is currently a pressing need to secure a leader for the organization, the following steps speak primarily to long-term succession planning considerations that will help ensure the sustainability of the leadership of the JBCP into the future.

Step 1: Secure executive support. Succession planning should include the support of the board and executive managers. This includes the design, the implementation of the plan, and the transfer of knowledge through involvement in training and mentorship (Christie, 2005; Greengard, 2001). The involvement of the executive team demonstrates a commitment to both corporate and individual growth (Gaffney, 2005).

Step 2: Determine the goals and needs of the organization. The next step is to map out the succession plan by identifying how it ties into the strategic vision and strategies of the organization's business plan (*Succession Planning,* 2005). Central to this process is the development of leadership criteria that outline the skills and competencies required for success (Greengard, 2001).

"Demand forecasting" is a useful tool to determine the needs of the organization and how these translate into hiring requirements. According to Blouin, *et al.,* (2006, p. 329), demand forecasting is a planned process to identify the "length of leaders' tenure expectations, future skills requirements, internal candidate pool availability, and investments needed to adequately meet tomorrow's leadership roles."

Step 3: Choose an approach. During this stage of planning, it is important to match the goals of the succession planning initiative with an appropriate approach. For instance, if one specific high-level position, such as an executive director is targeted, a top-down approach may be the most appropriate; if the succession plan has a long-term focus and is combined with other HR strategies such as employee engagement, the initiative might well be delivered using a career planning approach (Rothwell, 2005).

Step 4: Identify succession candidates. It may take years to prepare protégés for leadership positions. As a result, a number of authors advocate continuous succession planning to create a "pipeline" or "leadership *cadre*" of qualified and motivated individuals (Abrams, 2002; Blouin *et al.,* 2006; Brady *et al.,* 1982; Conger & Fulmer, 2003).

Redman (2006) recommends targeting employees that are not yet involved in leadership position, but possess the willingness and potential to become leaders if offered adequate training. These individuals can be identified formally during periodic assessments, or informally by making opportunities known throughout the organization. Abrams (2002) recommends using

the strategic plan of the organization as a backdrop to a leadership profile that clearly outlines the skill sets required for prospective leaders.

Step 5: Create a training and development plan. Once the key positions have been identified and interested employees have been informed and/or hired, the next step is to design and implement a leadership development training program. Redman (2006), recommends combining skill-based education with mentoring and coaching. A useful way to integrate these elements is through actual work assignments that involve leadership skills. Through this process, employees are exposed to formal and informal skills required for the job.

Mentoring is essential to the development of future leaders because it facilitates new experiences, guides career planning, and introduces protégés to networks within the organization (Blouin, *et al.,* 2006; Fulmer, 2005; Redman, 2006). Hale (1996) claims that mentoring is a key component in the transfer of skills, knowledge, and corporate memory and to acquaint new employees with office culture and day-to-day routines. Mentoring has the advantage of providing the new employee with one reliable source of information; however, as a disadvantage, the new employee is exposed to only one perspective that may not be representative of the organization as a whole (Hale, 1996).

As a solution, Hale (1996) suggests organizational mentorship through which the new employee is exposed to a variety of viewpoints through the distribution of mentorship responsibilities across employees, managers, and executives according to specific areas of expertise. This model has the advantage of inculcating the employees with a greater range of organizational values, norms, and opportunities and has been shown to enhance motivation and learning (Hale, 1996).

Step 6: Evaluate progress & provide feedback. Like any learning plan, leadership development in succession planning should include continuous feedback and evaluation (Greengard, 2001). In addition to informal feedback offered through mentorships and existing performance reviews, Abrams (2002) suggests implementing formal and systematic feedback where skills and competencies can be assessed. Feedback from both managers and employees can inform the design of the succession plan, making it a living document that is responsive to a range of different perspectives and circumstances presented by internal and external environments.

Equally important to open feedback and communication throughout the succession planning process is ensuring that the succession plan has been implemented as intended. The organization's human resources specialist may monitor employee development plans to determine whether training, mentorship, and work assignments are taking place (Getty, 1993). If implementation goals are being met, monitoring and assessment can then focus on whether the program is achieving its strategic outcomes (Getty 1993; Fulmer, 2005).

4   LITERATURE REVIEW

The purpose of the literature review is threefold: first, to develop an understanding of the linkages between organizational theory, management approaches, and management models; second, to inform the development of assessment criteria used to evaluate management model options for the JBCP; and third, to inform the questions used in interviews with the staff, Board members, and other non-profit professionals. Based on the information from the literature review, the assessment criteria, and the responses from the staff and Board members at the JBCP, a number of management model options and a recommendation will be produced.

Figure three below describes the conceptual organization of the literature review. It provides an overview of the relationships between non-profit theories, approaches, and models. The figure is structured around vertical and horizontal continuums.

The vertical continuum indicates how the literature review moves from an investigation of abstract theory to practical application. The organizational theories at the top of the figure provide a general understanding of why organizations develop certain management approaches. Management approaches broadly describe how theoretical concepts manifest in practice. Approaches add another layer of detail to the understanding of management theory by describing how staff and managers in the organization interact and operate. While approaches provide a clearer understanding of organizational management they still lack an explanation of how the concepts are related to the structure of an organization. Management models combine management approaches with a structural framework to explain how the abstract concepts provided in management theory are practically applied within a specific organization.

Figure three includes three horizontal continuums. The first continuum compares the management theories with each other. The second moves to a comparison of the management approaches. The third compares the management models. Management theories are compared with each other on a continuum that ranges from open to closed systems. Open systems are based on the premise that an organization is sensitive to its environment and adapt accordingly (Daft, 1989). Closed systems theories view organizations as unaffected by their environments; their environments are generally stable and predictable (Daft, 1989). Institutional theory is generally found towards the closed end of the continuum. Empowerment theory can be located at the open end of the continuum. Contingency theory is thought of as being an open system; however, it proposes that the management approach of each organization must fit its specific needs at a given point in time. For this reason, it is located centrally on the continuum.

Management approaches are compared on a continuum that ranges from mechanistic to organic systems. These systems explain in finer detail the concepts of the open and closed system continuum. Mechanistic systems have complex hierarchies, highly formalized relationships, standardized operations, and centralized decision-making (Burns and Stalker cited in Daft, 1989; Fitzgerald, 2002). Organic systems have limited hierarchies, few formalized relationships, and decentralized decision-making (Fitzgerald, 2002; Robey, 1986). The

authoritative approach is most commonly framed as a mechanistic system. Conversely, the participatory approach is viewed as the most organic. Depending on how it is applied, the consultative approach may fall anywhere along the range.

Management models are compared with each other on continuum that ranges from vertical to horizontal structure. This continuum expands on the mechanistic and organic continuum by positioning models according to their specific structure. Where a model lies on the vertical and horizontal continuum is dependent on how the approach to management functions within a physical structure. This is determined through a comparison of the degrees of hierarchy, formalization, and centralization typically associated with each model. Hierarchy is primarily a structural consideration, but has implications for formalization and centralization. Formalization refers to whether the operation and management approach of an organization is rigid or flexible. Centralization refers to both structure and approach as it describes the effect that hierarchy has on the concentration of decision-making power.

Models can fall anywhere along the continuum depending on which management approach is applied. Each model is shown as cascading to demonstrate that they are not confined to a single location on the continuum. Different approaches may be applied in each model; however, the structure of a model may limit its ability to apply an approach. For example, the executive director (ED) model may apply any of the approaches; however, due to its hierarchical structure, the authoritative and consultative approaches are most commonly used to ensure an efficient flow of information from the bottom to the top of the organization. The network model, which is found at the horizontal end of the continuum, has fewer layers of hierarchy and less formality lending it to consensus-building and democratic decision-making commonly associated with the participatory approach. One final example is the co-management model, which has many of the hierarchical attributes of the ED model except for the dual management structure which leads to decentralization.

Theories

Closed systems	Open systems

Institutional Theory

Contingency Theory

Empowerment Theory

Approaches

Mechanistic systems	Organic systems

Authoritative

Consultative

Participatory

Models

Vertical structure	Horizontal structure

Executive director (ED)

Organizational goals

Co-management

Board managerial

Matrix

Network

Person-centred
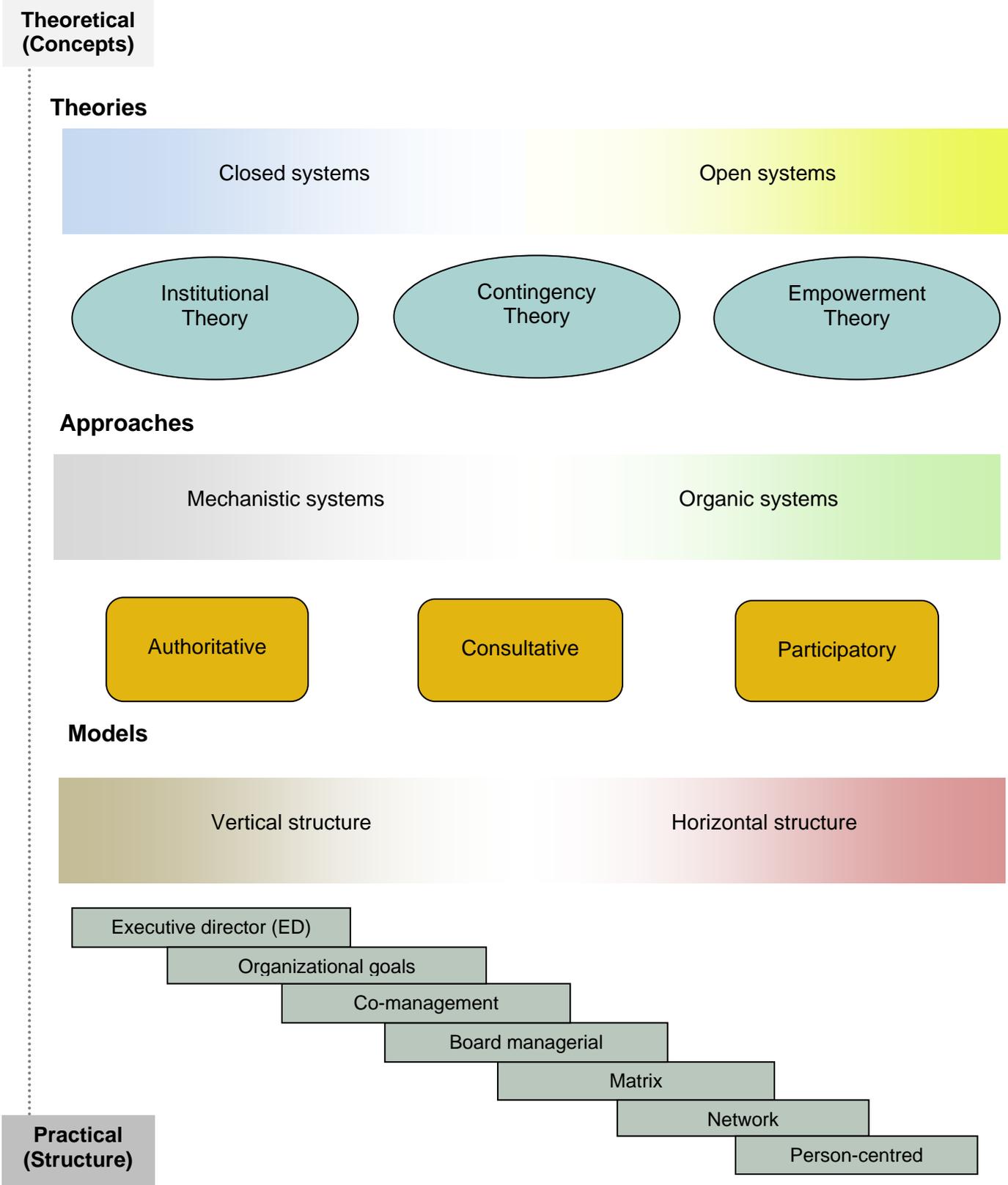
Figure 3: Non-profit Theories, Approaches and Models

4.1 NON-PROFIT MANAGEMENT THEORIES

A number of organizational theories exist including: institutional theory, network theory, population ecology theory, agency theory, resource dependence theory, transaction cost theory, contingency theory, and stakeholder theory (Walsh, Meyers, & Schoonhoven, 2006). However, the general importance of organizational theory has been declining. For example, Walsh, Meyers, and Schoonhoven (2006) have found that 56% of papers submitted to the Academy of Organizational Management (AOM) did not have major theoretical underpinnings. Nevertheless, three theories add value to organizational management analysis at the JBCP: institutional theory, contingency theory, and empowerment theory. These three theories are discussed below in order from the most closed to the most open theory. Before this discussion, the report will briefly outline the open-closed system continuum.

4.2 COMPARING MANAGEMENT THEORIES: THE OPEN-CLOSED SYSTEM CONTINUUM

In organizational theory, systems refer to the interrelated elements of an organization – people, processes, data, and energy – that react to an environment to acquire inputs and, through a process of transformation, produce outputs back out into the environment (Daft, 1989; Hrebiniah & Joyce, 1985). While an individual organization acts in many ways like a contained system, it too is part of a larger network of components that together form a whole (Robbins, 1987). For instance, the JBCP attains funding from provincial sources and through the process of service delivery achieves a range of outputs and outcomes including patient visits, services delivered to families, and youth awareness of sexually transmitted diseases. The constant process of producing outputs and outcomes from (sometimes unreliable) inputs and acting as a component in a larger health care system makes the JBCP system dependent on its environment (Daft, 1989). The two primary types of systems are open and closed systems (Robbins, 1987).

Open systems, such as the JBCP, are particularly dependent on their environment, to the extent that their survival hinges on environmental influences and changes (Daft, 1989). Hrebiniah & Joyce (1985, p. 338) use the term "equifinity" to describe the process by which open organizations achieve the same outcomes in many ways. Open systems are not always afforded routine predictability; they must be flexible, dynamic, and willing to adapt and innovate to meet uncertainties (Hickson, Hinings, Schneck, & Pennings, 1971; Hrebiniak & Joyce, 1985). Constant changing and shifting to keep pace with an uncertain environment often makes open systems organizations complex with networks of internal dependencies between groups and departments (Daft, 1989). Moreover, anticipation of changes may drive the structure and power relations of an organization. Hickson, Hinings, Schneck, & Pennings (1971) explain that units of an organization and associated power relationships are often built around environmental contingencies.

While the environment will affect all organizations, theories characterized as closed systems are less vulnerable to environmental changes. Closed organizations can exist apart from their environment. They have enough internal energy and resources to sustain operations, and are

not necessarily obligated to meet needs present in the environment with its outputs (Daft, 1989; Jackson & Morgan, 1982; Robbins, 1987). Management in a closed system without intervening variables would be simple (Daft, 1989). The biggest management issue would focus on how to run an efficient operation. While such a system can never truly exist and has limited applicability in practice (Daft, 1989; Robbins, 1987), the concept of a closed system is useful as an extreme in the open-closed system continuum.

4.3 INSTITUTIONAL THEORY

Of the papers presented to the AOM, 25.4% were grounded in institutional theory (Walsh, Meyer, Schoonhoven, 2006). Institutional theory is a closed system theory that attempts to explain how the formal structures of organizations are shaped. Formal structure refers to how the parts of an organization - the staff, departments, offices, and programs - are linked to each other in order to achieve the organization's goals (Meyers & Rowan, 1977).

According to the theory, formal structures are created by the institutional environment of the organization. Basically, individuals inside and outside of the organization create the formal structure by adhering to institutionalized rules, a process termed institutionalization (Meyers & Rowan, 1977). Institutionalization involves what Meyers and Rowan call institutional norms (1977). Institutional norms are socially constructed beliefs about how the staff, departments, offices, and programs of an organization should interact (Meyers & Rowan, 1977; Zucker, 1987).

These norms can be created by individuals inside and outside the organization. An individual norm is then associated with a set of specific actions and relationships that are acceptable and expected by society. For example, when a financial issue arises, there is an assumption that a professional accountant is needed. The association is rule-like and difficult to break (Scott, 1995; Meyers & Rowan, 1977). An example of an institutional norm is the licensing of certain professions such as plumbing or accounting (Myers & Rowan, 1977). The norm is that individuals are capable of acting as a plumber or accountant only if they are licensed; in some cases individuals may be capable of their profession without being licensed.

Institutional norms have two key characteristics (Meyers & Rowan, 1997). First, norms are assigned a social purpose by society. Scott (1987) expands on the idea of an institutional environment and adds the concept of a technical environment. Technical environments are different from institutional environments as technical environments are established by market forces while institutional environments are created by social norms (Cooney, 2006; Scott, 2008). In a technical environment, an organization is rewarded for the efficient and effective production of products and services (Cooney, 2006; Scott, 1995). On the other hand, an institutional environment is described as the rules and requirements against which an organization must conform in order to function (Cooney, 2006; Scott, 1995).

Organizations are usually influenced mostly by one environment; however, some are influenced by both. Organizations that are influenced by both environments must respond to pressures of

efficiency and various procedural requirements; they attempt to meet the expectations of clients and regulators (Scott, 1995). Examples are banks and utilities. Non-profit organizations that provide health care services are influenced by technical and institutional environments (Scott, 1987). Health care providers must adhere to government regulations and meet the needs of patients. Scott (1987) notes that government may not have the power or authority over programmatic elements to make local organizations structure themselves in certain ways, but governments are in a position to provide incentives to get non-profit organizations to organize the way the government wants. Often these incentives are in the form of funding.

Organizations influenced by technical environments primarily focus on being efficient and satisfying clients (Scott, 1995). The client's decision to buy or consume their product guides the actions of the organization. Examples of these types of organizations are manufacturers and service organizations. Non-profit organizations that are influenced by technical environments would be immigration services and cultural groups.

Institutional environments influence organizations that are driven by rules and procedures. These types of organizations follow the rules of government and professional associations (Scott, 1995). Non-profit organizations that are mainly influenced by institutional environments are legal and law enforcement services. Non-profit organizations can be influenced by an institutional environment, a technical environment or both depending on the type of product they provide.

The second key characteristic of a norm is that the norm is so strongly ingrained or institutionalized that a single individual cannot change its perception. (Scott, 1995; Meyers & Rowan, 1977). The result of this institutionalization is that the norms are automatically seen as legitimate. Organizations shape their formal structure to conform to these norms. Not conforming to the norms will have negative consequences for the organization as those inside and outside the organization will not understand how to interact with the organization (Scott, 1995; Meyers & Rowan, 1977; Zucker, 1987). Generally, organizations that are based on norms are stable due to the stable nature of the norms they are structured around.

Institutional theory has evolved from the ideas set out by Meyers and Rowan (1977). This evolution has made the theory more useful for understanding the organizational structure of non-profit organizations. Originally, institutional theory was paradigm-driven and has progressed to a problem-driven theory (Davis & Marquis, 2005; Scott, 2008). As a paradigm-driven theory, institutional theory used to predict organizational structure based on hypotheses generated from the theory. Over time institutional theory has moved to a problem-driven theory.

A problem-driven theory is used to explain what has already happened (Davis & Marquis, 2005; Scott, 2008; Walsh, Meyer, Schoonhoven, 2006). It looks at the specific environment that an organization is operating in and attempts to explain why its structure developed. The movement away from paradigm-driven theory is a result of the practical limitations of predicting organizational structures in the future. Changes such as new technology, labour practices, locations, and management practices make it difficult to see into the future (Davis & Marquis,

2005; Walsh, Meyer, & Schoonhoven, 2006). It is more valuable to look at why and how organizations are structured currently to expand knowledge of what is and is not effective. As Davis and Marquis (2005, p. 335) point out, "organizations simply are not the kind of thing amenable to general theory."

4.4 CONTINGENCY THEORY

Contingency theories first surfaced in the late 1960s partly to explain why the top-down approach of the traditional bureaucratic and scientific management theories fail in certain situations. Contingency theory has been broadly applied to areas of organizational theory such as leadership, human resources management, strategic decision-making, and management structure (Donaldson, 2001). Used in its structural sense, contingency theory takes an open system approach by proposing that organizational effectiveness is achieved by "fitting" an organization's characteristics to the unique problems faced by the organization. In short, different management approaches are needed to solve different problems in the organization at different times (Donaldson, 2001; Greenwald, 2007; Morgan, 1998). Several common contingencies include environmental features, the size of the organization, and management strategy (Donaldson, 2001).

Several authors have argued that the degree of environmental uncertainty is directly correlated with the approach or system of management implemented in an organization (Donaldson, 2001; Marion, 1999).These systems are broadly understood as bureaucratic (mechanistic) and organic and will be discussed in greater detail below. An organization operating in a stable environment may be better able to operate on a simple organizational structure with minimal supervision and expertise, one where rules and regulations serve to control fairly predictable environmental changes. Conversely, an unpredictable environment generally presents a multitude of problems and therefore demands greater flexibility from staff and management. These problems are often assigned to groups or individuals throughout the organization based on expertise (Marion, 1999).

A key aspect of contingency theory is the involvement of staff throughout an organization in decision-making. However, the theory is not inherently participatory or consultative. Contingency theorists have proposed various models that balance authoritative and participatory decision-making processes based on specific situations (Paul & Ebadi, 1989; Vroom & Yetton, 1973). It follows that it is the leader's responsibility to determine the optimum level of involvement from staff based on specific issues and situations faced by the organization at any given time (Paul & Ebadi, 1989).

Vroom and Yetton (1973) offer one noteworthy contingency model for staff involvement in various types of decision-making (Paul & Ebadi, 1989). Importantly, this model spans the spectrum from authoritative to participatory decision-making depending on the nature of the problem an organization faces. The manager is tasked with implementing the best form of decision-making based on the requirements of each situation. The five types of decisions discussed in Vroom and Yetton (1973) can be summed up as follows:

1. The first of two types of *authority* decisions involves the manager alone using any available information to solely make the decision that addresses the problem facing the organization.

2. The second type of decision also involves authority and occurs when a manager gathers necessary information from subordinates and then unilaterally makes a decision. Subordinates are not directly involved in the decision and may not even be aware of the issue.

3. The third type of decision involves some *consultation* of subordinates. The manager may introduce the problem to individual members of the organization outside of a group setting. The final decision made by the manager may or may not reflect the influence of subordinates.

4. The fourth type of decision also involves consultation by bringing members of the organization together as a group to discuss the problem. Again, the final decision may or may not be influenced by this process.

5. The final type of decision-making process discussed in Vroom and Yetton (1973) occurs when the manager shares the issue with a full group of subordinates and then guides the decision-making process by engaging the group in *consensus*-making.

4.5 EMPOWERMENT THEORY

One final theory that is worth mentioning in the health and social service delivery context of the JBCP is empowerment theory. This theory has been applied to political discourse, community development, public health, social work, social psychology, and organizational management (Perkins & Zimmerman, 1995). In organizational theory, and in the health and social services practice, the theory is often used to describe an open system where structures and processes are put in place to ensure individual empowerment within larger community and organizational contexts (Rappaport, 1987). As an open system approach, the theory focuses on interrelationships between individuals, organizations, and communities and how these transform over time based on environmental changes. Processes commonly associated with this theory are information sharing, upward problem solving, task autonomy, and self-management (Wilkinson, 1997).

In its widespread application in the social services, the theory guides strength-based practice that emphasizes wellness over illness and competencies over deficits through the active involvement of participants in gaining knowledge and skills (Perkins & Zimmerman, 1995). These attributes readily lend the theory to participatory involvement in collective decision-making and shared leadership as clients, in particular, "gain control of their lives" partly through the process of "democratic participation in the life of their community" (Perkins & Zimmerman, 1995, p. 570). Often this sense of empowerment is mirrored in the design of the organization where staff participation in management, practice, and policy decisions result in empowered employees and services that meet the many changing needs of clients (Perkins & Zimmerman,

1995). These empowerment characteristics stand in stark contrast to authoritarian theories of management which may in effect disempower subordinates by limiting discretion and control (Block, 1987).

After a review of management literature related to empowerment theory, Conger and Kanungo (1988) discuss the advantages and disadvantages of the theory. First, empowerment theory is rarely separated from practice; in fact, theoretical literature often frames empowerment in terms of its pragmatic implementation as a management approach. While this demonstrates the utility of the theory, Conger and Kanugo (1988) argue that it detracts from its conceptual analysis especially when compared with studies of traditional constructs of power. Wilkinson (1997, p. 49) cautions against the commonly held "everyone wins" conception of the theory with the caveat that organizations sometimes implement empowerment measures to achieve strategic human resources objectives of work intensification, downsizing, and larger organizational goals.

Common components of management plans rooted in empowerment theory include an emphasis on trust relations, team-building, group development, and democratic decision-making. Together, these components contribute to an increased support among many employees in the legitimacy of the theory and its practice implications. Sharing power and empowering employees, in turn, increases organizational effectiveness and may support a more productive and flexible model of management that fosters creativity and limits alienation (Conger & Kanugo, 1988; Wilkinson, 1997).

4.6 NON-PROFIT MANAGEMENT APPROACHES

Along the mechanistic-organic continuum there are three general approaches to management: authoritative, consultative, and participatory, discussed below in order from the most mechanistic approach to the most organic. The approaches are rarely found on the extremes and they generally fall along the middle of the continuum (Daft, 1989; Fitzgerald, 2002; Kantor cited in Dym & Hutson, 2005; Robey, 1986). These management approaches add another layer of detail to the understanding of management systems. A management approach explains how people in the organization interact and operate in the organization. Approaches flesh out the systems to include leadership, relationships between staff and managers, flow of information, and the decision-making process.

4.7 COMPARING MANAGEMENT APPROACHES: THE MECHANISTIC-ORGANIC SYSTEM CONTINUUM

Mechanistic organizations focus on increasing efficiency in production and decision-making by systematizing all aspects of the organization. Manager and employee discretion is removed and regulations, rules, and procedures dictate actions; ambiguity is not encouraged in the system (Robey, 1986). Mechanistic systems are most successful in stable environments (Kantor cited in Dym & Hutson, 2005; Zanzi, 1987). Typically, mechanistic systems are closed systems, that is, systems where interactions with the environment are relatively unimportant in relation to interactions within the system. These mechanistic systems have complex hierarchies, highly

formalized relationships, standardized operations, and centralized decision-making (Burns and Stalker cited in Daft, 1989; Fitzgerald, 2002). Manager-employee interaction and communication within mechanistic organizations is authoritative (Daft, 1989; Zanzi, 1987).

In perfectly mechanistic systems, organizational goals are clear, employees tasks are specialized, performance of employees and the organization is easily measured, and the authority based on the chain of command is unquestioned (Robey, 1986). However, a perfectly mechanistic system does not exist. Organizational goals are often not clear, performance is not easily measured and the legitimacy of the chain of command is questioned. These factors can make decision-making and cross-organizational initiatives difficult (Drory & Zaidman, 2007; Robey, 1986). Information only flows up rather than across the organization. An additional issue for mechanistic organizations is that the one-directional communication style makes gathering input and feedback from lower levels of the organization and clients of the organization difficult (Daft, 1989; Drory & Zaidman, 2007).

On the other end of the continuum, organic systems focus on flexibility. Organic organizations adapt quickly and easily to changing environments; they are best suited to dynamic environments (Kantor cited in Dym & Hutson, 2005; Robey, 1986). Manager and employee discretion is valued and rules are perceived as barriers to achieving the goals of the organization. Ambiguity and confusion are an accepted part of the system. The relationships between managers and subordinates are not hierarchical and are based on lateral job responsibilities across the organization (Burns and Stalker cited in Drory & Zaidman, 2007). Work moves through the organization and across silos, resulting in significant contact between departments in the organization (Drory & Zaidman, 2007). Organic organizations are open systems, have limited hierarchical structures, a low degree of formalization and standardization, and decentralized decision-making (Fitzgerald, 2002; Robey, 1986). Organic organizations are highly influenced and involved with the environment outside the organization. Due to the characteristics of organic systems, input and feedback from staff and other stakeholders can easily make its way to high level decision-makers (Daft, 1989).

Non-profit organizations usually have characteristics that are organic (Herman & Heimovics, 1991). They are organic systems as they tend to have highly permeable boundaries. Staff and volunteers interact with clients while the board and executive management have relationships with multiple stakeholders, including government and the private sector. The hierarchy of a non-profit organization is often limited with only a few paid staff and many volunteers (Curran, 2002). Specialization of labour is low due to the limited number of staff and resources of non-profit organizations. Formalization is low. Creating standards and rules are secondary to producing the services (Herman & Heimovics, 1991). Often the culture of non-profit organizations does not encourage formalization. Finally, non-profits are decentralized. Decision- making power is dispersed throughout the organization and includes the volunteers and the staff who have professional expertise.

4.8 THE AUTHORITATIVE APPROACH TO MANAGEMENT

The authoritative management approach falls along the mechanistic side of the continuum (Johnson, 2002; Robey, 1986; Walton, 2005). The characteristics of this approach include: a hierarchical structure, unity of command, specialization of labour, employment and promotion based on merit, full-time positions, decisions based on rules and procedures, written documentation, and a clear separation between personal goals and organizational goals (Johnson, 2002; Robey, 1986; Walton, 2005).

The hierarchical structure of the authoritative approach typically has multiple levels of management. At the bottom of the hierarchy are front line staff, without managerial responsibility. At the top of the hierarchy is an individual who has ultimate decision-making power (Robey, 1986). Senior management is given the responsibility of providing the organization with its strategic direction and operational oversight (Johnson, 2002). The number of levels of management between the top and bottom is different from organization to organization. Generally, as the magnitude of the decision increases, the higher up the hierarchy the decision is made. Each level of management has a level of authority that corresponds with its responsibilities (Fayol cited in Fitzgerald, 2002).

Within the authoritative approach there is a strong a chain of command from the top to the bottom of the organization (Johnson, 2002; Fayol in Sahfritz & Ott, 1996). The chain of command allows managers to maintain a high level of control over subordinates within the organization. Maintaining control, predictability, and accountability over the operation of the organization through rules and regulations is valued more than being flexible and responsive. The authoritative approach is effective at meeting the requirements of powerful stakeholders like regulatory agencies and government funding bodies (Scott, 1995). Greater control and unity of command are necessary to satisfy legal requirements and maintain sources of funding.

A number of cost implications are associated with the authoritative approach. Cost savings result from the efficiency of the command-and-control and formalized processes typically found in the approach (Daft, 1989; Fitzgerald, 2002; Johnson, 2002; Weber, 1947). In contrast, adverse cost effects can include the need for coordination of information across the organization, higher staff turnover due to job dissatisfaction, and lower quality service due to low feelings of ownership by employees (Castiglione, 2007). Another cost implication of the approach is the salaries and benefits paid to managers. By moving to other management approaches, organizations can reduce the number of managers (Castiglione, 2007). It should be noted that this savings is dependent on the actual salary and benefits paid to managers. In some cases, reducing hierarchy may not lead to cost savings. Removing a layer of management can increase the burden on the remaining managers leading to reduced levels of supervision, poor communication, and slower decision-making, all of which may threaten the quality of service delivery (Donaldson & Hilmer, 1998).

4.9 THE CONSULTATIVE APPROACH TO MANAGEMENT

Consultative management refers to a process of input that informs higher level decision-making (Lichtenstien, 2000). In his famous work *The Human Organization*, Likert (1967) positions the consultative system between the authoritative and participative approaches. The consultative approach is aligned with the authoritative approach to management, yet it is open in many ways to the contributions of staff at all levels. As such, it can be placed in the middle region on the continuum of mechanistic and organic systems.

Strategies for gaining input from staff include subcommittees, tasks forces, and contributions from individuals (Pine, Warsh, & Maluccio, 1997). Additional elements of consultation involve community surveys, client suggestion boxes, and staff interviews such as those conducted during the course of this consulting report.

The consultative approach has the potential to garner legitimacy in third sector organizations. In a review of non-governmental organizations (NGOs), Smillie and Hailey (2001) claim that the consultative approach ensures allegiance throughout the organization and promotes a common purpose. Nevertheless, allegiance to this approach and a belief in its ability to produce positive effects on the front-line requires consistent input from staff, something that may occur only when employees choose to become involved in decisions that most directly affect them (Fox, 1977). Similarly, Maddock (2002) mentions the problem of "consultation fatigue," which occurs when employees are constantly involved in decision-making activities.

Poor lines of communication and low uptake of ideas from the lower levels of the organization can undermine the effectiveness of the consultative system. Especially in large organizations, valuable input concerning process and operations from the front-line may not reach the decision- making process at higher levels of the organization in any meaningful way due to tensions in the power structure of the organization (Dereli, 2003). Further, Maddock (2002) mentions the common finding that a top-down approach in health organizations is often at odds with consultative management due to tensions in the control of strategy between front-line staff and administrators. Dereli (2003) found that such power issues were less apparent in smaller local health authorities in the U.K. Similarly, this focus group study found that the process of community consultation was more successful in smaller authorities.

A simple, yet important structural consideration in the consultative approach and the involvement of lower-level groups in decision-making is the "linking pin" theory advanced by Likert (1961; 1967). Likert claims that traditional bureaucratic organizations are structured so that responsibility and authority are delegated down a chain of command of individuals who are responsible for managing groups of employees. The linking pin idea proposes that members of the organization that are involved in more than one group of the organization act as channels, or "linking pins" for the upward flow of ideas and influence. This process allows individuals in work groups throughout the organization the opportunity to become involved in decisions that affect them through consultation.

The ability to exercise influence upward results in greater morale, motivation, productivity, and performance, all of which contribute to an organization's effectiveness. Not only is consultation important for subordinates, Likert (1961, p. 223) goes as far to claim that "the capacity to exert influence upward is essential if a supervisor (or manager) is to perform his [or her] supervisory functions successfully". Based on this line of reasoning, it follows that an organization with more linking pins may be structurally more conducive to consultation and may therefore be more effective. In fact, Likert (1961) cautions that an organization that relies on a single linking pin takes a serious risk. In such a situation, the author suggests forming staff groups and committees that perform a linking function and contribute to the cohesion of the organization. Figure four below, adapted from Likert (1961), shows the role of linking pins in the consultative process in a simplified model of the co-management structure currently in place at the JBCP.
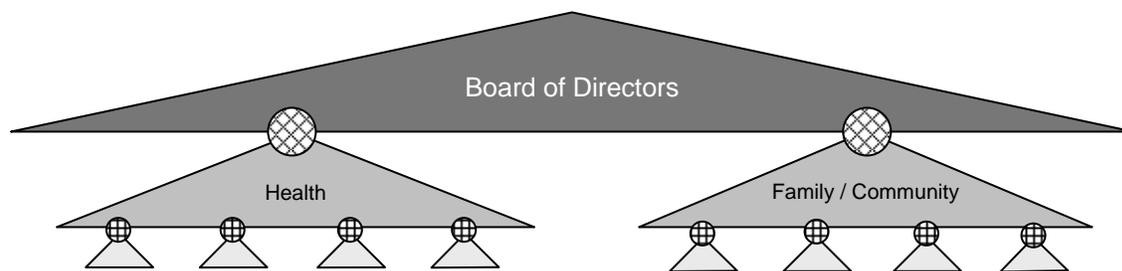
Figure 4: The Linking Pin Model applied to the JBCP.
Adapted from: Likert (1961)

4.10 THE PARTICIPATORY APPROACH TO MANAGEMENT

Of the three approaches discussed, participatory management can be positioned closest to the organic end of the continuum. In the participatory approach, decision-making is spread throughout the organization. The rationale is that decisions are best made by those individuals who are most directly impacted by the decisions and who are tasked with delivering the associated services (Scroggins, 1998; Plas & Lewis, 2001). This does not necessarily result in a dilution of management control, but rather can "reconstitute the nature of such control" (Wilkinson, 1997, p. 53). Alastra and Arrowsmith (2004) claim that the participatory approach is particularly well-suited to non-profit organizations, many of which tend to operate on an informal horizontal structure that is lent to democratic decision-making. The central difference between the participatory and consultative approaches is the level of involvement in decision-making. In some cases, non-profit organizations may implement a horizontal structure without a chain of command where all employees have equal input into operations (Plas & Lewis, 2001).

The participatory approach operates by empowering staff, building trust, facilitating communication, and fostering interdependence between departments (Lichtenstien, 2000; Plas & Lewis, 2001). A number of authors cite the benefits of participatory and consultative management as ethical approaches that contribute to organizational effectiveness through: enhanced productivity; employee development of knowledge and skills; cross-organizational

information and knowledge sharing; reduced labour turnover and absenteeism; an improved workplace culture; and increased employee engagement, morale, motivation, and satisfaction (Collins, 1997; Gollan & Davis, 1999; Kanter, 1981; Lichtenstien, 2000; Pine, Warsh, & Maluccio, 1997; Plas & Lewis, 2001; Powers & Powers, 1983; Smillie & Hailey, 2001).

Participatory management has been proven effective at meeting the operational needs and practice outcomes of the social services sector. Pine, Warsh, & Maluccio (1997) cite a number of positive outcomes of the participatory approach in a child welfare agency including increased communication, employee development and learning, and greater awareness of program deficiencies. More importantly, the authors argue that the participatory system is consistent with the client-centred outcomes of self-determination, empowerment, and human dignity. After all, "social work interventions aimed at client empowerment and partnerships will not work if staff are not empowered as professionals" (Pine, Warsh, & Maluccio, 1997, p. 20).

The participatory approach has found success in the clinical health sector. Rural physicians in South Dakota afforded the option to exercise complete clinical decision-making power contributed to a 75% reduction in mortality than predicted (Zawada, *et al.* 2006). Legislation in the U.K. has given physicians and other practitioners greater influence in the management process. Likewise, participatory management contracts have played a key role in local level health care reform throughout Latin America (Brito, Galin & Novick, 2001).

Several authors have noted that both the transaction and opportunity costs of the participatory approach can be high. Many of these same cost implications apply to the consultative approach to lesser extents. Kanter (1983) argues that democratic decisions are often more time intensive than authoritative decisions. Involving more people in decision-making can decrease decisiveness and spread accountability across a number of individuals or committees while increasing the time required to make decisions and, as a result, the number of staff involved. This can confound the decision-making process particularly when tough decisions must be made quickly (Fox, 1977). Greater expectations of staff involvement in the decision-making process may also produce opportunity costs. Kanter (1983) argues that the extra time involved with participatory decision-making may interfere with other duties, effectively forcing employees to work overtime for the same pay or choose not to participate in decision-making.

The benefits of the participatory and consultative approaches include greater productivity and higher output levels. Another important benefit is that the approaches foster greater trust between managers and staff, particularly in the ability of staff to make important decisions. Greater autonomy can result in greater productivity and organizational effectiveness (Gollan & Davis, 1999). Similarly, Donaldson & Hilmer (1998) note that in some cases, the participatory approach can reduce the need for managers as employees take a greater role in the management of the organization.

4.11 NON-PROFIT MANAGEMENT MODELS

Management models bring together the concepts provided by the management approaches in a structural framework. More specifically, models explain how the relationships between staff and management, the management style, the levels of hierarchy, the degree of formalization, and the degree of centralization work within a structure. Models can be compared by examining where they lie on the vertical-horizontal continuum. While these models prescribe in detail how management structures function in non-profit organizations, it is important to remember that the models are simplified versions of how organizations function in the real world. As such, the operation of the models in practice may differ from what is proposed in the literature. The models that are the most relevant to the JBCP are the: executive director, co-management, board managerial, organizational goals, matrix, network, and person-centred models. The models are discussed in order from the most vertical to the most horizontal structure.

4.12 COMPARING MANAGEMENT MODELS: THE VERTICAL-HORIZONTAL STRUCTURE CONTINUUM

Management models are generally described by their level of hierarchy, formalization, and centralization (Fitzgerald, 2002). This section defines these terms and describes the vertical-horizontal continuum. The complexity of the hierarchy in an organization is based on the amount of differentiation between its tasks, functions, and operation. Differentiation is described in three forms (Covin & Slevin, 1988; Fitzgerald, 2002). The first is horizontal differentiation. It is dependent on the degree of labour specialization. The greater the specialization of labour, the more horizontal the organization as more positions are created to produce the same output.

The second form of differentiation is vertical differentiation which is dependent on the degree of horizontal differentiation. As an organization becomes increasingly specialized, more levels of management are needed to coordinate the specialized activities. The concept is called the span of control. Span of control refers to the reporting relationships between a superior and subordinates (Johnson, 2002; Meier & Bohte, 2003; Robey, 1986). Gulick and Urwick (cited in Johnson, 2002; Meier & Bohte, 2003) argue that an organization can have a narrow or broad span of control.

With a narrow span of control, an organization is more hierarchical. More layers of management are present as a manager has few direct subordinates. This type of control entails managers being more specialized in their understanding of the operations of the organization. A narrow span of control is used when a greater degree of direct control over subordinates is desired. In a broad span of control, fewer layers of management are present. A manager has many subordinates that report on a wide variety of the organization's operations. Broad spans of control are used when clear communication about the organization's activities is desired.

The final form of differentiation is spatial differentiation. It is dependent on the geographic location of the parts of an organization. Spatial differentiation increases as the parts of an organization become separated by space. Non-profit organizations typically operate under a

functional form where specialized departments are organized around specific functions and activities. While this system lends itself to efficiency, each department has different priorities and unique strategies to achieve these goals. This fragmentation may interfere with a common set of organizational values and objectives (Werther & Berman, 2001).

Formalization is the degree of standardization and codification of the processes, functions, and jobs in an organization (Daft, 1989; Fitzgerald, 2002). Standardization and codification in an organization can be formal or informal. Formal organization refers to the official or public account of how an organization operates. The ideal operation of the organization is set out in the policies, procedures, and documents of the organization (Fitzgerald, 2002). Informal organization refers to the functioning of an organization not found in the policies, procedures, and documents (Fitzgerald, 2002).

Centralization refers to how and by whom decisions are made in an organization. The degree of centralization in an organization increases as the decision-making power becomes more concentrated in a single position or group (Fitzgerald, 2002). In some organizations the authority to make decisions may be placed amongst many individuals, units or levels in the organization. In others, the authority is placed with a select few or one individual. The concept has the underlying implication that high levels of centralization result in less input and involvement from lower level employees in an organization (Daft, 1989; Robbins cited in Fitzgerald, 2002).

Models can fall anywhere along the vertical-horizontal continuum, depending on which management approach is applied. Different approaches may be applied in each model; however, the structure of a model may limit its ability to apply an approach.
Models found on the vertical side of the continuum have structures that lend themselves to complex hierarchies, high degrees of formalization, and centralization of decision-making power. Structures that have many layers of hierarchy typically require management approaches with higher levels formalization and centralization to allow the organization to function successfully. Models on the horizontal side of the continuum have structures that lend themselves to simple hierarchies, low degrees of formalization, and decentralized decision-making. Management approaches that have low formalization and decentralized decision-making are more successful in organizations with horizontal physical structures.

4.13 EXECUTIVE DIRECTOR MODEL

The executive director (ED) model, also thought of as the bureaucratic model, is the most common management structure in public, private, and non-profit organizations. In the model, the executive director, sometimes referred to as the chief executive officer (CEO) in the private sector, is responsible for all aspects of the organization (Stone & Ostrower, 2007). Typically, the ED is expected to guide the board through its governing role. Authors have different views on the level of involvement the ED has in guiding the board (Hough, 2002). Some view the ED taking a large role in the political, strategic, and operational aspects of the organization (Herman & Hemiovics, 1991; Block cited in Hough, 2002). Carver (2001) agrees that the ED should make the board aware of relevant issues and bring pertinent issues, options and ideas from staff,

clients, and other stakeholders; however, the board must be aware that the legal responsibilities and accountability for the performance of the organization remain with the board, not the ED (Hough, 2002; Carver & Carver, 2001). As such, boards should take control of the organization by establishing a definition of success without becoming involved in the management of the organization (Carver & Carver, 2001).

Typically, the ED model follows an authoritative approach to management (Heimovics & Herman, 1990; Saxton, 2005). However, organizations do employ the consultative and participatory approaches through the ED model (Alexander & Weiner, 1998; Saxton, 2005; Silber, 2008). These organizations use all three management approaches to different degrees within the ED model. When implementing the authoritative approach, the information flows from the front line staff to the upper layers of management and on to the ED through highly formalized processes and procedures. Decision-making power is centralized with the ED who works with the board to make decisions that then flow down the organizational hierarchy (Heimovics & Herman, 1990; Saxton, 2005). High levels of hierarchy, formality, and centralization position this model on the vertical side of the continuum.

A weakness of using a strictly authoritative approach in service organizations is that producing a service and producing a good are different in terms of the consumption process (Brandsen & Pestoff, 2006). Producing a service without the active participation of those using the service is more difficult than the production of a good. For example, when manufacturing a car part, the receiver of the part does not become involved in the process until the end. In the production of a service, the receiver may become involved at the beginning, middle, or end of the service (Brandsen & Pestoff, 2006).

Another weakness of using the authoritative approach is that the model is not responsive to input from staff and clients (Covin & Slevin, 1988). This weakness may reduce the commitment of the staff to the organization and in turn reduce the sustainability of the model (Mintzberg, 1983). Without staff commitment to the organization, the organization may fail. However, two conditions in an organization may make the ED model sustainable: small organizational size and a dynamic operating environment (Mintzberg, 1983). In these types of non-profit organizations, staff may see the ED model as legitimate for two reasons: first, the model may be the only way to start an organization or to help the organization through periods of crisis; second, the ED has the ability to provide a vision when the organization is looking to establish a new direction (Mintzberg, 1983). Daft (1989) notes that in the ED model, staff typically give the top manager a degree of legitimacy based on the responsibilities and rights of the position.

Under the consultative approach, the ED takes the input from staff throughout the organization and uses that information to make decisions. A recent trend in non-profit management is to move away from the consultative approach within an ED structure as it limits transparency and accountability (Silber, 2008). Outside stakeholders often prefer the authoritative approach because it allows them to better understand the operation of the organization, its financial condition, and its capacity to reduce costs (Alexander & Weiner, 1998; Silber, 2008; Weber,

1947). However, as discussed, the consultative approach offers a range of benefits to staff, which together contribute to staff support for the approach.

The participatory approach is less common in the ED model (Saxton, 2005). In the ED model, participatory management takes the form of decision-making power being shared amongst "hierarchical unequals" (Kim, 2002, p. 232). Employee groups, rather than senior management make democratic decisions for the organization. The difficulty with using the participatory approach in the ED model is that non-profit agencies lack the institutional capacity – funding and expertise – to effectively use staff and client input (Saxton, 2005). Saxton (2005) suggests the ED model can overcome these difficulties by using semi-permanent or occasional participatory decision-making processes like citizen summits, open forums where citizens have an opportunity to express their thoughts and feelings.

Curran argues that the ED model found in most non-profit organizations is two-tiered (2002). In the flatline model, as it is called, the ED of an organization occupies the top tier and all other employees are in the bottom tier. The intent of the structure is to satisfy the board and funders of the organization (Alexander & Weiner, 1998), while at the same time appearing accessible and equitable to the staff. Curran (2002) notes that most of the benefits of this model are acquired by the executive director. The executive director benefits from feelings of power, control, and accomplishment. The disadvantages of the model are low staff productivity and morale. Staff feel disconnected from the goals of the organization as: contact with the ED is limited; bottlenecks occur as power is centralized in the ED; and staff waste emotional energy trying to meet the expectations of the ED (Curran, 2002).

4.14 ORGANIZATIONAL GOALS/MANAGED SYSTEMS MODEL

According to the authoritative approach, an organization has a clear and unitary purpose; its goals formed by rational actors; and hierarchy is the mechanism to achieve rational unity. Herman and Heimovics (1991) argue that the authoritative approach is inadequate for non-profit agencies, as these assumptions do not hold in the non-profit sector. Unlike for-profit firms, non-profit organizations operate in order to achieve multiple and sometimes conflicting goals. Non-profit organizations that have multiple goals include child care facilities and labour unions (Newman & Wallender, 1978). Child care facilities operate with the goals of child socialization, learning development, psychological development, and the children having fun. Labour unions have political, economic, and social goals that may vary across its membership.

The presence of multiple goals places constraints on the management of non-profit organizations. In the voluntary sector, managers do not have a simple rational choice to make when confronted with an issue. Without a clear decision-making process, competing priorities among managers may lead to disagreements within the organization (Feinstien, 1994; Newman & Wallender, 1978).

The organizational goals model prescribes an organizational structure based on the idea that non-profit organizations shape their management structures to fulfill the organization's multiple goals and purposes (McGill & Wooten, 1975; Newman & Wallender, 1978; Herman &

Heimovics, 1991; Speckbacher, 2008). The model is similar to the ED model with a single individual at the top of a hierarchy that reports to the board. However, the hierarchy is generally flatter than found in the ED model (Covin & Slevin, 1988). Herman and Heimovics (1991) suggest that the board of the non-profit organization should develop the higher level policy objectives and evaluate the policies. It is the responsibility of staff and the executive of the organization to determine how best to achieve those policy objectives.

The difference between the authoritative ED model and the organizational goals model is that the executive decentralizes decision-making power by using a consultative and/or participatory approach to management. A charismatic leader uses informal processes through their persuasive power and influence over others in the organization to guide decision-making (Newman & Wallender, 1978). Management reaches decisions by consulting staff and taking into account the many goals of the organization, staff, and clients (Covin & Slevin, 1988; Pandey & Rainey, 2006). The consultative approach improves communication in the organization and makes the model highly responsive to input from staff (Covin & Slevin, 1988; Pandey & Rainey, 2006). Decisions can be made at the top of the organization and sometimes at the bottom.

It is suggested that charismatic leadership and mystique are needed from the executive to handle the complexity of the decision-making process that results from having multiple goals (Newman & Wallender, 1978). Mystique is thought of as the establishment of underlying core values or sense of purpose that guides the actions of an organization. The model is effective in non-profit agencies as the consultative approach has a greater capacity to receive and act upon feedback from staff than the authoritative ED model (Covin & Slevin, 1988). This model's decentralized decision-making and informal process within a hierarchical structure positions it towards the vertical end of the continuum.

A difficulty with management under this model is that the charismatic leaders are hard to replace. Often these leaders do not have a clear second in line to their leadership, resulting in succession planning issues (Abzug & Rodriguez, 2003). Management is stable while the charismatic leader is in place; however, when the leader leaves the organization, the management structure may break down. Another difficulty is that the model neglects to take into consideration the influence of stakeholders outside of the organization (Shoichet, 1998). The managed systems model does not discuss how a non-profit organization can be structured to build relationships with its clients. For example, the model does not address how government funders and regulators shape the structure and culture of the organization. According to Shoichet (1998), in the complex environments that non-profit organizations operate in, strong partnerships must be established between clients and other stakeholders. These relationships ensure that the organization is providing a service that is desired by the community rather than its employees and volunteers.

4.15 CO-MANAGEMENT MODEL

Before discussing the co-management model it is important to note that in most management model literature, co-management refers to a different structure than currently found in the JBCP. A co-management model usually describes the joint management of a natural resource by a non-profit agency and a government body (Brandsen & Pestoff, 2006; Prentice, 2006; Vidal, 2006). For example, fisheries are often co-managed by a non-profit society and the Department of Oceans and Fisheries. Another variation on the concept of co-management is the inter-agency model (Hudson, Hardy, Henwood, & Wistow, 1999; Polivka, 1995). In the inter-agency model, two or more non-profit organizations work together to manage the integration of their services. For example, a health care organization works with a mental health care organization to provide a more holistic service.

Nevertheless, for the purposes of this report the co-management model will be thought of as management models similar to the model currently in place at the JBCP. At the Project, the current model has two managers with equal authority that administer areas of the organization according to function (Reid, 2005). One manager is responsible for the Family and Community Team and the other the Health Team. Each manager has a vertical reporting relationship with their front line staff. These managers report to the board about their areas of accountability. Unfortunately, academic peer-reviewed literature on this type of co-management is limited (de Voogt, 2006; Reid, 2005). In the literature the model is also call the distributed leadership model, shared leadership model, or co-leadership model (Reid, 2005).

In terms of hierarchy, the co-management model can be thought of as being structured as two ED models within the same organization. Co-management, like the ED model, can apply any of the authoritative, consultative, and participatory approaches. There is, however, greater decentralization of decision-making power than typically found in the ED model and a tendency toward a more consultative approach to management (de Voogt, 2006 and Reid, 2005). As a result, the co-management model has been placed in the middle of the vertical-horizontal continuum. Co-management models have two unique characteristics: first, the division of labour is established according to function before the managers are selected and the managers represent separate services; second, both leaders are chosen by an authority above themselves - the Board (Reid, 2005). These characteristics can lead to difficulties in the leadership and management of an organization (de Voogt, 2006 and Reid, 2005). The main difficulty is that having two leaders can result in stalemates in decision-making (de Voogt, 2006; Reid, 2005). This problem becomes more pronounced in crisis situations, when responsibilities are unclear, or when personalities or management styles clash.

Non-profit arts organizations and cruise ships are the two organizations that commonly use the co-management (de Voogt, 2006; Reid, 2005). On a cruise ship the equal managers are the captain, the chief purser, and the hotel manager. To prevent conflict between the equal managers, formalization is used to clearly outline job responsibilities and on-shore operations centres act as neutral mediators (de Voogt, 2006). Specific information on the cost of these

mediation arrangements is not available; however, it would appear that there would be high costs associated with finding a qualified mediator and the time needed to perform the mediation.

Many non-profit arts organizations employ two managers in the co-management model. One is responsible for the mission of the organization while the other manages the financial operations. It is felt that the two functions cannot be performed by a single individual (de Voogt, 2006). The board of the organization acts as a mediator when the organization faces crises (de Voogt, 2006). Reid (2005) notes that in cases where the board mediates a dispute, a number of factors come into play. Board members can be influenced by the tenure, experience, responsibilities, and personal relationships with the managers.

The co-management model may reduce organizational effectiveness (Reid, 2005). The effect of the co-management model on the organization is dependent on the trust and power between the managers. Higher levels of trust make the organization more effective at fulfilling its mandate. If power is not evenly shared by the managers, organizational effectiveness is reduced (de Voogt, 2006, Reid, 2005). The power held by each manager is influenced by board members. As noted above, the tenure and professional credentials of the manager come into play (Reid, 2005). De Voogt (2006) argues that co-management should be used temporarily when organizations are in crisis. As such, the co-management model is not sustainable over time.

According to the report *Voluntary Organizations that Work Well: a Study of Ten Successful Community Service Organizations in British Columbia* (n.d.), three forms of co-management were used by non-profit organizations between 1997 and 1999. The study looked at the management structures found in the ten most successful non-profit agencies in British Columbia. One model had two managers with one responsible for external matters (community development) and the other for internal matters (operations). Another model had two managers with responsibilities divided according to function. This model is the most similar to the model currently used at the JBCP. The final co-management model had three managers: a program administrator, a financial administrator, and a society administrator.

In a review of these organizations, it is noted that the organizations have fluctuated between co-management and traditional ED model. The reasons for the change include: departure of senior managers, loss of a program, financial reasons, succession planning, and leadership personalities. This might call into question the long-term sustainability of the co-management model (Post Script Ten Years Later, 2008). Unfortunately, a more detailed assessment of the strengths and weaknesses of co-management over the ten year period was not included.

4.16 BOARD MANAGERIAL MODEL

The majority of non-profit boards act as trustees responsible for ensuring the organization serves the community. In this capacity, responsibilities of the board may include: the creation of the organization's vision, mission, and purpose; oversight of assets; monitoring of services; maintenance of the organization's credibility through its public image; selection, review, and support of the senior management team; guiding of staff and management; and managing of

resources through high-level programmatic, personnel, and other policy decisions. Through this role and associated responsibilities the board is primarily involved in governance activities. Generally, governance is not concerned with operational management, but rather with planning and decision-making (Troxel, 2003).

Involvement of the board in operational activities is sometimes explained using the board managerial model. According to Fishel (2008, p. 12), in the managerial view, the board is regarded as the "apex of management hierarchy. Ideas and practices from management are considered appropriate to governance."

In the board managerial model, non-profit boards are actively involved in detailed managerial tasks such as guiding and reviewing internal organizational practices, setting management policies, reviewing program objectives, and setting and monitoring performance at the program level (Salamon & Geller, 2005). The model is most often used in newly created non-profit organizations where the board and management staff are typically the founders of the organization (Salamon & Geller, 2005). In this context, the model often uses informal and personal processes. If implemented in a larger organization, it is likely that more formal processes would need to be introduced to ensure clear lines of communication and accountability. Centralization is high in the sense that all of the decision-makers represent the top of the organization; however, depending on the size of the board, there may be a number of decision-makers resulting in decentralization. Given its high level of hierarchy and moderate centralization and formality, the board managerial model is located toward the centre of the vertical-horizontal continuum.

The level of managerial duties undertaken by the board vary; however, in an extreme sense, if the board effectively replaces senior management, the management structure of the organization may become increasingly vertical and removed from the day-to-day needs of front-line staff (Aggarwal, Evans, & Nanda, 2007). Despite potential cost savings in fewer management personnel, this, in turn, may have a number of consequences for the viability of the model including decreased support from staff, loss of expertise, ineffective service delivery, and stability and sustainability issues. In addition, Aggarwal, Evans, and Nanda (2007) claim that large non-profit boards often suffer from conflicting objectives and dysfunctional decision-making which may contribute to compromised organizational performance.

A nation-wide study of non-profit governance and accountability, found that most non-profit organizations expressed doubt in the board managerial model claiming that board involvement in the details of management is "inappropriate and unrealistic" (Salamon & Geller, 2005, p. 3). Boards do not have the capacity or expertise to effectively manage. The same study found significantly higher involvement of small non-profit boards in managerial activities. It is important to note that social services organizations responsible for services with a high complexity were the least likely to report involvement in these activities. Based on these results and similar findings in the literature, the study concludes that boards should be "engaged, but not meddlesome" in operational areas of the organization (Salamon & Geller, 2005, p. 2).

4.17 MATRIX MODEL

The matrix management model combines vertical and horizontal elements in a dual reporting configuration, situating it centrally on the continuum. In effect, each employee in a specific service area reports to a vertical hierarchy of superiors, while reporting horizontally across the organization. Horizontal reporting is based on managerial or project functions such as fundraising, marketing, and financial management (Curran, 2002). Vertical reporting relationships are structured and routinized, while horizontal reporting relationships are often characterized by informal ad hoc interactions between staff and management.

This model is commonly used in the health sector. According to Rosenberg (1980, p. 294), complex hospitals are often organized on a matrix management model that simultaneously permits "collegial participatory decision-making [among] health care professionals" and a "centralized decision-making structure for managing unskilled workers". Similarly, Barnum and Kerfoot (1995) discuss the importance of the matrix model in multi-institutional health organizations for the sharing of managerial processes and tools. Westphal (2005) lauds the innovation and responsiveness offered by the model in hospitals.

One of the greatest benefits of the model is its ability to ensure the continued stability of the basic vertical reporting relationships of an organization, while assembling personnel from across an organization to respond to special projects. Nurmerof & Abrams (2002) claim that this process may limit the need for external resources by maximizing internal capacity. This, in turn, can limit the cost involved in special hiring initiatives and result in economies of scale (Barnum & Kerfoot, 1995; Numerof & Abrams, 2002; Rowland & Rowland, 1997). The matrix model may contribute to effective service delivery by offering integrated services to clients (Barnum & Kerfoot, 1995; Numerof & Abrams, 2002).

If implemented without proper planning, coordination, and communication, the matrix model may lose the support of employees (Numerof & Abrams, 2002). Reporting to two supervisors may result in poorly-defined staff responsibilities which can lead to conflict (Meadows & Dibb, 1998). In order to prevent this from occurring, Numerof & Adams (2002) suggest that employees must develop strong communication skills, flexibility, and a willingness to deal with a high level of complexity and ambiguity. Conflict might arise on the management level between project and service area managers. This can adversely affect employees who, according to Numerof and Abrams (2002), typically find themselves caught between competing demands.

4.18 NETWORK MODEL

The network theory and associated management model is most often applied to private sector firms to explain the collaboration or co-dependence of clusters of organizations based on areas of specialization, related activities, special initiatives, or standards (DiMaggio, 2003; Greenwald, 2007; Uzzi, 1997). The theory is also broadly used to describe an intra-organizational approach to management that focuses on communication patterns and work relationships between employees (Greenwald, 2007).

In this sense, the network model is one of the most contemporary models to emphasize decentralized decision-making (Curran, 2002; Anheier, 2000). This model is dynamic and horizontal: individuals may belong to several teams at once and may be the leader of one and assist on another. Although commonly associated with cluster and circular organizations (Curran, 2002), this horizontal approach is not necessarily at odds with formal structure. In fact, the model is often implemented in health organizations as a mechanism to enhance communication across an organization (Greenwald, 2007). Considering the limited hierarchy, high decentralization, and informality of the network model, it is best placed toward the horizontal side of the continuum.

Curran (2002) visually describes the network model as clusters of circles, each representing an individual within a group, attached to other clusters of circles by dotted lines. The dotted lines indicate the temporary nature of the team configurations which band together only as long as it takes to complete a project or task. In addition, circles or groups may overlap when projects or initiatives require collaboration between teams (Anheier, 2000).

According to Curran (2002), this structure calls for innovative management and leadership strategies to supervise and support staff. Greenwald (2007) describes network leadership as spread throughout the organization and based on key positions within networks through which communication and knowledge is transferred. This author uses the term "sociometric stars" to describe these positions of leadership (Greenwald, 2007). The term "sociometric" refers to the level of communication an individual engages in – both frequency and type – between his or her colleagues. The metaphor of the star applies to this individual's role of radiating information in all directions "from the centre of communication pathways" (Greenwald, 2007, p. 223).

A good example of how sociometric stars convey important information within an organization and throughout a larger community of practice applies to the health field. Greenwald (2007) cites a study that tracked the utilization of a new superior drug among physicians. Physicians that attended conferences and maintained contact with industry leaders were the first to begin using the new drug. These individuals, in turn, became sociometric stars in their local communities through the transfer of knowledge to other physicians who became early advocates of the drug.

4.19 PERSON-CENTRED MODEL

The person-centered model has found success at the Oasis Centre, a nationally-acclaimed non-profit agency offering services to low-income youth and their families in Nashville, Tennessee. Programs at the Center range from counselling to recreational services and target youth experiencing homelessness, violence, depression, and poor academic performance (Oasis Center, 2008). The model is built on the three pillars of (i) a commitment to personal development; (ii) empowerment; and (iii) team-building (Plas & Lewis, 2001).

Staff at the Oasis Center claim that the sustained success of the organization lies primarily in its management approach and structure. The management approach encourages autonomy, individuality, and creativity in both the professional and personal lives of employees. While an

informal vertical reporting structure exists, its main purpose is to serve the needs of employees (Plas & Lewis, 2001). Staff members are regarded as important as the clients. The management structure is designed so that the internal process can provide an example that external clients can follow to achieve outcomes. Staff "run the agency the way they hope their clients can learn to run their families and lives" (Plas & Lewis, 2001, p. 52). Decentralization in the decision-making process has resulted in a strong viability among employees and the greater community by fostering democratization and ownership of programs, policies, and other decision-making activities (Plas & Lewis, 2001). The person-centred model is positioned on the horizontal side of the continuum as a result of its participatory qualities.

Plas and Lewis (2001) suggest that involvement of staff and clients in organizational innovation relieves the responsibilities of upper management. This renders benefits despite the fact that the organization is likely expending more resources on participatory decision-making than it would on traditional hierarchical bureaucratic processes. One final time consideration, common amongst most participatory models, is that consensus is difficult to attain, which in turn lengthens the decision-making process.

5 CONCEPTUAL FRAMEWORK

A set of six assessment criteria have been developed to assess the viability of management models to fulfill the management needs of the JBCP. The assessment criteria are derived from common considerations used in the literature to evaluate the strengths and weakness of various management models. These criteria provide a standard by which to compare a variety of management models that could be used in the JBCP. To complete the comparison, the contextual considerations of the JBCP such as leadership preferences of staff and cultural considerations are applied to the criteria.

The criteria are: cost, legitimacy, responsiveness, effectiveness, sustainability, and utility. Cost, legitimacy, and responsiveness are the foundation criteria upon which the other criteria are built. Effectiveness combines these base criteria with other attributes of the model that allow it to provide high quality services. Sustainability assesses the effectiveness of a model over time. The final criterion, utility, assesses all of the criteria in relation to the unique context of the JBCP. The model with the greatest utility is the most viable option for the JBCP.

This section begins with a description of the criteria. A diagram of the conceptual framework follows as Figure five. Next, a discussion of how the criteria were developed from the literature is given. The section ends with a discussion of what constitutes context for the purposes of this paper.

5.1 THE ASSESSMENT CRITERIA

1. ***Cost and time implications***. Costs associated with management models are generally a function of staffing and the time involved in decision-making activities. Discussion related to this criterion also includes a brief assessment of potential opportunity costs and transaction costs. Opportunity costs refer to services forgone as a result of expending resources in management-related activities. Transaction costs refer to activities such as bargaining, consensus building, and ensuring equal participation in decision-making. A model that maximizes the quality of services at the most efficient cost rates highly on this criterion.

2. ***Legitimacy.*** Legitimacy refers to whether or not stakeholders accept and support a model and approach. Indicators for this criterion include views regarding the practicality of implementation and staff support for the model in the form of fulfilling their needs and the needs of clients through high quality services. If staff support for a model is high, then the model and approach is seen as having high legitimacy.

3. ***Responsiveness.*** Responsiveness refers to the capacity of a model to recognize changes inside and outside the organization and adapt accordingly. This includes accountability mechanisms that ensure that input is being acted upon. A model is flexible if it can adapt easily to change and rigid if it is slow to incorporate change. Responsiveness is indicated by the availability of opportunities for staff and clients to

give feedback and the presence of mechanisms that ensure feedback is being acted upon. If feedback and input are received and incorporated into decision-making, the model has a high rating of responsiveness.

4. ***Effectiveness.*** Effectiveness refers broadly to the capacity of a model to meet the operational goals and requirements of the organization. This criterion combines the criteria of cost, legitimacy, and responsiveness to assess the capacity of a model to deliver services to clients. In addition, the effectiveness of a model depends on the other unique attributes of the model that ensure quality service delivery such as management expertise in a subject area, availability of management personnel, and the capacity of the model to provide holistic services. An effective model is cost conscious, legitimate, responsive, and has a combination of unique attributes that allow staff to deliver services to clients.

5. ***Sustainability.*** Sustainability builds on the measure of effectiveness. Subramanya (1997, p. 226) describes sustainability as "the maintenance of structure, function and resources through time and more particularly periods of stress". The concept of sustainability assesses the ability of the model to allow the organization to continue to provide high quality services over time. An evaluation of the risks associated with the model is included in assessing the sustainability of the model. If a model can maintain effectiveness over time and has acceptable risks then it has a high level of sustainability.

6. ***Utility.*** Each of the proposed models has been chosen because it provides a useful theoretical framework for management in non-profit organizations; however, while a model may be sustainable in some non-profit organizations it will likely not be sustainable in all. The sustainability of each model must be assessed taking into account the specific context of the JBCP including organizational culture and leadership. Models with high utility are sustainable and can be applied to the unique characteristics of the JBCP.

5.2 DEVELOPING ASSESSMENT CRITERIA FROM THE LITERATURE

The following is a description of how the assessment criteria are framed in the literature.

The costs of a model are a significant consideration when assessing management models (Castiglione, 2007; Daft, 1989; Donaldson & Hilmer, 1998; Fitzgerald, 2002; Johnson, 2002; Weber, 1947). Costs include the salaries and benefits of managers and staff, efficiency in production, the opportunity costs of structure, and the transaction costs of decision-making in the model. Mintzberg (1983, p. 268) defines efficiency as, "to get the most of whatever goal an organization wishes to pursue. Efficiency means the greatest *benefit* for the *cost*." [emphasis in original]. Staff, funding, and material resources are limited and, as such, efficiency must be a goal of the organization (Mintzberg, 1983). Opportunity costs refer to services forgone as a result of expending resources in management-related activities. For example, funding that is

used for a manager could be used to provide services to clients. Another example is staff using time to engage in decision-making rather than spending that time with clients (Barnum & Kerfoot, 1995; Numerof & Abrams, 2002; Salamon & Geller, 2005). Transaction costs refer to the costs associated with determining how to address an issue; bargaining during the decision-making process; monitoring outcomes and personnel; and enforcing rules, procedures, and decisions (Castiglione, 2007; Fox, 1977; Kanter, 1983). For example, group decision-making can take longer than having a single individual make a decision, contributing to bargaining costs.

Numerous authors comment that the way staff of an organization respond to a management model can influence its success or failure (Kanter, 1981; Powers & Powers, 1983; Collins, 1997; Pine, Warsh, & Maluccio, 1997; Lichtenstien, 2000; Plas & Lewis, 2001; Smillie & Hailey, 2001). Legitimacy indicates how supportive staff will be of a management model. The more legitimate staff believe a model to be, the more likely a model will be successfully implemented in a non-profit organization. Staff support for a model will result in more satisfied and engaged employees. These employees will, in turn, be more productive in their jobs.

Responsiveness has two components: the ability to receive feedback and the ability to make changes based on that feedback. Management structure models have different capacities to accept feedback and input from the organization and transfer that information to decision-makers to facilitate change based on their level of flexibility and rigidity (Daft, 1989; Drory & Zaidman, 2007). Feedback and input is generated through strong lines of communication and trust between management and staff (Covin & Slevin, 1988; Saxton, 2006). Flexibility refers to the ability of an organization to change its standard operating procedures in response to environmental changes (Robbins, 1987). Both Walton (2005) and Johnson (2002) argue that some models are rigid, focusing on rules and procedures, while others focus more on flexibility and adapting to successfully function in their environments. Additionally, Covin and Slevin note that models that are more responsive result in increased organizational effectiveness (1988).

The effectiveness criterion combines the three base criteria and takes into consideration other attributes of a model that contribute to service delivery. Robbins (1987) contends that different management models have strengths and weaknesses in delivering certain services and functioning within certain types of organizations. The literature suggests that these strengths and weaknesses in the areas of cost, legitimacy, and responsiveness make certain models more suitable for certain types of organizations (Curran, 2002; Fitzgerald, 2002; Herman & Heimeovics, 1991; Rosenburg, 1980; de Voogt, 2006). Beyond the three base criteria, management model effectiveness requires an assessment of the other unique attributes that allow the model to provide services. For example, in some organizations the availability of a manager is key to providing a service.

When implementing a model, a common consideration is how long the model will serve the needs of the organization. Sustainability measures the effectiveness of a model over time. Robbins (1987) argues that if a model cannot survive over time it cannot be considered an effective model. Some models are more appropriate for short periods of time, for example times

of crisis, while others may be in place for longer periods (de Voogt, 2006). Models that improve communication, increase employee participation and empowerment, and create a feeling of equality are more likely to be sustainable (Pfeffer, 2005). Sustainability in a model is important to maintaining legitimacy in the organization. Having a model that is stable allows the board, managers, and staff in the organization to learn each other's strengths and weaknesses, allowing them to function more efficiently and effectively (Fitzgerald, 2002; Provan & Kenis, 2007).

Coontz (1987) argues that models "should be *useful* in improving practice and the task and the person of the practitioner should not be over looked" [emphasis in original]. Utility measures this usefulness by assessing a management model in the specific context of an organization (Coontz, 1987; Herman & Heimovics, 1991; Bacharach, 1989). Utility applies the unique contextual considerations of the JBCP to the five assessment criteria to arrive at an ultimate assessment of viability. The process of arriving at utility involves selecting the elements from the management models and approaches that together address the most significant issues revealed through the interviews and formulating options based on this analysis. Each option is assessed according to the five criteria. The recommended option is the one with the highest utility.

5.2.1 Context for the Management Model

For the purposes of this paper, context refers to the environment created through the leadership and culture in the organization. It is important to note that a full review of non-profit leadership and organizational culture literature is beyond the scope of this study. However, these elements play an important role in the selection of a specific management model in the JBCP. Therefore, the assessment criteria must be evaluated within the context of the JBCP.

There is a close relationship between a management model, leadership, and culture. A management model can influence leadership and culture and at the same time, leadership and culture can influence a management model. In a well functioning organization, the management model supports leadership and culture. In a dysfunctional situation, culture may form in opposition to leadership and the management structure (Plas & Lewis, 2001).

Kotter (1990, p. 103) describes leadership and management as "two distinctive, yet complementary systems." Management provides organization and order, while leadership involves dealing with change. Some authors believe that leadership is even more important that the management structure (Werther & Berman 2001).

Shein (1984, p. 445) describes organizational culture as "the pattern of basic assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaption and internal integration." Culture plays an important role in the effectiveness of an organization (Lok & Crawford, 1999; Denison & Mirsha, 1999; Yilmaz & Ergun, 2008). Culture affects organizational effectiveness by influencing commitment and job satisfaction (Lok & Crawford, 1999). Employees that are committed to the organization will perform better and be more productive. Successful organizations have a culture that encourages involvement,

provides consistency, demonstrates adaptability, and acts according to its mission (Yilmaz & Ergun, 2008).

Another important consideration regarding culture is the dynamic of the work group. Likert (1961) claims that organizational effectiveness is based not on the specialization of individuals, but on groups of people working together to meet shared goals. Identification with a work group and loyalty to its purpose has been shown to increase the motivation of individuals to implement goals and decisions that reflect a shared vision of what is most important to the group. This process involves the integration of the individual's experience, including values, goals, and perspectives into the design of the group (Likert, 1961). A shared culture that reflects the values of the individual members emerges through this process.

5.2.2 Conceptual Model

Figure five illustrates the conceptual framework. The model demonstrates how the management model assessment criteria build upon each other and are combined with the context of the JBCP to arrive at viable management options.

Fundamental criteria

Complex Criteria

Context

Viable Options

Cost and time implications

- Salary costs
- Transaction costs
- Opportunity costs

Legitimacy

- Staff support
- Preference for management approach & model
- Practicality of model to meet practice outcomes

Responsiveness

- Opportunities for input / feedback
- Integration of input into decision-making
- Flexibility
- Sensitivity to environmental changes

Effectiveness

- Cost
- Legitimacy
- Responsiveness
- Availability of management
- Expertise
- Cross-organizational collaboration

Sustainability
Integrated service delivery

- Effectiveness over time
- Fiscal sustainability
- Integrated service delivery
- Risks

Leadership

Culture

Utility

- Cost
- Legitimacy
- Responsiveness
- Effectiveness
- Sustainability
- Context

Figure 5: Conceptual Framework

6   METHODOLOGY

6.1 RESEARCH DESIGN

Elite interviews of the staff and board members of the JBCP as well as senior managers from other non-profit organizations were used to obtain in-depth knowledge of the operation of the Project and other non-profit organizations. Information gathered from these interviews provided the most important source of information for the evaluation of the current co-management organizational structure of JBCP.

Three groups were interviewed: the management and staff of the JBCP, Board members of the JCBP, and senior managers of other non-profit organizations in British Columbia. A total of 20 of the 25 staff members at the JBCP participated in the study, representing an 80% participation rate[3]. Participants were from across the organization and included social workers, program coordinators, clinical practitioners, and managers. The interviews were conducted in person and ranged from 26 to 80 minutes with an average time of 45.42 minutes.

In addition, four of the seven eligible board members participated in the interview process, representing nearly a 60% participation rate.[4] Interviews with board members were conducted in person and ranged from 30 to 50 minutes with an average time of 37.5 minutes.

Three of ten senior managers contacted from other non-profit health and social service organizations in British Columbia participated. The managers were asked to discuss the past and present management structures in their organizations. Conversations with these individuals focused on the strengths and weaknesses of the model used in their own organizations and the co-management model generally. The interviews were conducted over 30-45 minutes in-person and by telephone.

Interview questions for the staff and managers were linked to the assessment criteria (cost and timeliness, legitimacy, responsiveness, effectiveness, sustainability, and utility). The questions were designed to investigate the views of staff preferences and thoughts concerning leadership, culture, and management approaches and models. Each question has been operationalized in Appendix A to show the indicators used in analysis of staff preferences. All of the staff and managers were asked the same questions to allow for a direct comparison.

---

[3] Qualitative research is less concerned with studying a representative sample of a population than obtaining in depth information and insights on key issues (Manhiem, Rich, Willnat, Brians, 2008). Nevertheless, according to Auerbach and Silverstein (2003), these participation rates and the diversity of participants are representative of the populations of both groups of interest because the distribution of traits such as job title, tenure, gender, and work group of the sample match those of the population.

[4] One of supervisors for this project is a member of the board of directors of the JBCP. To avoid a potential conflict of interest he asked to be excluded from the interview process.

The interview questions developed for the Board members of the JBCP were based on the assessment criteria. The questions were designed to investigate the views of the Board regarding their views on what types of management could work in the JBCP and how different models could affect the governance of the Project. All Board members were asked the same questions. A list of questions used in these interviews can be found in Appendix B.

A third set of questions was developed for professionals in non-profit health and social services organizations. The questions were designed to provide regionally relevant and up-to-date information based on the assessment criteria. Participants were asked about the practical functioning of the management model in their organization to enhance the theoretical understanding of different management structures gained through the literature review. A list of questions used to guide these interviews can be found in Appendix C.

The questions were distributed to staff, board, and external non-profit professionals in advance of the interviews. A brief description of the management models discussed in the literature review was included with the questions in a single handout. Questions asked early in the interview to the staff and board focused on general observations of the team and organization and how the current co-management model affects work relationships, services delivered to clients, and general operations. As the interviews progressed questions became more personal, targeting the individual's preferred level of participation in decision-making and perceptions of the culture of the organization. The interview ended with several broad open-ended questions. Questions for the non-profit professionals were designed to provide ideas regarding management and leadership in other organizations; unlike the staff and board questions the focus was gathering information on the assessment criteria regarding the non-profit sector as a whole rather than the JBCP.

6.2 RESEARCH PROCESS

Staff and board at the JBCP were selected through a process of advertising and self-selection. Only those that indicated their interest by voluntarily responding with their contact information were interviewed. Board members were informed about the research design, management models, and the intent to perform interviews throughout the JBCP. A short presentation was given to each of the Health and Family & Community Teams in December 2008 to inform staff of the purpose of the study. Notices were distributed to individuals via the organization's email listserve to provide further information. Interviews were held in a private office of the JBCP.

Participants self-selected to participate in interviews by anonymously signing up for an interview time on a signup sheet that was posted in each work group area. Participants marked off an interview time and then contacted the researchers to inform them of their preferred time slot. Prior to the interviews, participants were reminded about the purpose and intent of the study. Each interviewee was told about his or her right to stop participating in the study at any time before, during, or after the interview process. Interviews took place from January 20, 2009 through to February 6, 2009. The interview questions were tested on a member of the organization not associated with either team before the in-person interview process began.

All participants reviewed and signed a research consent form. Both researchers were present at all interviews. Notes were taken by both researchers and compared immediately after each interview to verify responses. The notes were not verbatim but focused on key ideas that were presented by the interviewees. Reponses were recorded in word processing documents. Audio recording devices were not used.

The selection of non-profit professionals was drawn primarily from the report *Voluntary Organizations that Work Well: a Study of Ten Successful Community Service Organizations in British Columbia* (n.d.)*.* The report reviews the operation of ten exemplary non-profit organizations, three of which applied co-management models. All of these organizations were contacted to gain an understanding of exemplary health and social services organizations. Each of these organizations was contacted via email and telephone interviews were arranged with two. A final non-profit organization from the Victoria area was contacted because it provides health and social services similar to the JBCP. An in-person interview was arranged with a representative from the organization. All interviewees self-selected to be interviewed and each signed a research consent form.

6.3 RATIONALE OF THE RESEARCH PROCESS AND DESIGN

Qualitative research involves in-depth research and analysis of events, relationships, and experiences that takes into consideration the context in which they occur (Manhiem, Rich, Willnat, Brians, 2008). Qualitative study was chosen for this project in order to capture the context in which the management model would operate. Quantitative methods, such as surveys, questionnaires, and scaling techniques, are less sensitive to the context in which events occur and were not used as a result. Further, this project is not interested in testing theories by examining cause and effect relationships, a common use of quantitative research.

There are several noteworthy limitations of qualitative inquiry. Critics claim that it is difficult to generalize the data outside of the specific context in which it was gathered. Another concern is that respondents may alter their behaviour in the presence of researchers. Finally, the approach is inherently biased as researchers must determine which material should be included in analysis (Manhiem, Rich, Willnat, Brians, 2008). The coding process in the present study was biased by the assessment criteria as relevant text was selected based on its consistency with these criteria.

Elite interviewing is one method within qualitative analysis. This method is used to conduct interviews with individuals that have unique knowledge about a subject. Elite interviewing is a flexible and responsive process of inquiry that allows researchers to gather the unique perspective of the interviewee. Another strength of this method lies in its ability to assist in describing an event through many different perspectives. It is also useful in discerning patterns based on responses and the characteristics of interviewees (Manhiem, Rich, Willnat, Brians, 2008).

Other qualitative methods include direct observation and focus groups. Direct observation refers to data collection through personal contact with research subjects during an event. This method

is time intensive and does not provide specific information that can only be obtained by talking to an individual. Focus groups involve interviewing small groups of people at the same time. This method was not used because a group forum sometimes influences the answers of respondents and does not ensure confidentiality and anonymity. It is also more difficult to analyse trends in the characteristics of respondents when using this technique (Manhiem, Rich, Willnat, Brians, 2008).

6.4 LIMITATIONS OF THE DATA AND ANALYSIS

The data collected for this project have several limitations including the following:

- *Low Response Rates.* While response rates were high for most questions, several questions had low response rates. In these cases it was difficult to ensure the representativeness of the data. Secondly, fewer responses made it challenging to form themes with few repeating ideas. To overcome these challenges, findings were represented as a percentage of total participants rather than a percentage of those responding. This provides a standard frame of reference to make comparisons across the questions.

- *Validity.* Validity of the data was ensured by developing interview questions based on a set of criteria that was informed by a review of relevant literature. Further, each question was created to operationalize a specific criterion. The limitation of this approach was that comparable data was not available to assess the accuracy of the operationalizations. The researchers were unable to verify the data with an independent source of comparable data as this is the only project of its kind in the JBCP to date.

- *Reliability.* The reliability of the data was not a key consideration as qualitative data is largely subjective and requires substantial interpretation by the researchers. Nevertheless, questions were tested for clarity by the managers of each team to ensure their meaning would be interpreted similarly by all research participants.

Specific limitations of analysis include the following:

- *Limited Gender Diversity.* Females comprised the majority of total respondents (80%) and represented all respondents on the Family and Community Team. Therefore analysis by gender runs the risk of singling out male respondents and was not undertaken.

- *Team Status as an Intervening Variable.* Team status may distort findings based on an analysis of tenure. Tenure groups were not divided equally between teams. Certain tenure groups are almost entirely made up of members from one team. When interpreting the results based on tenure, it is important to note that trends may be more of reflective work group rather than tenure group.

- *Unequal Team Size.* The number of members on each team is not equal, giving the Health Team a slightly greater representation in analysis that aggregates the data

across the whole organization. In an effort to avoid overrepresentation of this team, analysis based on work group is framed as a percentage the total number of participants in each work group, rather than as a percentage of the total responding from both work groups. In other words, the findings report the proportion of each team responding to a particular question (i.e. 70% of the Health Team agreed) rather than the percentage of total responses represented by each team (i.e. the Health Team represented 70% of all team members in agreement).

- **Work Group Association.** Two individuals could not be included in the teams in analysis because they offer services to the entire organization. To protect the anonymity of these two individuals, the researchers decided not to give them their own team classification. As such, this has resulted in discrepancies between organizational and team totals in many of the figures and tables.

- *Artificial Tenure Groups.* Tenure has been divided into three categories in analysis to provide the most equal groupings possible. Only tenure of the entire organization is analyzed to maintain even distribution and ensure that tenure groups are similarly weighted. Limitations to these groupings include: a small sample size which makes it difficult to observe trends; constraints due to protecting anonymity; and a range that is heavily weighted around the tenure groups from one to six and as a result is not sensitive to a substantial tenure group (20%) that have been with the organization for longer than fifteen years. Data regarding age of respondents was not collected because it was felt that analysis based on time spent with the organization is more relevant than the age of the individual respondent.

6.5 CODING

Coding the interview responses was performed by refining ideas from raw text to thematic narrative according to a coding process outlined by Auerbach and Silverstein (2003). The first step involved creating a master list of participant characteristics to identify trends in the data. Each individual participant was assigned a letter of the alphabet to ensure confidentiality. No names were associated with the list. Participants were identifiable only by their letter. Each letter was connected to the participant's specific set of characteristics in the master list such as tenure, gender, title, and work group. Gender and title were not used as they would make some respondents easily identifiable and compromise anonymity.

Work groups were divided into the Family and Community Team and Health Team. Although administered by the JBCP, the Youth Clinic is in many ways its own independent organization (Personal Communication, January 20, 2009).[5] For this reason, this team receives less attention in the analysis; however, the views of the two Youth Clinic team members most familiar with the

---

[5] The identity of this respondent has been kept confidential.

effect that the co-management model has on practice have been included with those of the Health Team respondents.

The second step involved compiling the raw text from each interview question into separate documents. For example, all responses to question three were placed together in a single document. In this process the relevant text was separated from the raw text; however, the raw text was not discarded in case other relevant ideas became apparent later in the coding process. Relevant text is that portion of the interview responses that is directly related to the assessment criteria and within the scope of selecting a management model that is appropriate for the JBCP (Auerback & Silverstein, 2003).

During the third step, repeating ideas were drawn from the relevant text. Repeating ideas occur when interviewees use "the same or similar words and phrases to express the same idea" (Auerback & Silverstein, 2003, p. 37) For example, a number of interviewees used phrases such as listener, communicator, information sharing, understanding, and feedback. Repeating ideas were grouped into categories of similar words, phrases, or ideas. Those ideas that did not fall into a category were often not included in analysis. In some instances single ideas that appear relevant and add value to the research were included. The evaluation of the ideas was based on the judgement of the researchers which was guided by the literature review and the assessment criteria.

The next step was to combine the repeating ideas under common themes (Auerback & Silverstein, 2003). Themes are groups of repeating ideas that have something in common (Auerback & Silverstein, 2003). In the example, the repeating ideas of listener, communicator, information sharing, understanding, and feedback were combined to create the theme of communication. Another theme from the interviews was the desire for consultation.

Once the themes were defined they were combined again into larger abstract concepts called theoretical constructs. In the running example, the themes of communication and consultation were combined into the theoretical construct of leadership traits desired in the JBCP.

The final step in the coding process was organizing theoretical constructs into theoretical narratives. Theoretical narratives bridge the participant's subjective experience with the research objective of assessing management models for the JBCP. This step moved towards an analysis of the participant's responses by giving voice to the abstract ideas of the theoretical constructs. Continuing with the example, one participant stated that, "open communication [and]... gathering input from clients, staff, management and board is important," a statement that expresses the common desire for leadership that involves consultation and communication.

7 FINDINGS AND ANALYSIS

7.1 INTERVIEWS WITH NON-PROFIT PROFESSIONALS

Interviews with three professionals from non-profit organizations provided valuable insights into different management models found in British Columbia's non-profit sector. To protect the anonymity of the respondents, these organizations are referred to as organizations A, B, and C. The purpose of the interviews was to learn about the advantages and disadvantages of the management models found in other organizations. The following is a summary of the findings of these interviews.

Organization A. The first non-profit organization contacted currently has an ED model in place. It is a large organization with three major program departments offering a variety of social services. Senior management in the organization consists of an ED and three directors. Director responsibilities are functional; these responsibilities are: finance/hr, quality, and partnerships. Each director reports to the ED. The ED is responsible for the entire organization and reports to the board. Under each director is a layer of management responsible for a program area. This layer of management is a management team of two. Staff report to the program managers.

A type of co-management system is used at the program manager level within the ED model. However, the co-management model is not the same as the one found at the JBCP. Rather than having two full-time executive managers that are responsible for separate functions in the organization and accountable to the board, co-managers share the responsibility for the management over the same program area and report to a director. Within the manager dyad, both managers do not work full-time. One may work full-time while the other works part time or both managers may work part-time.

The rationale for this system is the importance of knowledge management and succession planning in the organization. Most of the funding for the organization comes from obtaining contracts and knowledge of how to secure contracts enables the organization to remain financially viable. As the ED pointed out, "having more managers and directors is building capacity and sustainability in a knowledge based environment." The co-management model plays a significant succession planning role in terms of knowledge retention capacity. For the ED, the co-management model is necessary in the organization to build management capacity: "You cannot rely on having one manager due to succession planning. People go on leave, [retire] and quit. You needed to build capacity to have knowledge." The arrangement prevents all of the knowledge needed to manage the program area from leaving when a single manager leaves.

Ultimately, the ED of the organization has the ability to make all decisions for the organization but, in practice, decisions are made through staff consultation. "In the organization there is not equal decision making power, managers delegate down, and staff report up." However, while staff may not have equal decision making power they are, "equal in terms of voice." The

success of decision-making in the model is driven by accountability and clear direction from the ED. However, the ED noted that there can be, "lower [staff] morale due to unclear responsibilities. Management here is less about hierarchy and more about accountability, transparency, responsibility." One unique feature of the management model is that directors cannot overrule a manager. "Directors are powerful only as far as they can convince the managers or the [ED] that a change should be made. It is not about one person making rules."

When selecting the model the key considerations were flexibility and sustainability. These two considerations contribute to the retention of knowledge and create opportunities for succession planning. By having flexibility and sustainability in the model, "there is more than one person capable of handling a project. Secondly, there are more individuals to choose from [when replacing people]."

The organization's previous model focused on program silos. A deliberate effort is being made to break down the silos. The organization is "still learning about how to share responsibilities and still working on getting staff to come together." The ED believes that co-management assisted in the integration of the organization by forcing the sharing of power and information. It is the job of the ED to let [staff] know that they all work under the same employer and all the clients go to all the services." Currently, integration is being encouraged by having joint programs that need the managers of different programs to seek funding together.

When asked about the use of co-management model as found in the JBCP the ED replied, "someone needs to be the figure head. Ultimately, it would be foolish if you don't have one person accountable. The board needs to have one person they can hold accountable. There is a danger of personalities undermining the managers in a co-management model. I would not recommend shared equal role."

Organization B.
The second non-profit social services organization contacted uses the ED model. The ED considers the organization to have a flat organizational structure. "There are three layers in the organization: an executive director, coordinators and staff." Included in the middle layer of management are a finance manager and a payroll coordinator. These two positions report directly to the board. Some program coordinators work part-time and others work full-time. A coordinator may be responsible for up to three programs. In the chain of command, staff report to the coordinators and coordinators report to the ED. The ED describes the decision-making process as follows, "decision making is consultative but all decisions affecting the organization are directed to me. I get the input of program coordinators. We only use participatory decision making for things that aren't essential."

Before the current model was implemented the organization had used a co-management model. The model was similar to the co-management model used in the JBCP. Two part-time executive directors were responsible for different functions of the organization. While the ED has not heard of any other organizations that use the co-management model, she said, "I liked the model. I would be willing to do it again." Making the co-management model work required an understanding that, "personalities are important in the co-management model. You need people

who are happy to collaborate. You need managers to have similar values." When asked about why the organization moved to the ED model the rationale was, "the change to single executive director was out of necessity. No one else had the necessary experience."

With the experience of working with both the ED and co-management models, the interviewee was asked to discuss their strengths and weakness. A positive aspect of co-management was that one of the EDs could go on holidays or take leave and the organization would still have a leader. Another benefit was that the co-managers could support each other. "Having two managers allows for collaboration, sharing perspectives, double the energy, a combination of skill sets, and it is nice to share responsibility."

Disadvantages of the co-management model were that managers may not have been aware of what the other team was doing and there existed a risk of division in the organization: "A disadvantage of the co-management model is that the organization could go in separate directions. The managers need to be on the same track. They need to share a vision of the organization and shared values."

An advantage of the ED model is that it is more pragmatic as the top manager is not responsible for specific programs. According to the ED of Organization B, "it is hard to manage a program and be general director in co-management model." Two disadvantages of the ED model are the continual need to seek input and that power is concentrated in the hands of a single individual. The responsibility to consult with the rest of the staff is greater than under a co-management model. The ED must reach out to the entire organization. In terms of concentration of power, the ED noted that, "one person isn't always going to make the best decisions." A larger management team would reduce the responsibilities on a single manager while increasing the skill set of management.

Organization C. The final non-profit organization uses an ED model. Under the ED are three major program areas, each with a senior manager. There are a number of layers of managers within each program. The interviewee represented the health program. The health team has a flat structure where all staff report to a coordinator. The model is similar to the flatline model suggested by Curran (2002). The staff include doctors, nurses, and support staff. Decision making in the team is participatory: "There is democratic decision making in health services team. My style of management is participatory; I get the expertise of others on the team."

Integration is a major focus for the health team and the model is meeting this goal. According to the coordinator, "one manager does help with integration." However, the coordinator highlighted that the success of the model, "depends on the board and the ED and their leadership styles. Structure is secondary to the style of the individual managers and ED." Style changes job involvement and job satisfaction and culture of the organization." The coordinator argued that, "structure is not as important as style." Given the importance of leadership in the organization, the coordinator described the qualities needed in a leader. "You need an executive director who

can think integration, and rely on expertise of others. An executive director needs to be a visionary."

The coordinator mentioned two disadvantages of the ED model. First, "the model is dependent on the leadership style of the managers and ED." It may be difficult to find a leader that has the skills to coordinate participation and provide a vision. Second, it is difficult to find the right people. "If the employee is the wrong fit, it could have negative impact on the team." The coordinator went on to say, "it [the model] is not good for people who are not self directed. Staff selection is highly important."

The interviewee was unaware of any other organizations using a co-management model and believes that it would not help integration.

7.2   INTERVIEWS WITH THE STAFF AND BOARD MEMBERS

Selecting a management model for a non-profit organization requires an understanding of management models and the preferences of employees. When employees and board members in the JBCP were interviewed about their management and leadership preferences and views on culture, a number of themes became apparent. This report on succession planning integrates these themes with non-profit management literature to arrive at a recommendation for a model that best fits the needs of the organization.

7.2.1 Profile of the research participants from the JBCP

Tables one and two below show the distribution of gender and tenure of interviewees in the Family and Community Team, the Health Team, and across the organization. The Family and Community Team included eight participants, while ten participated from the Health Team. *Please note that two individuals were not included in the analysis of the teams as they provide cross-organizational services.* Of the 20 total participants, 80% were female. It is also noteworthy that there are no males on the Family and Community Team. To ensure the anonymity of the male participants, analysis by gender group was not undertaken. The average tenure of participants across the organization was 6.7 years. Part-time and full-time status was considered as a third independent variable; however, the vast majority of participants were part-time, limiting its value in analysis. The average for the Family and Community Team was longer than the Health Team with an average of 9.75 years compared to five years. The range for the Family and Community team was 0.25 to 20 years, while the tenure of participants on the health team ranged from 1.5 to 15 years.

It should be noted that, for the purposes of analysis, the effort to create three groups based on tenure with even numbers of participants in each group came at the cost of creating groups that represent the full range of tenures at the JBCP. For instance, four of the five members of the most senior group (> 6 years) have worked at the JBCP for more than 15 years.

The interviewees represented all major job positions in the project including managers, coordinators, social workers, outreach workers, nurse practitioners, registered nurses,

physicians, and medical office assistants. Again, to ensure the anonymity of participants, some of whom fulfill specialized roles, these groupings are not considered in analysis.

	Family & Community Team	Health Team	Whole organization
Male	0 (0%)	3 (30%)	4 (20%)
Female	8 (100%)	7 (70%)	16 (80%)
Totals	8 (100%)	10 (100%)	20 (100%)

Table 1: Gender as a Percentage of Team and Whole Organization Totals

Table two below shows tenure as a percentage of the team and whole organization totals. One important observation to make based on the distribution of tenure groups across teams is that the Health Team is overrepresented in the four to six year tenure group, while the Family and Community Team dominates the senior tenure group. This may distort the findings based on tenure as the work group variable may act as an intervening variable.

Tenure Group (years)	Family & Community Team	Health Team	Other	Whole organization
0 – 3	3 (37.5%)	4 (50%)	1 (12.5%)	8 (40%)
4 – 6	1 (14.3%)	5 (71.4%)	1 (14.3%)	7 (35%)
> 6	4 (80%)	1 (20%)	0 (0%)	5 (25%)
Totals	8 (40%)	10 (50%)	2 (10%)	20 (100%)

Table 2: Tenure as a Percentage of Team and Whole Organization Totals

7.2.2 Connecting with the Literature: Preferences for Approaches to Management

Within the literature, the consultative approach is described as higher level managers basing decisions on input and feedback from staff (Castiglione, 2007; Silber, 2008). After asking interviewees whether they preferred a participatory, consultative, or authoritative approach to management, a clear preference for consultative or a combination of consultative and participatory approaches (mixed) was observed (see Table three below). This is consistent with the approach currently used in the co-management model at the JBCP and the literature which indicates that the consultative and participatory approaches are more favoured in the non-profit sector (Plas & Lewis, 2001; Smillie & Hailey, 2001).

A total of 11 out of 20 employees and three of the four Board member respondents wanted a consultative approach, while six preferred a mixture of the two approaches. The data indicate that the preference for the consultative approach is spread across tenure groups. Members of the Family and Community Team showed a considerably stronger preference for this approach with seven of the eight respondents (87.5%) from the team in favour. In comparison, only two members (20%) of the Health Team wanted the consultative approach. All interviewees interested in the combination of consultative and participatory approaches belonged to the Health Team and represented 60% of the respondents from this team.

Preference	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Participatory	3 (15%)	1 (12.5%)	2 (20%)	2 (25%)	0 (0%)	1 (20%)
Consultative	11 (55%)	7 (87.5%)	2 (20%)	4 (50%)	4 (57.1%)	3 (60%)
Mix	6 (30%)	0 (0%)	6 (60%)	2 (25%)	3 (42.9%)	1 (20%)
Authoritative	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 3: Preference for Management Approaches by Work Group and Tenure Group

Generally, respondents agreed with the consultative approach literature when they thought that there should be a chain of command with opportunities to provide input (Castiglione, 2007; Silber, 2008). For instance one interviewee summed up the thoughts of many with the statement, "I like when someone is responsible and accountable for a decision, but I want consultation. Ultimate decision-making power should lie with the managers and the board." Another interviewee echoed this preference with the comment that, "I am most comfortable with consultation in a hierarchical framework."

Many authors in the literature describe the consultative and participatory approaches alongside one another (Powers & Powers, 1983; Smillie & Hailey, 2001). Indeed, they share many of the same characteristics and each can be useful methods of gaining feedback from staff. Similarly, interview participants cited a preference for a combination of consultation and democratic participation depending on the situation or context of the decision. Staff commonly mentioned that participatory involvement in operational decisions and consultative involvement in strategic decisions was the best way to combine these two approaches.

Only three interviewees out of 20 indicated that they desired a purely participatory approach to management. Both the literature and respondents framed the participatory approach as direct and even democratic involvement in decision-making (Scroggins, 1998; Plas & Lewis, 2001). A common contention by respondents was that a high-degree of involvement in decision-making

is best for the group. Moreover, there was a sense that more hierarchy had negative consequences for community involvement. Figure six below represents the preferences of interviewees for each approach to management. It is important to note that not one respondent cited a preference for an authoritative approach, described in the literature as a rigid and authoritative approach to decision-making (Johnson, 2002; Robey, 1986).
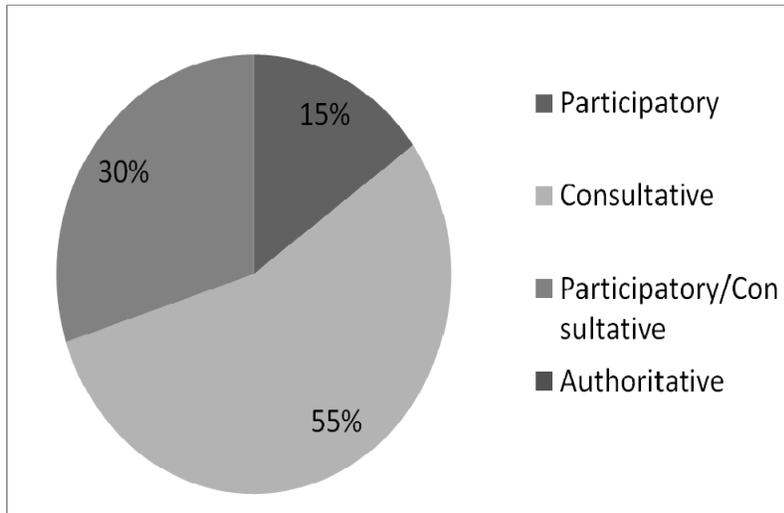
Figure 6: Preferences for Management Approaches

As a follow-up question, interviewees were asked what types of decisions they would like to be involved in (see Table four below). These decisions can be grouped into four different categories based on their characteristics: administrative, strategic, programming, and job specific. Administrative decisions were described as those related to funding, hiring, and the budget process. Only three people expressed interest in involvement at that level. Strategic decisions involved issues such as changes to the vision, mission, and mandate of the whole organization. A total of seven individuals equally distributed amongst the two teams representing all tenure groups were interested in this category. Programming decisions related to service delivery of each team, such as the addition of new programs, decisions affecting service delivery, and other decisions affecting the teams. The final category was job specific decisions which included decisions that directly involved the respondent and their program responsibilities. A desire to be involved in both programming and job specific decision-making duties was the most popular response and was also spread out evenly across the teams.

All thirteen individuals that responded to this question mentioned that they would like to be involved in both of these types of decisions. These individuals were distributed equally among all tenure groups. It is important to note that seven individuals (35% of all respondents) fall into the "no response / N.A." category. One reason for this low response rate was that this question did not apply to managers, who represented three of these seven individuals. By the nature of their positions, managers are required to become involved in all of these categories of decision-making.

	Whole organization	Team		Tenure (years)		
Preference		F & C Team	Health Team	0 to 3	4 to 6	> 6
Administrative	3 (15%)	1 (12.5%)	2 (20%)	0 (0%)	2 (28.6%)	1 (20%)
Strategic	7 (35%)	3 (37.5%)	4 (40%)	3 (37.5%)	3 (42.9%)	1 (20%)
Programming	13 (65%)	7 (87.5%)	6 (60%)	5 (62.5%)	5 (71.4%)	3 (60%)
Job-specific	13 (65%)	7 (87.5%)	6 (60%)	5 (62.5%)	5 (71.4%)	3 (60%)
No response / N.A.	7 (35%)	1 (12.5%)	4 (40%)	3 (37.5%)	2 (28.6%)	1 (16.7%)

Table 4: Preferences for Type of Decision-making Activity by Work Group and Tenure Group

When asked about the nature of their involvement in these decisions, some respondents preferred direct participation, while others preferred consultation. This preference was based on a number of factors including the magnitude of the decision, time involve in the decision-making process, availability, and interest.

7.2.3 Legitimacy: Staff Support for Management Models that Support Consultation and Participation in Decisions

Given that staff have a strong preference for consultative and participatory approaches, any management model considered must function based on one or more of these approaches to be viewed as legitimate. This finding agrees with the literature which overwhelmingly claims that management models that implement the consultative or participative approach are more responsive and are more likely to have the support of staff (Covin & Slevin, 1988; Collins, 1997; Curran, 2002; Kanter, 1981; Lichtenstien, 2000; Powers & Powers, 1983; Pine, Warsh, & Maluccio, 1997; Plas & Lewis, 2001; Smillie & Hailey, 2001). When staff feel their input and feedback are being included in decision-making it increases their ownership of the model and commitment to the organization. The Board interviewees agreed with this assertion. All four strongly proclaimed that staff support for the model was essential. One Board member made the point that "staff support for the future model is more important than the Board's support."

Legitimacy for various models was measured by asking staff at the Project what type of management model they thought would work the best for the organization. Brief descriptions of the possible models were distributed to staff several weeks before the interviews began. These models were the: executive director (ED) model, co-management model, board managerial model, person-centred model, organizational goals model, matrix model, and network model.

All responses concerning preferred management models, except one, fell into two categories: the co-management model and the ED model (see Table five below). Support for each model was split with nine in favour of the co-management model and ten in favour of the ED model. One respondent had no preference. It is noteworthy that of those in favour of the ED model, 70% wanted an ED model with two tiers of management. Board interviews showed a similar split, with one preferring co-management, one in favour of a single layered ED model, and another that wanted a two tiered ED model. The Family and Community Team strongly preferred the ED model, while the Health Team largely favoured the co-management model. This pattern highlights a difference between the two teams and their preferences for management which must be accounted for when selecting a model. This difference in preference between the two teams is discussed in greater detail below in the sustainability section. The youngest tenure group tended to prefer the co-management model with over 70% in support, while the senior tenure group favoured the ED model with 80% in support.

	Whole organization	Team		Tenure (years)		
Preference		F & C Team	Health Team	0 to 3	4 to 6	> 6
Executive Director	10 (50%)	6 (75%)	3 (30%)	2 (28.6%)	4 (57.1%)	4 (80%)
Co-management	9 (45%)	1 (12.5%)	7 (70%)	5 (71.4%)	3 (42.9%)	1 (20%)
No preference	1 (5%)	1 (12.5%)	0 (0%)	1 (12.5%)	0 (0%)	0 (0%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 5: Preference for Management Model by Work Group and Tenure Group

In total, 70% of the Health Team and 12.5 % of the Family and Community Team supported the co-management model. A common contention from proponents of the co-management model was that manager availability and expertise is required for each work group. These ideas are discussed in greater detail below as two of the three single biggest benefits of the co-management model. Another repeating idea was that the workload responsibilities would be too great for one single manager. Together, these responses suggest that the work environment of the Health Team demands a management structure in which a manager is available, familiar with the technical aspects of health care, and capable of dealing with a number of responsibilities. For these respondents, the co-management model is the most capable of addressing these requirements.

The ED model was supported by 75% of the Family and Community Team and 30% of the Health Team. These respondents preferred the model for its potential to integrate the two teams and, in the words of one respondent, remedy the "us vs. them mentality." Another idea in support of the ED model was that it could provide clear decision-making authority and

accountability. These responses suggest that the Family and Community Team believed that the structure of the ED model is the most capable of integrating the two teams and their services as one individual would be accountable for bringing them together.

Nevertheless, many interviewees that supported the ED model shared the concern with the co-management supporters that the workload responsibilities would be too great for one individual to manage. One common solution to this problem was expressed as two tiers of management with the ED responsible for high level strategic planning and decision-making, cross-organizational integration, and liaising with external stakeholders. The role of the ED in this capacity is expanded on in a discussion of leadership below. The second tier of management was generally described as a coordinating role responsible for the operational and day-to-day activities of each team.

Proponents of the two-tiered ED model were divided on the issue of full-time or part-time work arrangements for the ED and coordinators. For example, several mentioned that a part-time ED would work if full-time team managers remained. Others envisioned a full-time ED with lower level management acting as part-time coordinators and part-time practitioners.

Figure seven below shows the preference for the ED and co-management models between teams and across the whole organization.
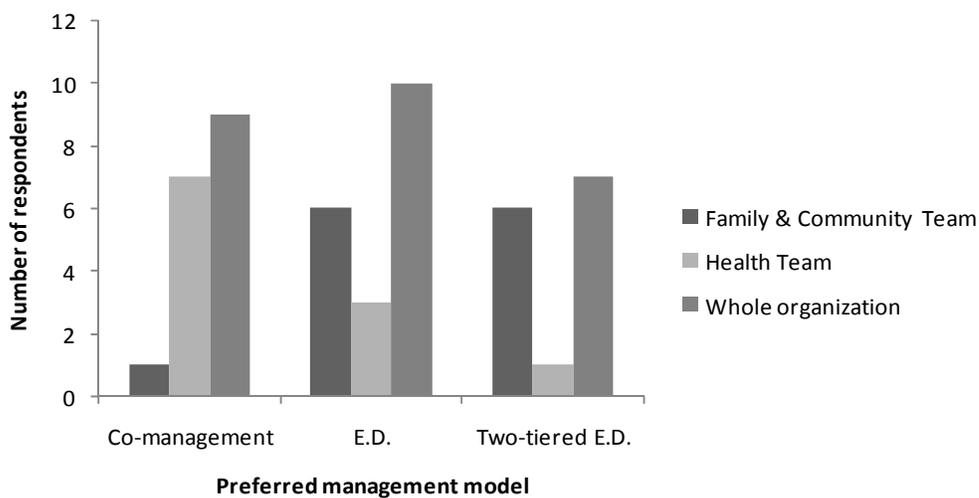
Figure 7: Distribution of Management Model Preferences by Work Group[6]

---

[6] One interviewee did not have preference between the models.

Respondents mentioned elements from other models and other mechanisms they would like to see incorporated into the co-management and ED models. In most cases respondents wished to integrate the consultative and collaborative philosophies of the person-centred, organizational goals, matrix, and network models. For example, one individual said, "I like the philosophy of the organizational goals model. I like the idea of setting goals and then consulting with staff to determine ways to meet those goals." A number of respondents cited an increase in cross-organizational meetings as a mechanism to bring staff together. Committees were a second commonly mentioned mechanism. In total, eight respondents equally distributed across both teams expressed interest in this idea of committees. Interest in committees is consistent with the consultative and participatory preferences of the staff. Committees offer the opportunities to engage in participative decision making and act as a tool for staff consultation depending on the mandate of the committee (Likert, 1961; 1967).

It is important to note that staff, particularly on the Health Team, viewed the process of consultation as including the Board as well as management. Of the nine staff that indicated a desire for greater involvement of the Board in consultation, six were from the Health Team. In addition, two of the four Board members desired greater consultation with staff. Consultation was described in this context as assurance that ideas are getting to the Board, greater representation of staff needs directly to the Board, and personal interaction between the Board and staff. Given these ideas, it would appear that some staff desire opportunities to provide feedback and to monitor the results of that feedback.

Staff were careful to point out that the Board should not become overly involved in the day-to-day operations of the Project. This idea was echoed by all Board members, demonstrating a low level of legitimacy for the board managerial model. This finding agrees with the literature which claims that the board managerial model is not appropriate in mature non-profit organizations (Salamon & Geller, 2005).

A comparison of the preferences for management approach and management model shown below in Table six reveals that the strongest positive relationship was found to be between preferences for the ED model and the consultative approach with 70% of the whole organization falling into this category. This trend was most apparent in the Family and Community Team, over 60% of which preferred a combination of the consultative approach and the ED model. Support for the co-management model was observed throughout all management approach groups. However, the Health Team showed a clear preference (40%) for a co-management model combined with a mixture of participatory and consultative approaches. Thus it appears that preference for management approach is not only related to the preference for management model, but also is influenced by work group.

Preference	Group	Executive Director Model	Co-management Model	No preference
Participatory Approach	Whole organization	1 (10%)	2 (22.2%)	0 (0%)
	Family & Community Team	1 (12.5%)	0 (0%)	0 (0%)
	Health Team	0 (0%)	2 (20%)	0 (0%)
Consultative Approach	Whole organization	7 (70%)	3 (33.3 %)	1 (100%)
	Family & Community Team	5 (62.5%)	1 (12.5%)	1 (12.5%)
	Health Team	1 (10%)	1 (10%)	0 (0%)
Mixture of Approaches	Whole organization	2 (20%)	4 (44.4%)	0 (0%)
	Family & Community Team	0 (0%)	0 (0%)	0 (0%)
	Health Team	2 (20%)	4 (40%)	0 (0%)
Total	Whole organization	10 (100%)	9 (100%)	1 (100%)
	Family & Community Team	6 (75%)	1 (12.5%)	1 (12.5%)
	Health Team	3 (30%)	7 (70%)	0 (0%)

*All percentages are based on group totals

Table 6: Preference for Management Approach by Work Group According to Management Model

7.2.4 Transaction and Opportunity Costs of the Current Management Approach and Model

The literature discusses a number of transaction costs associated with the consultative and participatory models including time intensiveness, number of staff required to participate, and costs involved with reaching a consensus. In addition, these approaches may increase opportunity costs as employees invest more time in decision-making and spend less time with clients. Most authors would agree that the consultative approach has moderate transaction costs, while the participatory approach has relatively higher costs (Kanter, 1983; Fox, 1977). In addition, Gollan and Davis (1999) cite a number of studies that have found that high

involvement management (HIM) increases employee commitment and morale, reduces labour turnover and absenteeism, and creates an improved workplace culture. This may lead to the benefits of greater productivity and higher output levels. The authoritative approach, while more efficient at arriving at timely decisions, may experience increased costs due to the need to coordinate information across silos. One possible opportunity cost of the authoritative approach is lower quality service due to less support from employees (Castiglione, 2007).

Transaction costs are generally a function of the time involved with decision-making. In total 70% of interviewees commented on transaction costs (See Table seven below). Eight interview respondents (40%) agreed that under the current co-management model, decisions are made in a timely fashion and "consensus is reached relatively quickly." Two individuals (10%) that responded to this question believed that decisions were not made in a timely fashion mainly because "some decisions don't fall under the responsibility of one person and so they take a long time." The remaining four respondents (20%) provided a mixed response. These individuals claimed that although decisions were made quickly, they were not carried out in a timely fashion. For instance, one respondent said, "decisions are made quickly, while implementation is not." These findings highlight the need for accountability structures that allow staff to know that their input is being received and acted upon. It should be noted that the low response rate on the Health Team (60%) may be related to tenure as three of the four non-respondents from the Health Team have been with the organization for less than three years and may not have had the experience to make an informed judgement.

Decisions are timely	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Agree	8 (40%)	4 (50%)	3 (30%)	3 (37.5%)	4 (57.1%)	1 (20%)
Disagree	2 (10%)	2 (25%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)
Mixed	4 (20%)	1 (12.5%)	3 (30%)	0 (0%)	3 (42.9%)	1 (20%)
No response	6 (30%)	1 (12.5%)	4 (40%)	5 (62%)	0 (0%)	1 (20%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5(100%)

Table 7: Transaction Costs: Perceptions of Decision-making by Work Group and Tenure Group

Opportunity costs involved with the current management structure were assessed by whether interviewees felt they had enough time to partake in decision-making activities and if these decision making activities interfered with their client service responsibilities. If interviewees felt they had enough time to partake in decisions, this indicated lower opportunity costs (see Table eight below). The fifteen staff that responded to this question were split in their views on being available to partake in decision making with seven saying they were available and eight claiming

that they were not available. Within the Family and Community Team, 50% of the members noted that they were not available to partake in decision-making, while roughly 38% claimed that they were available. On the Health Team, 40% interviewees said they were available, while 30% said they were not. Managers were not included in this total as it is their primary responsibility to make decisions. There were no clear trends when availability to engage in decision-making was analyzed for tenure.

Availability	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Yes	7 (35%)	3 (37.5%)	4 (40%)	4 (50%)	1 (14.3%)	2 (40%)
No	8 (40%)	4 (50%)	3 (30%)	4 (50%)	3 (42.9%)	1 (20%)
No response / N.A.	5 (25%)	1 (12.5%)	3 (30%)	0 (0%)	3 (42.9%)	2 (40%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 8: Opportunity Costs: Availability to Participate in Decision-making by Work Group and Tenure Group

Common reasons for not being available to be involved in decision-making included limited time set aside for formal decision-making and the time constraints of working part-time. For instance, three respondents mentioned that their part-time work schedule limited their availability to participate in decision-making. Those that were available mentioned that decision-making does not interfere with work responsibilities. However, several of these respondents pointed out that they made time for decision-making, even if this involved volunteering their time. It appears that some respondents felt compelled to be involved in decision-making. One respondent said, "decision-making is important. I would make time to participate."

7.2.5 Responsiveness of the Current Management Approach and Model

The level of responsiveness of a model is generally determined by its ability to receive input and feedback and act on these ideas. Responsiveness of a model is important because it allows an organization to adapt to changing environments, react to crises, and improve efficiency of service delivery (Johnson, 2002; Walton, 2005). An organization with rigid rules and procedures is generally faster and more efficient at producing services (Covin & Slevin, 1988; Saxton, 2006). Conversely, flexible organizations are better able to modify their operations and services to meet the needs of staff and clients. Typically, the authoritative approach is less responsive than the two other approaches and the consultative is less responsive than the participatory approach.

Interview data indicated the level of responsiveness of the co-management model and how responsive a new management model would need to be to meet the needs of staff and clients (see Table nine below). When asked if they felt the current co-management model was responsive, eight interviewees (40%) claimed that it was and seven (35%) said that it was not. Interestingly, the Board interviewees were also split between the two options. Sixty percent of the members of the Health Team felt that the model was responsive, while 50% of the Family and Community Team disagreed. In fact, only one member from the Family and Community Team felt the co-management model was responsive. Most of the staff with a shorter tenure believed that the current model was responsive. The middle tenure group was evenly split. All three senior employees responding to the question felt the current model was not responsive. In total 15 interviewees responded.

Responsive	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Yes	8 (40%)	1 (12.5%)	6 (60%)	4 (50%)	3 (42.9%)	0 (0%)
No	7 (35%)	4 (50%)	3 (30%)	1 (12.5%)	3 (42.9%)	3 (60%)
No Response	5 (25%)	3 (37.5%)	1 (10%)	3 (37.5%)	1 (14.3%)	2 (40%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 9: Perceptions of Responsiveness of the Current Management Model by Work Group and Tenure Group

Interviewees that believed the current model was responsive provided comments such as "communication is used to get new ideas and there is a willingness to try new approaches and ideas." Nevertheless, there was some question of whether the co-management model is responsive to employees across the organization or only within teams. A repeating idea from those that found the model unresponsive was that there was a disconnect between what is said and what is actually accomplished. This relates to the responses associated with transaction costs (see Table seven above) where 20% of the organization believed that decisions were made, but not acted upon. Some staff felt as though their input is not being implemented. Board member respondents commented that the managers bring ideas to the Board which is open-minded and willing to try new things.

A follow-up question was asked regarding the level of flexibility within the organization. Three responses emerged: flexible, flexible within structure, and rigid (see Table ten below). The eight respondents that thought the model was flexible believed strongly that meeting the needs of clients was more important than anything else, to the extent that policies, procedures, and rules

were secondary. An equal number of interviewees mentioned that the model was flexible within a structure of rules, guidelines, and reporting relationships. One metaphor put forward was that "the management structure is like a tree where the roots and branches are stable and connected and the leaves are more flexible." Equally as important, respondents mentioned the concern that guidelines and principles are important to delivering consistent services to clients, but that flexible interpretation of the rules is needed to make the organization work.

Only two respondents thought that the management structure was rigid. These individuals felt that the organization was flexible in theory, but rigid in practice as, according to one individual, "what we do is determined by very few people."

Responses regarding the level of flexibility of the management structure were evenly distributed across team lines. Other than an inclination among the senior tenure group to view the structure as flexible, no differences were observed across tenure groups.

Degree of flexibility	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Flexible	8 (40%)	4 (50%)	3 (30%)	3 (37.5%)	2 (28.6%)	3 (60%)
Flexible within structure	8 (40%)	3 (37.5%)	4 (40%)	4 (50%)	3 (42.9%)	1 (20%)
Rigid	2 (20%)	0 (0%)	2 (20%)	0 (0%)	2 (28.6%)	0 (0%)
No response	2 (20%)	1 (12.5%)	1 (10%)	1 (12.5%)	0 (0%)	1 (20%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 10: Level of Flexibility within the Current Co-management Structure

7.2.6 Effectiveness of the Current Management Approach and Model

Legitimacy, cost, and responsiveness in addition to other service delivery considerations combine to indicate the effectiveness of a model (Fitzgerald, 2002; de Voogt, 2006). To be effective, a model must be able to deliver services within the budget of the organization, have the support of the staff, and be able to adapt to the internal and external environments it operates in. As such, each model has different characteristics that make it suitable for a given organization (Robbins, 1987). To investigate these characteristics, the respondents were asked to discuss the single most important benefit and improvement of the current co-management model. The benefits of the co-management model indicate desirable attributes for any model

implemented at the JBCP, while commonly cited improvements signal shortcomings of the co-management model that could be addressed through another model.

Responses regarding the single biggest benefit of the co-management model were grouped into three categories: expertise in the subject area of each team, availability of managers, and the ability to make quick decisions due to limited bureaucracy (see Table 11 below). In total, 15 responses were included in these three categories. The most popular benefit cited by the whole organization was subject area expertise with seven respondents (35%), equally distributed from both teams. Half of the Board members agreed. The second most popular response was availability of the managers. Six respondents (30%) from both teams and one Board member believed this was the most important benefit. The final group that valued quick decision- making and limited bureaucracy represented two respondents, one from each team. Tenure does not appear to be related to these responses.

Benefit	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Expertise	7 (35%)	2 (25%)	3 (30%)	3 (37.5%)	1 (14.3%)	2 (40%)
Availability	6 (30%)	3 (37.5%)	3 (30%)	1 (12.5%)	4 (57.1%)	1 (20%)
Quick decision-making	2 (10%)	1 (12.5%)	1 (10%)	1 (12.5%)	1 (14.3%)	0 (0%)
No response & Other	5 (20%)	2 (25%)	3 (30%)	3 (37.5%)	1 (14.3%)	2 (40%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 11: Single Biggest Benefit of the Current Management Model Cited by Work Group and Tenure Group

Expertise was broadly defined by interviewees as the presence of historical knowledge, specialized subject area understanding, and an enhanced understanding of relationships between staff, and with the community. For example, a common response was, "I like the specialized attention I receive under the co-management model." A similar idea was that by having specialized managers in each area, the Project benefited from a diversity of personalities and viewpoints.

The second theme regarding the single biggest benefit of the co-management model was that it provides greater manager availability. The comment that, "the key to management is having somebody that is there on the scene, and available to discuss issues with staff," highlights the benefit of the co-management model. By having a manager for each team, that manager was

available to respond to the needs of the team. Another interviewee noted that, "co-management makes the management of the organization easier. The span of control is smaller. Having it under one person would be too much."

Quick decision-making and limited bureaucracy were defined by the interviewees as the ability to receive decisions from managers quickly. This repeating idea can be summed up by the following quotes: "Reporting to one manager results in a faster decision-making process. There is no need to wait on the decision-making and approval process." "It isn't a long way to the top. There is little bureaucracy. It is easy to ask questions or get answers." The Board member that cited quick decision making as the largest benefit had a similar view saying, "each side and their programs get a lot of support. Staff can go directly to their contact person for final decisions."

Distribution numbers for these three categories are shown in Figure eight below.
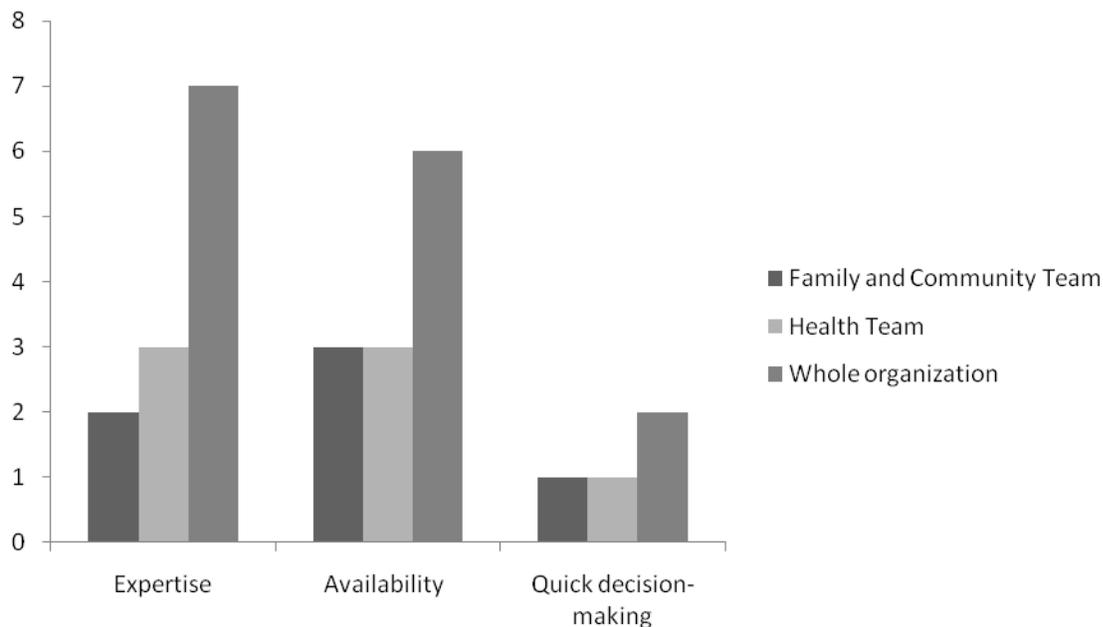
Figure 8: Staff Views on the Single Biggest Benefit of the Current Management Model

Single biggest improvements to the co-management model were separated into three themes including: integration of the teams, better communication, and a vision for the organization (see Table 12 below). In total, 13 responses were included in these three categories. The idea that the co-management model needed to improve on integrated service delivery and cross-team relationships was mentioned by 35% of respondents. This view was echoed by all of the Board members. Responses were distributed equally across both teams and tenure groups. Fifty percent of the Family and Community Team and 30% of the Health Team believed integration was an issue. Another popular theme namely with the Health Team was communication. The final improvement noted was a need for a vision for the organization, with one member from

each team mentioning this idea. Integration was the only improvement favoured more strongly by a tenure group, with 60% of the senior tenure group viewing integration as the most important improvement.

| Improvement	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Integration	7 (35%)	4 (50%)	3 (30%)	2 (25%)	2 (28.6%)	3 (60%)
Communication	4 (20%)	0 (0%)	3 (30%)	2 (25%)	1 (14.3%)	1 (20%)
Vision	2 (10%)	1 (12.5%)	1 (10%)	1 (12.5%)	0 (0%)	1 (20%)
No response & Other	7 (35%)	3 (37.5%)	3 (30%)	3 (37.5%)	4 (57.1%)	0 (0%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 12: Single Biggest Improvement to the Current Management Model Cited by Work Group and Tenure Group

A common idea in the theme of greater integration was that "each team functions well, but there is no integration. Right now the organization is stagnant and not moving forward." Typically respondents offered ideas to improve integration. One solution involved creating mechanisms for cross-organizational collaboration including opportunities and forums for sharing information between teams. Another respondent commented on the benefit of building relationships between managers and staff on the other team.

A general improvement in communication was the second theme. One common phrase was that the whole Project needs stronger lines of communication. These respondents thought that communication may be impeded by the co-management structure. Another interviewee who was in favour of greater consultation within the management structure wanted more effective implementation of communication and consultation in practice.

The need for vision in the management structure was the final theme. The idea was conceived as the need for leaders in the organization to "represent the Project and share the vision of the organization with staff and with the community." The role that the Executive Director plays as a visionary leader capable of integrating the organization is discussed below.

The distribution of responses in these three categories is shown in Figure nine below.
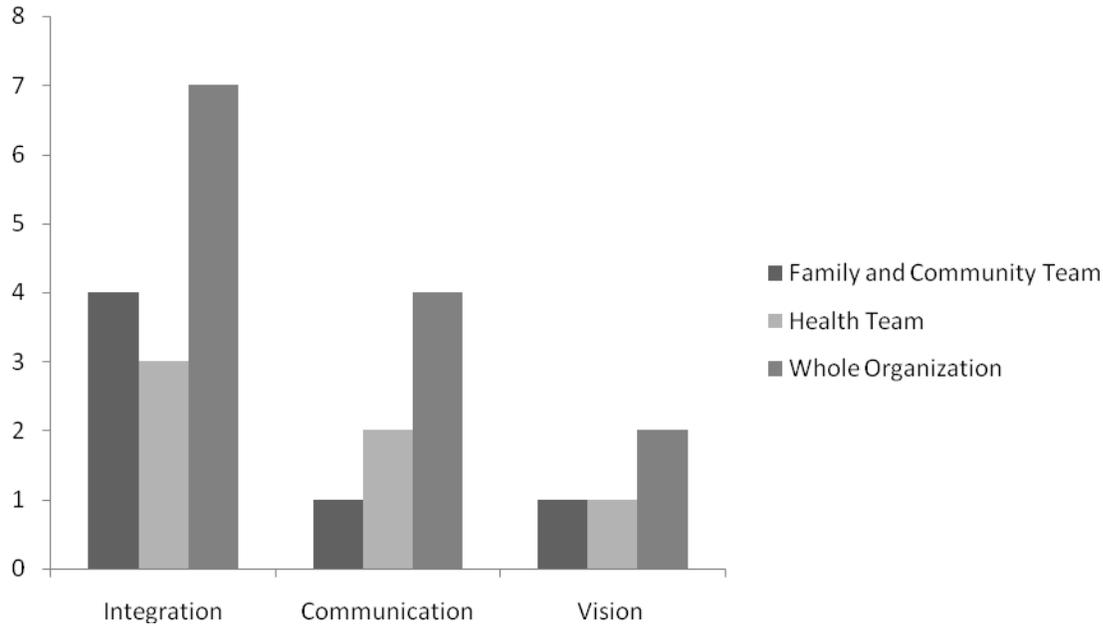
Figure 9: Single Biggest Improvement to the Current Management Model by Work Group

Throughout the interviews, staff and board members mentioned a number of other weaknesses of the co-management model which may limit its effectiveness. These weaknesses were not included in the analysis of the single biggest improvement as they were not mentioned in response to that question. These ideas are highlighted in Table 13 below.

- The co-management model results in divisions in the organization

- Co-management develops silos so it is not responsive

- In co-management it is hard to know who is in charge and what are the processes of communication

- Co-management has the problem of unclear responsibilities

- Problems of co-management lack of cross team consultation and decision making, communication is hard, gap in philosophy

- Inward thinking

- Personalities must work well together

- Co-management is detrimental as there are two sides to the story

Table 13: Additional Disadvantages of the Current Management Model

Table 14 below analyzes the improvements of the co-management model in relation to the preferred management model of respondents. A noteworthy finding was that 40% of the respondents that preferred an ED model believed that integration was the single biggest improvement that needed to be made to the co-management model. This result may suggest that these respondents believe that the ED model can improve integration.

Improvements	Executive Director Model	Co-management Model	No preference
Integration	4 (40%)	1 (11.1%)	1 (100%)
Communication	1 (10%)	3 (33.3%)	0 (0%)
Vision	1 (10%)	1 (11.1%)	0 (0%)
No response &Other	4 (40%)	4 (44.4%)	0 (0%)
Total	10 (100%)	9 (100%)	1 (100%)

Table 14: Single Biggest Improvement according to Preference for Management Model

7.2.7 Sustainability of the Current Management Approach and Model

Sustainability, or the long-term effectiveness of a model, is important to consider for the continued operation of an organization (Robbins, 1987; Pfeffer, 2005). Organizations function more effectively during periods of stress or change when there is predictability (Fitzgerald, 2002; Provan & Kenis, 2007). All models involve risks to their effectiveness. A sustainable model addresses these risks by controlling costs, maintaining staff support, and responding to changes in its environment. There are two indicators of sustainability derived from the interviews. The first examines what staff detected as the risks of the current management model. The second indicator reviews what staff believe will make the future management model sustainable (see Table 15 below).

The first indicator of sustainability was determined by asking interviewees to comment on what they felt was the single biggest risk to the current management model. These responses were grouped into two categories: division of the organization and fiscal sustainability. Division of the organization was by far the largest risk cited with 14 of the total 18 respondents (70%) in agreement. It is noteworthy that these respondents were distributed across both teams and all tenure groups. This suggests that division is a cross-organizational issue that is important to most staff. Fiscal sustainability was the other common response with four respondents (20%). Board responses were divided between these risks.

	Whole organization	Team		Tenure (years)		
Risk		F & C Team	Health Team	0 to 3	4 to 6	> 6
Division of the organization	14 (70%)	8 (100%)	6 (60%)	6 (75%)	4 (57.1%)	4 (80%)
Fiscal sustainability	4 (20%)	0 (0%)	2 (20%)	2 (25%)	2 (28.6%)	0 (0%)
No response & Other	2 (10%)	0 (0%)	2 (20%)	0 (0%)	1 (14.3%)	1 (20%)
Total in Group	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 15: Single Biggest Risk of the Current Management Model Cited by Work Group and Tenure Group

The risk of division of the organization under the co-management model is a theme that appeared throughout the interviews with staff. Within the specific question regarding the single biggest risk, common risks to the sustainability of the current model included:

- division due to a lack of visionary leadership;
- a difference of philosophy and culture between the two teams;
- the feeling that two organizations exist under one roof; and
- inequality of the two teams as a result of the division.

One respondent went as far as to say that the co-management model is "driving the organization in two different directions." A Board member compared the division between the two teams to a separation between mandate and practice: "Two separate entities will continue to exist rather than a community focused ideal. ... Separation would destroy the idea of why the James Bay Community Project was founded. The risk is separation [that] would destroy the ideal."

Comments on the second risk of fiscal sustainability were generally based on the idea that the co-management model is not sustainable because of difficulties of securing funding for management and the pressure to increase wages to meet market conditions. Another respondent was concerned with the risk of quality of care due to spending on management salaries.

Figure 10 below shows the distribution of responses between teams for the two single biggest risks. Note that zero members of the Family and Community Team mentioned financial sustainability as a risk.
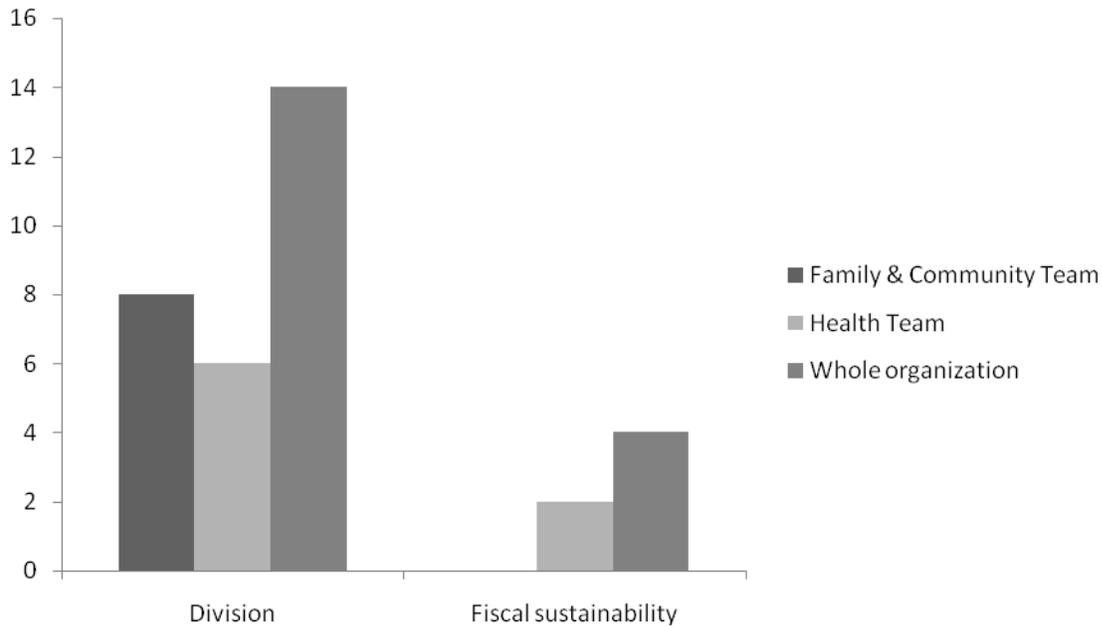
Figure 10: Single Biggest Risks to Sustainability by Work Group

Table 16 below analyzes the single biggest risk of the co-management model in relation to the preferred management model of respondents. The table shows that the majority of respondents that preferred the ED model believed that division was the single biggest risk facing the organization. This may suggest that these respondents believed that the ED model can address the division of the organization. However, over half of respondents in favour of the co-management model also believed division of the organization was the largest risk, perhaps indicating that the benefits of the co-management model outweigh its potential to divide the organization.

Risk	Executive Director Model	Co-management Model	No preference
Division of the organization	8 (80%)	5 (55.5%)	1 (100%)
Fiscal sustainability	1 (10%)	3 (33.3%)	0 (0%)
No response & Other	1 (10%)	1 (11.1%)	0 (0%)
Total	10 (100%)	9 (100%)	1 (100%)

Table 16: Single Biggest Risk According to Preference for Management Model

Staff suggested a number of ideas they believe would contribute to management model sustainability (see Table 17 below). Their suggestions addressed the risks and improvements that they highlighted throughout the interviews. The first common idea was greater integration of the teams. This idea showed up in 70% of the interviews from across the organization. Three Board members supported the idea of integration. The second common idea, voiced by 45% of respondents across the organization, was to have more visionary leadership. The final idea combines the previous ideas by proposing that an ED model would allow the Project to have more visionary leadership and integration. Six interviewees supported this idea, including half of the Family Team and 20% of the Health Team. One Board member was in favour of moving towards an ED model to improve vision and integration. It may be that the Family and Community Team's preference for the ED model is based on their belief that the ED model will improve integration. Conversely, the fact that the Health Team did not link the ED model with the capacity to enhance integration and visionary leadership might explain their preference to maintain the co-management model.

Ideas for sustainability	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Integration	14 (70%)	6 (75%)	8 (80%)	5 (62.5%)	5 (62.5%)	4 (80%)
Visionary leadership	9 (45%)	5 (62.5%)	4 (40%)	4 (50%)	3 (42.9%)	2 (40%)
ED Model	6 (30%)	4 (50%)	2 (20%)	1 (12.5%)	2 (28.6%)	3 (60%)
No response & Other	4 (20%)	2 (25%)	0 (0%)	2 (25%)	1 (14.3%)	1 (20%)

Table 17: Ideas for Management Model Sustainability by Work Group and Tenure Group

Examples of the integration idea indicated a desire to see services from the Family Team and Health Team being coordinated with each other. Respondents often wanted to feel like one big team rather than two separate teams. Another respondent felt an updated vision, mission, and mandate may improve integration. One Board member noted the challenge of integration: "A new model must allow both areas to flourish while allowing them to integrate. It is a balancing act between unity and the functioning of the teams."

Responses that cited visionary leadership as necessary in a new management model generally expressed the idea that the organization needs a vision and long-term planning. One respondent mentioned that by having a vision the leader can set the tone for the organization and staff. Another respondent combined the two ideas of integration and vision with the statement, "whatever the Board chooses as a model, the model needs to maximize opportunities to have the JBCP feel like a single team working towards a shared vision."

The idea regarding the role of the ED as a visionary leader capable of integrating the organization was expressed by comments like the following: "an ED would break down silos, and foster integration of the teams." "An ED would need to capture the reason that all the teams are within the project. The vision, mission, and mandate need to come under a philosophical umbrella."

7.2.8 The Environmental Context Surrounding the Management Structure: Considerations for Leadership and Culture

Preferences for leadership style and cultural considerations are key to understanding the context of an organization. These elements must be applied to the assessment criteria when evaluating each management model. Leadership, culture, and the management models interact on a number of levels. On the one hand, leadership and culture may shape the management structure. For example, a culture that prefers a participatory management approach may require an organization to adopt a horizontal structure (Curran, 2002). On the other hand, management structure and leadership may influence culture. For instance, a culture may form in reaction to a model that does not garner legitimacy among staff (Plas & Lewis, 2001). All four Board members agreed that personality, leadership, and culture are central considerations when assessing a future management model and when selecting a manager for the model. Findings related to these themes are now discussed.

Leadership

One important finding was that many respondents mentioned the importance of personality and leadership style within any management model under consideration for the JBCP (see Table 18 below). In fact, 90% of staff from across the organization and representing all tenure groups mentioned that personality and leadership qualities of the manager were important to consider in the selection of a management model. These considerations included people smarts, community awareness, willingness to learn, and the ability to enable staff to work to the best of their abilities. Of the 90% of respondents that said personality was an important consideration, nearly 40% explicitly said that personality is more important even than the management model. Many of these respondents felt that the personalities within the model would result in its success or failure.

Importance of personality and subject area knowledge	Whole organization	Team		Tenure (years)		
		F & C Team	Health Team	0 to 3	4 to 6	> 6
Personality	18 (90%)	8 (100%)	8 (80%)	7 (87.5%)	6 (85.7%)	5 (100%)
Subject area knowledge	5 (10%)	1 (12.5%)	3 (30%)	2 (25%)	2 (28.6%)	1 (20%)
No response & Other	1 (5%)	0 (0%)	1 (10%)	1 (12.5%)	0 (0%)	0 (0%)

Table 18: Views on the Importance of Personality and Subject Area Knowledge

A total of five respondents across the organization felt that subject area knowledge was important. Of these five, four also agreed that personality was an important consideration when selecting a management model. Subject area knowledge was primarily defined as educational background and familiarity with the work of each team. While one respondent mentioned that knowledge of management was secondary, another wanted the manager to have knowledge in payment plans and other funding structures.

In addition to the general ideas of personality and subject area knowledge, interviewees presented a number of specific qualities they admire in a leader. These qualities can be grouped into three categories: autonomy, community awareness, and trust and respect (see Table 19 below). The preference for a leader that provides autonomy was cited by 70% of respondents. In total, 80% of respondents from the Health Team and 62.5% of the Family and Community Team mentioned a preference for autonomy. The desire for autonomy was spread across all tenure groups. While community awareness was cited by roughly 50% of the entire organization, this preference was not distributed equally between the teams. The majority of the Family and Community Team felt this was a desirable trait (87.5%). Alternatively, the Health Team mentioned this quality far less often (30%). When analyzed for tenure it would appear that team membership status is intervening in the results as they are divided along team lines. The four to six year tenure group, comprised predominately of Health Team members, shows a disproportionately smaller distribution of the desire for community awareness. Trust and respect was desired by 50% of respondents from both teams. Further analysis indicated that as tenure increases, the more the leadership qualities of trust and respect are desired.

	Whole organization	Team		Tenure (years)		
Leadership quality		F & C Team	Health Team	0 to 3	4 to 6	> 6
Autonomy	14 (70%)	5 (62.5%)	8 (80%)	6 (75%)	4 (57.1%)	4 (80%)
Community awareness	11 (55%)	7 (87.5%)	3 (30%)	5 (62.5%)	2 (28.6%)	4 (80%)
Trust & respect	10 (50%)	4 (50%)	5 (50%)	2 (25%)	4 (57.1%)	4 (80%)
No response & Other	2 (10%)	1 (12.5%)	1 (10%)	0 (0%)	1 (14.3%)	1 (20%)

Table 19: Desired Leadership Qualities by Work Group and Tenure Group

Those respondents that valued autonomy desired a leader that trusted staff's areas of expertise, respected the abilities of staff, avoided micromanagement, and was capable of giving-up control. Community awareness was most commonly framed as an understanding of the purpose of the organization to serve the community. As part of this awareness, the leader would need to "represent the organization in the community" and "respect the ownership of the community in the James Bay Community Project." Trust and respect were commonly mentioned as fundamental to management -staff relationships. For instance, one staff member mentioned that there must be "reciprocal trust and respect between managers and staff."

Culture

Throughout the interviews, culture proved to be one of the most popular topics of discussion. This popularity supports the idea that it is important to fully understand the context of the organization when choosing a management model. One of the larger issues that came out of the interviews was the question of a common culture across the organization (see Table 20 below). Opinion was divided with ten respondents reporting that there was a common culture and ten reporting that there was not. It should be noted that of the ten respondents grouped into the latter category, four did not know if there was a common culture. Only 25% of the Family and Community Team felt that there was a common culture. Alternatively, 70% of the Health Team agreed that a common culture was shared between both sides of the organization. These responses do not appear to be related to tenure. Three of the four Board members thought that there was a common culture.

	Whole organization	Team		Tenure (years)		
Common culture		F & C Team	Health Team	0 to 3	4 to 6	> 6
Yes	10 (50%)	2 (25%)	7 (70%)	5 (62.5%)	3 (42.9%)	2 (40%)
No & Do not know	9 (45%)	6 (75%)	3 (30%)	3 (37.5%)	4 (57.1%)	3 (60%)
Totals	20 (100%)	8 (100%)	10 (100%)	8 (100%)	7 (100%)	5 (100%)

Table 20: Views of whether there is a Common Culture at the JBCP

When asked what the common culture was based on, respondents generally commented on the holistic, community-based, and health-focused orientation of the organization. One interviewee summed up these ideas with the statement that "there is a greater culture across the organization that includes compassion, service, commitment to the community, and working with the whole community through the life cycle." A different respondent mentioned that members of the entire organization shared the goal of helping marginalized people and celebrating diversity. Another aspect of culture speaks to the type of person employed at the JBCP. This idea was summarized by one respondent who claimed that the "culture is that people work here because they want to." In addition to sharing the view there was a common culture, several respondents also noted that there were sub-cultures within the larger organizational culture.

Those respondents that did not perceive a common culture often felt that there were "two separate cultures within the building," or that "the whole culture is divided." For these individuals, this division invariably ran along the lines of the two teams: "There is a divide between the two teams." "Communication is poor between teams; there is no coordination of service delivery; values are incompatible." A related consideration was that there was tension between the two teams. Tension was described as stress or friction mainly due to miscommunication or misunderstanding, and different cultural approaches to service delivery. The idea of tension was reported by five people from across the organization, or 25% of the total respondents.

Surprisingly, despite the perception of half of the interview respondents that there was a divide in cultures between the teams, respondents from each team identified common ideas when asked about the culture of their own team. This is important because it suggests that both teams share many cultural similarities without knowing it. The three most common ways respondents described the culture of their team were collaborative and supportive; community-centered and client focused; and focused on health promotion. In addition, in some cases, respondents mentioned that the other team shared these specific cultural attributes (see Tables 21 and 22 below).

Respondent	Culture Trait	Family & Community Team Culture*	Health Team Culture*
Family & Community Team	Collaborative	6 (75%)	0 (0%)
	Community Centred	2 (25%)	1 (12.5%)
	Health promotion	2 (25%)	2 (25%)
Health team	Collaborative	0 (0%)	4 (40%)
	Community Centred	2 (20%)	3 (30%)
	Health promotion	0 (0%)	2 (20%)

*percentages were calculated by total team respondents

**Table 21: Perceptions of Similar Team Cultural Traits by Team Group**

Respondent (Tenure Group)	Culture Trait	Family & Community Team Culture	Health Team Culture
0 to 3	Collaborative	2 (25%)	2 (25%)
	Community Centred	2 (25%)	1 (12.5%)
	Health promotion	1 (12.5%)	3 (37.5%)
4 to 6	Collaborative	1 (14.3%)	1 (14.3%)
	Community Centred	3 (42.9%)	2 (28.6%)
	Health promotion	0 (0%)	0 (0%)
> 6	Collaborative	3 (60%)	1 (20%)
	Community Centred	0 (0%)	1 (20%)
	Health promotion	1 (20%)	1 (20%)

*percentages were calculated by total tenure group respondents

Table 22: Perceptions of Similar Team Cultural Traits by Tenure Group

Both teams identified themselves as collaborative with 75% of the Family and Community Team and 40% of the Health Team reporting this culture trait (see Figure 11 below). There was no obvious relationship between this idea and tenure group; however, the senior tenure group strongly believed that the Family and Community was collaborative.[7] One board member also noted this cultural quality on the Family and Community Team. Collaboration and support were thought of in terms of camaraderie, respect, and information sharing. One respondent made the point that the "team is like a second family."

---

[7] Please note that this finding is likely the result of team status acting as an intervening variable. Most respondents of the senior tenure group are members of the Family and Community Team.
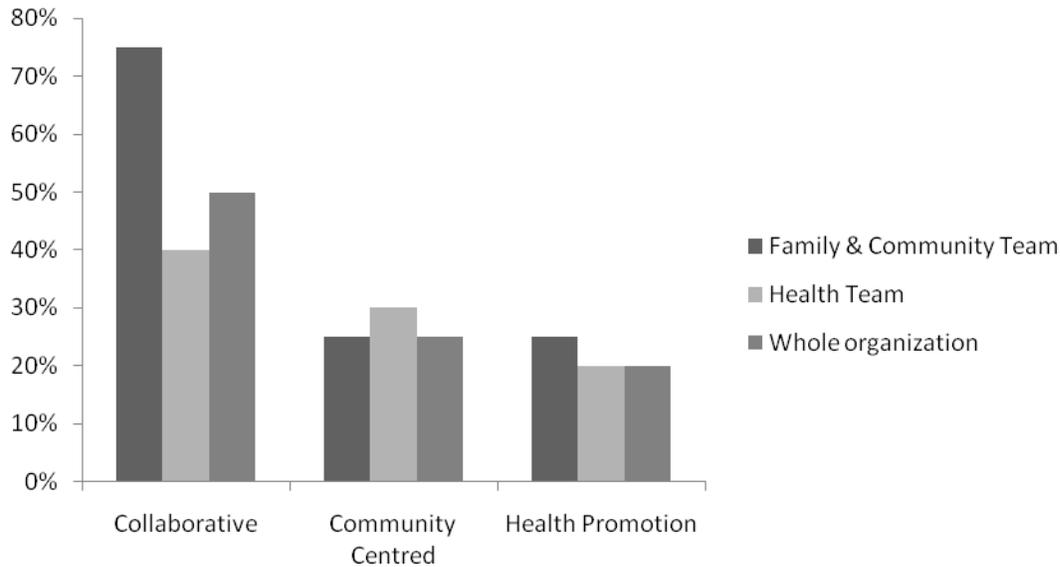
Figure 11: Comparison of Similar Cultural Traits Reported by Each Team

Having a community-centred culture was the next common cultural quality each team identified. Twenty percent of the Family and Community Team mentioned this trait, while 30% of the Health Team felt their culture was community-centred (see Figure 11 above). In addition, two members of the Health Team believed that the Family and Community Team had a community-centred culture. There did not appear to be a relationship between tenure and the view that a team has a community-centred culture. One response regarding this aspect of culture was that "the team is focused on the human point of view and united by a sense of serving the community." Another respondent wedded community centeredness to collaboration with the statement that "my team has the common values of caring, looking after the disadvantaged, and people working together."

Health promotion was the final cultural similarity described by the two teams. One finding was that 20% of the Health Team identified health promotion as feature of their team culture (see Figure 11 above). In comparison 25% of the Family and Community Team characterized their team as having a health promoting culture. The same Family and Community Team respondents felt that the Health Team had this cultural trait. There did not appear to be a relationship between tenure and the view that a team has a culture of health promotion. Despite these similarities, respondents generally noted a difference in the approach to health promotion between the two teams. These ideas are characterized in the words of one respondent: "the Family and Community Team operates on a social determinants approach to health, while the Health Team deals more with a disease model of health."

Approach to work was the one major difference in the cultures of the Family and Community Team and Health Team that emerged during the interview process (see Table 23 below). A total of 75% of the respondents on the Family and Community Team and one person from the Health Team thought that the Family and Community Team had a caring and empowering culture.

Although it was observed in the interview process that the Health Team was indeed a caring and empowered group of individuals, none of the interviewees identified the Health Team as having these qualities. Instead, the Health Team was characterized as having a business-like culture by 30% of the Health Team interviewees. Two board members agreed with each cultural assessment. There does not appear to be any link between tenure and these responses (see Table 24 below).

Respondent	Cultural Approach	Family & Community Team Culture	Health Team Culture
Family & Community Team	Caring & Empowering	6 (75%)	0 (0%)
	Business-like	0 (0%)	0 (0%)
Health team	Caring & Empowering	1 (10%)	0 (0%)
	Business-like	0 (0%)	3 (30%)

Table 23: Perceptions of Dissimilar Team Cultural Approaches by Team Group

Respondent (Tenure Group)	Culture Trait	Family & Community Team Culture	Health Team Culture
0 to 3	Caring & Empowering	3 (37.5%)	0 (0%)
	Business-like	0 (0%)	1 (12.5%)
4 to 6	Caring & Empowering	3 (42.9%)	0 (0%)
	Business-like	0 (0%)	2 (28.6%)
> 6	Caring & Empowering	2 (40%)	0 (0%)
	Business-like	0 (0%)	2 (40%)

Table 24: Perceptions of Dissimilar Team Cultural Approaches by Tenure Group

The caring and empowering culture commonly associated with the Family and Community Team was affectionately described as "touchy feely." Common phrases used were "kind, empowered, deeply caring, inclusive, and looking after the disadvantaged." Another interesting point brought up by a staff member relating to the literature on empowerment theory was that client outcomes are, in effect, modelled through the culture of empowerment shared by staff:

"The Family and Community Team is about empowering, educating, and setting an example for families."

The "business-like" culture associated with the Health Team also had the outcomes of empowering, educating, and setting an example for clients and families; however, the cultural phrases used to describe these goals were "working hard" and "getting the job done," procedure-focused, and bound by time and funding constraints. Importantly, this central difference between the cultures of the two teams does not have a negative connotation. Each team has developed strategies to best meet the needs of their clients within various constraints inherent in the non-profit sector, such as funding requirements and regulations.

8 UTILITY: A SUMMARY OF IMPORTANT CONSIDERATIONS IN SELECTING A MANAGEMENT MODEL FOR THE JBCP

The conclusions drawn from the analysis of the interviews and literature review indicate the key considerations that make up the utility criterion used to create management model options, assess these options, and ultimately inform the recommendation of a single model.

The following is a summary of the important findings from the interview data:

1. Staff at the JBCP would prefer a consultative or mixture of consultative and participatory approaches to management. Generally, staff on the Family and Community Team preferred a consultative approach, while the majority of Health Team members preferred a mix. It was commonly held by members from both teams that the model should have a chain of command with opportunities to provide input.

2. Staff from across the organization want different levels of involvement in decision-making. At a minimum they would like to be involved in both job specific and programming types of decisions.

3. Support for the executive director and co-management models was equally split with nine in favour of the co-management model and ten in favour of the ED model.

4. The vast majority of respondents that preferred the ED model also preferred the consultative approach.

5. The ED model was generally preferred for its potential to improve integration, support visionary leadership, and build a common culture across the organization.

6. The primary concern with the ED model was that the workload responsibilities would be too great for one individual to manage. It was commonly suggested that a two-tiered ED model with lower level coordinators would alleviate this problem.

7. Individuals saw cross-organizational meetings and committees as a means to bring the organization together to work on shared initiatives and build a common culture.

8. The single biggest benefits of the co-management model are: expertise in the subject area of each team, availability of managers, and the ability to make quick decisions due to limited bureaucracy.

9. The single biggest improvements that could be made to the co-management model are: integration of the teams, better communication, and a vision for the organization.

10. The single biggest risks to the current management model included: the division of the organization, and the fiscal sustainability of the organization. In total, 80% of those that preferred the ED model thought division was a risk.

11. Staff suggested a number of characteristics they believed would contribute to management model sustainability including: greater integration of the teams, more visionary leadership, and an ED model.

12. In total, 90% of staff and all four board members agreed that leadership traits are a central consideration when assessing a future management model and when selecting a manager for the model.

13. The most commonly desired leadership traits were: provision for autonomy, community awareness, and trust and respect.

14. There was an even split of employee views on whether the organization shared a common culture.

15. Findings related to organizational culture revealed that both teams shared many of the same cultural qualities without recognizing it. Cultural similarities were grouped into the following three categories: collaboration and support; community centeredness; and health promotion. The main dissimilarity between the two teams was their cultural approaches to work. The Health Team was characterized as business-like, while the Family and Community Team was thought of as socially driven.

When combined with findings of the literature review, the above considerations inform the six criteria used in this report to assess management models within the context of the JBCP. This analysis will be used in the creation of management model options:

1. **Legitimacy.** Based on staff responses, the management approach used in the JBCP must be a consultative or mixture of consultative and participatory approaches with either a co-management or ED structure. As indicated by numerous studies, these approaches improve input and feedback, build ownership of the management model, and garner the support of staff.

2. **Costs.** The costs of salaries, transaction costs, and opportunity costs associated with various management models and approaches are key considerations. The salaries associated with the ED model are less than those associated with the co-management model; however, staff expressed some concern about whether a single person will be able to handle the workload. The greater workload could be passed on to the rest of the staff creating opportunity costs. This could have adverse effects on the responsiveness

and legitimacy of the ED model as well. According to the literature and views from staff, the consultative approach best balances opportunity costs and transaction costs with staff involvement and quality of service delivery.

3. ***Responsiveness.*** According to the literature, a management model needs to be responsive and must strike a balance between rigidity and flexibility in its operation. Any management model implemented at the JBCP should fit into the culture of organization and be flexible enough to meet the needs of staff and clients. Opportunities to provide input and feedback are essential to responsiveness. Formal structures may be needed to provide accountability to ensure feedback is being received and acted upon.

4. ***Effectiveness.*** Several authors point out that in order for a management model to be effective it must fit within the budget of the organization, be supported by the staff, and be responsive to internal and external forces. Any management model used in the JBCP needs to control management salaries and other costs, ensure that decision-making involvement is available to staff throughout the organization, have the support of staff, and employ mechanisms for communication to ensure staff input is being heard and acted upon. Further, within the context of the JBCP for a model to be effective, it must incorporate other attributes such as manager and expertise availability and cross-organizational initiatives. All of these factors combine to enable the organization to provide quality service delivery.

5. ***Sustainability.*** A management model must be assessed for effectiveness over time or until environmental changes demand a revaluation of the management structure. The literature has shown that the ED model is useful in organizations that are small and dynamic. This model can also be effective in times of crisis. The co-management model is typically only used for short periods of time and in times of crisis when a single individual is not available to lead the whole organization. Based on interview responses, any management model and approach introduced at the JBCP needs to increase integration and build a common organizational culture, allow visionary leadership, provide expertise in the subject area of each team, and ensure the availability of decision makers to the teams in order to be effective over time.

6. ***Context.*** Leadership style and personality are key considerations in both the literature and the interview findings. This report only briefly addresses these areas as background considerations to the management structure. The board should give considerable attention to selecting a candidate that fits in well with the culture and meets the leadership expectations of staff. Given the stark divide on views on culture between the work groups, the next management model should strive to foster a common culture. Based on interview responses, the ED model is viewed as the most capable of uniting the organization.

9   MANAGEMENT MODEL OPTIONS FOR THE JBCP

This section brings together findings from the literature review, interview data, and assessment criteria to develop management model options for the JBCP. The following options have been tailored to meet the unique needs and context of the JBCP. All of the options are viable for the JBCP; however, the option with the highest utility has been recommended to ensure the continued success of the organization. The options are compared by their advantages, disadvantages, and risks which are tied to the assessment criteria.

Option 1 – Status Quo: Co-management model

Description
Under this model, a new executive manager would be hired to lead the Family and Community Team. The two team managers would be responsible for separate areas of the organization based on functional responsibilities. The co-managers would be responsible for administrative decisions and would be required to consult with each other on strategic decisions. The approach in this option would be a mixture of consultative and participatory management. Specifically, each team would have the flexibility to apply their preferred approach to decision-making. The teams may select different approaches for programming and job specific decisions. This model is similar to the current model used in the JBCP with the addition of more frequent cross-organizational meetings that focus on the integration of services.

Structure
The structure of the model would be similar to the current model at the JBCP. There would be no hierarchical structure among staff. The staff from each team would report to their respective managers. Each manager would report to the Board. The finance manager and executive assistant would report to the managers. Integration of the teams would be facilitated through more cross-organizational meetings where cross-organizational initiatives would be developed and monitored.

Responsibilities
Activities of the co-managers might include: developing policies and programs; managing staff; client relations; conflict resolution; liaising with external stakeholders; preparing funding proposals; collaborating with the finance manager in budgetary oversight; and jointly administering the operation of the facility. In addition, co-managers would work together to create and maintain a vision for the organization, foster integration, and develop a cross-organizational culture.

Advantages
- Nearly half of staff prefer this model
- Legitimacy among staff for the consultative and participatory approaches
- Availability of expertise

- Availability of management
- Effective service delivery within each work group

Disadvantages

- Over half of staff do not prefer this model
- Salary cost
- Transaction costs due to consensus building and bargaining between managers
- Limited effectiveness in cross-organizational service delivery
- Fiscal sustainability
- Limited potential to improve integration

Risks

- Limited integration of service delivery
- Division of the organization
- Stalemates in decision-making
- Dependency on personalities of co-managers
- Possible duplication of responsibilities
- Unclear roles and responsibilities in organizational issues

Option 2 – Single tier ED model

Description

Under this model, one individual would act as the only manager of the entire organization. The approach to management would be largely consultative. The executive director would be deeply involved with strategic and administrative decisions but would have limited time to become involved in programming and job specific decisions. This would require substantial staff autonomy and devolution of some administrative, most programming, and all job specific responsibilities to staff.

Structure

The structure would be hierarchical with all staff reporting to the ED. There would be no hierarchy among staff. The ED would report to the Board. The finance manager and executive assistant would report to ED. The finance manager may need to take on more responsibilities such as human resources to reduce the work load of the ED. Formal opportunities for staff to have interaction with the ED and Board members would be facilitated through a committee comprised of Board members, the ED, and interested staff. Other committees could address specific issues such as integration of services or the creation of a vision for the organization. Committees would be comprised of board members, the ED, and interested staff. More cross-organizational meetings would be needed to provide consultation opportunities and facilitate integration of the teams. The ED would be expected to attend the weekly meetings of both teams.

Responsibilities

The activities of the ED might include: drafting funding proposals for both programs; guiding the creation and maintenance of a cross-organizational culture; facilitating the integration of the teams; updating and championing the vision, mission, and mandate for the organization; developing policies and programs; managing staff; coordinating programs and team logistics; client relations; conflict resolution; liaising with external stakeholders; collaborating with the finance manager in budgetary oversight and human resource matters; and administering the operation of the facility.

Advantages

- Over half the staff prefer an ED model
- Legitimacy among staff for consultative approach and independent decision-making
- Low salary costs
- Low transaction costs
- Potential to integrate both sides of the organization
- Fiscal sustainability

Disadvantages

- Nearly half the staff do not prefer the ED model
- Only 15% of staff supported having an ED model without lower levels of management
- Opportunity costs associated with greater staff responsibilities
- Low effectiveness as a result of less oversight
- Limited availability of management
- Limited availability of expertise
- Concentration of knowledge and power

Risks

- Loss of knowledge with departure of the ED
- Potential of ED burnout due to high workload
- Potential to become unresponsive if communication mechanisms breakdown
- Dependent on the personality of the ED
- Job dissatisfaction among staff
- Favouritism of one team over the other

Option 3 – Double tiered ED model with team coordinators

Description

Under this model, an ED would be responsible for the entire organization. In addition to the ED, each team would have a coordinator responsible for the operation of the team. These coordinators would be included in the senior management team and assist in making strategic and administrative decisions. The approach to management would be a mixture of consultative and participatory approaches. The ED would manage strategic and administrative tasks using a consultative approach to engage staff. The team coordinators would use a participatory

approach to manage programmatic decisions and the day-to-day operation of the teams. Staff would be responsible for job specific decisions with support from the coordinators.

Structure

The structure would be hierarchical with the ED reporting directly to the Board, and the coordinators reporting to the ED. Staff of both teams would report to the ED. There would be no hierarchy among staff and the coordinators. However, the coordinators would act as linking pins by informing the ED of issues raised by the team. Ideally, coordinators would be full-time employees that would divide their time between coordinator and practitioner roles. The finance manager and executive assistant would report to the ED. Formal opportunities for staff to have interaction with the ED and board members would be facilitated through a committee comprised of board members, the ED, and interested staff. More cross-organizational meetings would be needed to provide consultation opportunities and facilitate integration of the teams. The ED would be expected to attend the weekly meetings of both teams.

Responsibilities

The activities of the ED would include: drafting funding proposals for both programs; guiding the creation and maintenance of a cross-organizational culture; facilitating the integration of the teams; updating and championing the vision, mission, and mandate for the organization; developing policies and programs; managing staff; liaising with external stakeholders; collaborating with the finance manager in budgetary oversight; and administering the operation of the facility.

The activities of the coordinators would include: collaborating with the ED on human resource matters; coordinating programs and team logistics; client relations; conflict resolution, and balancing their coordination and practice roles.

Advantages

- Over half the staff prefer an ED model
- 70% of these staff prefer an ED model with two tiers of management
- Legitimacy among staff for the consultative and participatory approaches
- Opportunities to provide feedback and monitor response
- Potential to integrate both sides of the organization
- Potential to create effective cross-organizational service delivery
- Potential for knowledge retention and succession planning
- System of support for the ED
- Availability of expertise
- Availability of management

Disadvantages

- Nearly half the organization does not prefer an ED model
- High work load of coordinators
- Salary costs

Risks
- Difficulty of coordinators managing equals
- Financial sustainability
- May increase the bureaucracy in the organization and slow the decision-making process
- Possible duplication of responsibilities

Option 4 – Double tiered ED model with cross organizational manager

Description

Under this model, an ED would be responsible for the entire organization. In addition to the ED, a lower level manager would be responsible for the operation of both teams. The approach to management would be a mixture of consultative and participatory approaches. The ED would manage strategic and administrative tasks using a consultative approach to engage staff. The manager would be included in the senior management team and assist in making strategic and administrative decisions. The manager would use a participatory approach to manage programmatic decisions and the day-to-day operation of the teams. Staff would be responsible for job specific decisions with support from the manager.

Structure

The structure would be hierarchical with the ED reporting directly to the Board, and the manager reporting to the ED. Staff from both teams would report to the manager. There would be no hierarchy among staff. The manager would act as the linking pin between the staff and the ED by informing the ED of issues raised by the teams. The manager would be a full-time employee that divides her time between the team as necessary. The manager would not be a practitioner. The finance manager and executive assistant would report to the ED. Formal opportunities for staff to have interaction with the ED and board members would be facilitated through a committee comprised of Board members, the ED, and interested staff. The manager would not be included providing the opportunity for staff to discuss issues involving the manager. More cross-organizational meetings would be needed to provide consultation opportunities and facilitate integration of the teams. The manager would be expected to attend the weekly meetings of both teams.

Responsibilities

The activities of the ED would include: drafting funding proposals for both programs; guiding the creation and maintenance of a cross-organizational culture; facilitating the integration of the teams; updating and championing the vision, mission, and mandate for the organization; developing policies and programs; liaising with external stakeholders; and collaborating with the finance manager in budgetary oversight.

The activities of the manager would include: collaborating with the ED on human resource matters; managing staff; coordinating programs and team logistics; client relations; conflict

resolution; acting as a channel for staff input to high levels of the organization; and administering the operation of the facility.

Advantages

- Over half the staff prefer an ED model
- 70% of these staff prefer an ED model with two tiers of management
- Legitimacy among staff for the consultative and participatory approaches
- Opportunities to provide feedback and monitor response
- Potential to integrate both sides of the organization
- Potential to create effective cross organizational service delivery
- System of support for the ED
- Availability of management

Disadvantages

- Nearly half the organization does not prefer an ED model
- Salary costs
- Limited availability of expertise in each work group
- Concentration of power in manager and ED
- Legitimacy with staff due to increased bureaucracy/hierarchy

Risks

- Financial sustainability
- Increase in the bureaucracy in the organization and a slower the decision-making process
- Possible duplication of responsibilities of ED and manager
- Unclear responsibilities between ED and manager
- Favouritism of one team over the other

10 RECOMMENDATION

Option 3 – Double tiered ED model with team coordinators

10.1 RATIONALE

The utility of each option is derived from an assessment of their advantages, disadvantages, and risks. These considerations focus on the key measures of the management model assessment criteria developed from the literature and interviews at the JBCP. The matrix below provides a direct comparison of each option by rating each assessment criteria (see Table 25).

Cost was assessed by transaction costs, opportunity costs, and approximate salary costs of the option. Legitimacy was assessed by examining support for the management model and associated approach. Responsiveness was assessed by the presence of opportunities to give feedback and the presence of mechanisms that ensure the feedback is being acted upon. Effectiveness was assessed by the ability of the option to improve cross-organizational service delivery, the availability of subject area expertise, and the availability of management support. Sustainability of the option was assessed by the financial sustainability, the ability to promote integration, and the risks associated with each model. Utility was determined by assessing the management model options based on indicators of the assessment criteria.

The matrix is designed on a three point rating scale. An indicator that was rated low was assigned a score of one. An indicator with a moderate rating was assigned a score of two, while an indicator with a high rating was given a score of three. A low rating signifies that the option was weak in the measure while a high rating indicates the option was strong in the measure. A moderate rating signifies that the option was neutral in the indicator. For instance, in the indicator of risk a low rating shows that the option had substantial risks. The scores for each option were totalled and then averaged to determine if an option had a low, moderate, or high utility rating.

One substantial limitation of the rating system was that each indicator was given equal weight. For instance, fiscal sustainability and transaction costs of the option were given equal weight in determining the utility of the option. It could be argued that fiscal sustainability is more important than transaction costs when selecting a model. As such, the Board may wish to reassess the options giving different emphasis on criteria they feel are more important than others.

Another limitation is that the utility assessment matrix fails to take into account the richness of the interview responses. For this reason the Board is encouraged to use the matrix, while considering the thoughts and feelings of staff included in the discussion section of this report.

	Cost			Legitimacy		Responsiveness	Effectiveness			Sustainability			Utility
	Transaction Costs	Opportunity Costs	Salary Costs	Management Approach	Management Model	Opportunities for feedback and structures for accountability	Cross organizational	Expertise	Availability	Fiscal	Integration	Risks	Average Rating
Co-management	Moderate	Moderate	Low	High	Moderate	Moderate	Low	High	High	Low	Low	Low	Moderate (1.83)
Single tier ED model	High	Moderate	High	High	Low	Moderate	Moderate	Low	Low	High	Moderate	Moderate	Moderate (2.08)
Two tier ED model with coordinators	Moderate	Moderate	Moderate	High	Moderate	High	High	High	High	Moderate	High	Moderate	High (2.50)
Two tier ED model with a manager	Moderate	Moderate	Moderate	High	Moderate	High	High	Moderate	High	Moderate	High	Moderate	Moderate (2.42)

Low = 1, Moderate = 2, High = 3

Table 25: Utility Assessment Matrix

11 IMPLEMENTATION CONSIDERATIONS: CHANGE MANAGEMENT

11.1 CHANGE MANAGEMENT: IMPLEMENTING A NEW MANAGEMENT MODEL AT THE JBCP

With the selection of a new management model for the JBCP, the organization is destined to change. Not only will the management structure change, but so will the management personnel, the relationships between staff and managers, and the responsibilities of individual staff members. These changes may have a substantial impact on the organization. During this period of change, the Board will likely act as the main leader and champion of change. As such, the Board will need to be aware of strategies that can help staff deal with the changes resulting from a new management structure. The purpose of this section of the paper is to provide the Board with a general understanding of strategies that could be used in the JBCP to assist in the change management process during the implementation of the new management model.

The discussion will include: a brief description of change management; the roles of the Board, senior managers, and staff in the change process; common challenges in change management; and strategies to address the issues.

11.2 WHAT IS CHANGE MANAGEMENT?

Change management is a complex and multi-faceted endeavour. It is one aspect of organizational change. The other aspects of organizational change are: strategy, business process, and technology (Worren, Ruddle, & Moore, 1999). The process of change management is the transition of an organization from its current state to a future state embodied by the vision of the organization (Lorenzi & Riley, 2000). Change management involves managing human behaviour, culture, organizational structure, work processes, and infrastructure towards a common vision (Lorenzi & Riley, 2000; Worren, Ruddle, & Moore, 1999). A vision is a description of what the organization should look like when it is operating up to its full potential (Bryson, 2004).

11.3 THE ROLES OF THE BOARD AND SENIOR MANAGERS IN CHANGE MANAGEMENT

The change process is typically led and managed by the top management or decision makers in the organization (Kavanagh & Ashkanasy, 2006). In the case of the JBCP, these leaders are the Board members and executive managers. Without the public support of the top management, change is more likely to fail (Kavanagh & Ashkanasy, 2006). The role of the Board is to act as change strategists. Change strategists provide the vision for the organization and empower change agents in the organization (Kanter cited in Bommer, Rich, & Rubin, 2005; Lorenzi & Riley, 2000). Within the JBCP, the change agents will likely be the executive managers of the organization. Change agents manage the transition towards the vision of the organization by

determining how to accomplish the changes to human behaviour, culture, organizational structure, work processes, and infrastructure that adhere to the vision of the organization (Ford, Ford, & D'Amelio, 2008). In contrast, the staff of the JBCP can be thought of as change recipients. Change recipients try to determine how the changes to human behaviour, culture, organizational structure, work processes, and infrastructure will affect them (Ford, Ford, & D'Amelio, 2008). Part of a change agent's role is to assist change recipients through the transition process.

11.4 CHANGE MANAGEMENT CHALLENGES

While it may seem clear that change will have a positive impact on the JBCP, change may be seen as negative by various stakeholders in the organization. These stakeholders include: managers, staff, clients, and other organizations that have a stake in the JBCP. Change agents often encounter a number of common challenges to implementing change:

- Building and maintaining trust during change
- Cynicism toward change
- Resistance to change

11.4.1   Building and Maintaining Trust

Trust is a key element in the change process. This idea is supported by the interview findings from the JBCP. From the interviews it was determined that trust and respect were important leadership qualities. Trust is a psychological state that is based on relationships over time (Dervitsiotis, 2006; Morgan & Zeffane, 2003). Within this state an individual is willing to accept the possibility of negative outcomes based on the possibility of positive outcomes. This willingness to take the risk of becoming vulnerable is developed and maintained by interactions over time (Morgan & Zeffane, 2003). Trust between a trustee and the truster is a reciprocal relationship. Each party learns from past experiences to become vulnerable to the other based on the expectation of positive outcomes (Dervitsiotis, 2006; Morgan & Zeffane, 2003). The more positive interactions individuals experience, the greater the level of trust that is developed.

When change recipients trust the change agents in their organization, the change is more easily accepted and implemented. Developing trust increases cohesiveness, confirms identity, and develops a higher capacity for change in an organization (Dervitsiotis, 2006). These benefits of improving trust also reflect the desires of the staff at the JBCP to increase integration and prevent the division of the organization. However, any change will reduce trust (Morgan & Zeffane, 2003). Without trust, change recipients will not be willing to take the risk of changing their behaviour. This unwillingness to change may have detrimental effects on the implementation of a new management model. Change agents should take steps to rebuild trust with change recipients.

11.4.2   Cynicism Toward Change

Cynicism is an attitude toward an issue, action, individual, organization, or institution with negative connotations (Bommer, Rich, & Rubin, 2005; Stanley, Meyer, & Topolnytsky, 2005).

The attitude is a combination of hopelessness, disillusionment, frustration, and contempt. Similar to trust, cynicism develops over time based on past interactions. A negative attitude develops from these interactions when there is: confusion about change, a disconnect between actions and words, and an expectation that the change will not be successful (Reichers, Wanous, & Austin, 1997). These experiences result in a disbelief in the leaders of change (Reichers, Wanous, & Austin, 1997; Bommer, Rich & Rubin, 2005). The interview data from the JBCP re-enforce these statements as they indicate that communication and a disconnect between talk and actions are important issues for change recipients.

The danger of cynicism is that it may prevent change recipients and change agents from fully embracing the steps needed to bring about change (Reichers, Wanous, & Austin, 1997). Implementation of a new management model will likely be more successful, if the staff of the JBCP are willing to give their full commitment to the process. If change agents are cynical of the new management model or the implementation process, the movement to the new model may fail. Change agents that are cynical are less likely to listen to feedback from change recipients (Bommer, Rich & Rubin, 2005). As a result, the organization will have a difficult time adapting to the needs of employees in the change process and gaining their acceptance of the change process.

11.4.3   Resistance to Change

Resistance to change refers to actions or failures to act by individuals that help maintain the status quo within an organization (Waddell & Sohal, 1998). Resistance can be passive or aggressive (Kotter & Schlesinger, 2008). Ultimately, it is driven by self-interest to stop change (Kotter & Schlesinger, 2008; Reichers, Wanous, & Austin, 1997). Five common reasons individuals resist change are: a fear of loss, uncertainty regarding the change and its implications, a belief that the change is not appropriate for the organization, a low tolerance for change, and a desire to act according to ethical principles (Kotter & Schlesinger, 2008; Piderit, 2000). The interviews with JBCP staff indicate that some of the reasons individuals resist change are present in the organization. According to the interview findings, some staff may not believe that moving to a new model is necessary for the organization. Others feel that communication needs to be improved, indicating a risk that there may be uncertainty over the potential effects that moving to a new management model could have on the organization.

The obvious difficulty of resistance to change is that change recipients may try to prevent change from occurring in the organization. As with cynicism and trust, without the support of staff for change, the implementation of the new management model will be difficult. However, resistance is not entirely negative and may benefit an organization (Ford, Ford, & D'Amelio 2008; Piderit, 2000; Waddell & Sohal, 1998). Resistance to change is beneficial for four main reasons: stability is just as important if not more important than change for an organization; attention is given to the possible problems of a proposed change; the energy used to resist can be used to assist change which is easier than overcoming apathy; and resistance can lead to innovation to address resistance (Waddell & Sohal, 1998). It is important to note that change

agents may frame change recipients reactions to change according to stereo-types. These stereo types can prevent valuable information from being incorporated into the change.

11.4.4   Strategies to Address the Challenges to Change

Strategies to address the challenges of trust, cynicism, and resistance share two key elements: communication and participation. At a minimum, the JBCP should ensure that during the switch to a new management model, all employees and Board members are given the opportunity to give feedback, be informed about the changes that will be occurring, and participate in the process. It is important to remember that communication involves the opportunity to listen and to be heard (Waddell & Sohal, 1998). Participation entails meaningful control over some aspects of the change for change recipients.

Strategy to Build and Maintain Trust

The strategy calls for change leaders to exhibit trustworthiness over time. This allows change recipients to evaluate the trustworthiness of the change leaders (Dervitsiotis, 2006). The five qualities of trustworthy leaders that employees evaluate are: integrity, competence, consistency/fairness, and openness (Dervitsiotis, 2006; Clark and Payne cited in Morgan & Zeffane, 2003). Change leaders that exhibit these qualities over time are thought of as trustworthy. A major component of the strategy involves the change leaders learning to trust change recipients by consulting, including, and empowering them (Morgan & Zeffane, 2003). Both parties should risk becoming vulnerable to develop trust. With these goals in mind Dervitsiotis (2006) has developed a four step strategy for change leaders:

1. Build confidence and trust in yourself
2. Be aware of body language and what it means to others
3. Exhibit trustworthiness in interactions with change recipients
4. Demonstrate trustworthiness consistently

Strategy to Address Cynicism toward Change

The strategy to address cynicism expands on the two key elements of change (Bommer, Rich, & Rubin, 2005; Reichers, Wanous, & Austin, 1997). The steps of the strategy are:

1. Keep people involved in making decisions that affect them - Involvement means that employees feel their input has been received and given due consideration
2. Emphasize and reward supervisors that communicate and attempt to involve employees
3. Keep people informed of ongoing changes - Providing employees a vision of the future is one option to demonstrate the reasoning for change (Bommer, Rich & Rubin, 2005).
4. Give change recipients time to adjust - Sudden change brings about many questions that may be incorrectly answered by employees, resulting in confusion and uncertainty which reduces support for change.
5. Keep surprising changes to a minimum – Change agents should anticipate questions about change and lay the proper ground work; surprise leads to confusion and uncertainty.

6. Demonstrate credibility – Change recipients need to believe the information provided by change agents.
7. Deal with the past – Change agents must acknowledge mistakes and demonstrate they have learned from past failures.
8. Publicize successful changes - Change is more easily accepted if supported by past success.
9. See change from the employees' perspective - This includes providing opportunities for change recipients to share fears and for change agents to understand how change affects change recipients (Bordia, Hobman, Jones, Gallois, & Callan, 2004).

Strategy to Address Resistance to Change

The strategy for managers to address change recipient resistance has two parts. The first part of the strategy is to help change agents realize the benefits of resistance – it adjusts their approach to managing resistance. Change agents should change their views of resistance (Ford, Ford, & D'Amelio 2008; Piderit, 2000; Waddell & Sohal, 1998). Resistance should be thought of as a valuable part of the change process as opposed to an adversarial process. Rather than using communication and participation to overcome resistance, two way communication with change recipients should be used as learning opportunities to improve the changes in the organization (Waddell & Sohal, 1998).

The second part of the strategy is for change agents to understand the employee's point of view by examining the "personal compact" between employees and an organization. The personal compact is group of agreements between change recipient and manager about the relationship the recipient has with the organization and change manager (Strebel, 1996). Change may result in the agreements of the personal compact being altered. Change agents work with change recipients to develop a new set of agreements in the personal compact. To form a new compact, a change agent works on the three dimensions of a personal compact: formal, psychological, and social (Strebel, 1996).

Formal dimension agreements are associated with job tasks and written expectations of the organization (Strebel, 1996). Basically, these types of agreements inform change recipients of how their job description, job responsibilities, and compensation may change.

Psychological dimension agreements involve trust and dependence (Strebel, 1996). These agreements build personal commitment to the organization by allowing change recipients to assess the actions of the organization and determine if changing their behaviour is worth the risk of becoming vulnerable to negative consequences.

Social dimension agreements involve a comparison of the values of the change recipient and the organization. Change recipients want to ensure that the organization fits with their values and beliefs by examining if the actions of the organization match the vision of the organization (Parish, Cadwallader, and Busch, 2008).

APPENDIX A: STAFF AND MANAGEMENT INTERVIEW QUESTIONS WITH OPERATIONALIZATIONS

Area of inquiry	Question	Operationalization
Background	1. How long have you worked for JBCP? 2. What is your position?	These questions were used in analysis to differentiate responses between teams and to indicate trends among groups of employees based on tenure.
Cost & Timeliness	3. What are your perceptions of the decision-making and approval process at the JBCP? How are you involved in the process? Do you have time to participate in the process? Are decisions arrived at quickly?	Time and involvement of individuals are indicators of the transaction costs and opportunity costs involved in decision-making. As the time to complete the decision-making process increases and the process increases in complexity (i.e. more participants), the transaction costs (bargaining/ reaching consensus/ensuring equal participation) of the model become greater. As more staff become involved in decision-making opportunity costs may increase if less time is spent providing services.
Legitimacy	4. What kind of management structure do you prefer? Do you prefer to have a hierarchy to make decisions? Do you prefer being included in the decision-making process? What level of involvement in decision-making do you think would be the best for the work group? 5. Based on the information sheet provided to you before this interview, what is you preferred management model.	The number of responses for each example indicates levels of support for the hierarchical, participatory, and consultative models and associated leadership styles. Responses will also indicate levels of support for management models.

Area of inquiry	Question	Operationalization
Responsiveness	6. Does the current management structure in the JBCP allow for changes in the organization to meet the needs of staff and clients?	A management structure that is sensitive to staff and client input indicates that the model recognizes the needs of staff and clients. A model that changes to meet the needs of staff and clients indicates its adaptability to meet these needs.
	7. What is emphasized more on your team: rigidity or flexibility? Why? *(i.e. following rules, policies and procedures, or meeting the needs of clients)*	The importance of process indicates that rigidity is necessary to complete the work while a team that places importance on client outcomes values flexibility in their management structure.
Effectiveness	8. What is the most important improvement that needs to be made to the management structure of the JBCP?	Suggested improvements indicate deficiencies in the functioning of the model. They also indicate the characteristics of other models that may prevent them from functioning well.
	9. What is the biggest single benefit to the current management structure at the JBCP?	Suggested benefits of the current model indicate strengths in the functioning of the model. They also indicate the characteristics of other models that may contribute to their success.
Sustainability	10. What is the single biggest risk of the management structure at the JBCP?	Commonly mentioned risks indicate factors to consider when weighing the benefits and deficiencies of different management models.
Context	11. Please describe the organizational culture within your work group and at the JBCP as a whole? Do you feel your values and goals are reflected in the culture? *[Organizational culture refers to shared values and goals among the work group]*	Culture is used to describe shared organizational values and goals. Responses to this question will indicate the contextual considerations.

Leadership defines how the management approach and relationships operate within the |

Area of inquiry	Question	Operationalization
	12. What type of leadership style do you prefer within that structure? How important are personalities and relationships when you think about leadership? Why? How important is subject area knowledge? Why?	management structure. Responses to this question indicate contextual considerations.

APPENDIX B – BOARD OF DIRECTORS INTERVIEWS

1. How long have you sat on the Board of Directors of JBCP?

2. Why did you become involved in the Board of Directors of JBCP?

3. Please describe the organizational culture at the JBCP and within each work group.

4. What are the benefits of having two managers? What are the disadvantages of having two managers? What type of management model would you like to see implemented at the JBCP in the future – Executive Director, co-management, or another model?

5. What management model was previously used? Why did the Board choose the current management model? Has the internal or external environment changed since that decision?

6. What were some of the challenges to implementing the current model?

7. What effect has the co-management model had on the governance of the JBCP? Can you explain the relationship between the managers and the Board? What are your perceptions of the decision-making process?

8. Should the Board take a greater role in managing the operation of the JBCP?

9. Does the current management structure and leadership style at the JBCP allow for changes in the organization to meet the needs of staff and clients? What is the single most important change to the management structure that could be made to help it meet the needs of staff and clients?

10. How important is staff support for the future management model of the JBCP?

11. What is the single biggest single benefit to the current management structure at the JBCP?

12. What is the single most important improvement that needs to be made to the management structure of the JBCP?

13. What is the single biggest risk of the management structure at the JBCP?

14. What factors are the Board considering when choosing the future management model? How important are personal leadership styles, personalities, subject area knowledge? What would you foresee as some of the challenges to implementing a future management model?

APPENDIX C – JBCP EXTERNAL ORGANIZATION INTERVIEW QUESTIONS

The following questions were used to guide discussion during telephone-based interviews with non-profit organizations in British Columbia and other researchers with experience in non-profit management.

Each question links to the set of criteria used to assess the various management models under discussion. The questions will be used to supplement information found in related literature and will also provide regionally comparative information which will aid in assessing models in the context of JBCP.

1. Does the organization subscribe to one management model? If so, can you describe the mechanics of this model?

2. Was the model easy to implement? What were some of the issues involved with implementation

3. In your experience, how well would you say the management model has met the goals of the organization?

4. What makes the model effective? *[OR]* What are the main barriers to its effectiveness? Can you speak generally to any other advantages or disadvantages that might be associated with the model?

5. Can you speak briefly to how the model has worked in practice? What changes have you had to make to ensure that it fits the specific needs of the organization?

6. Has your organization considered changing the model and if so what criteria did it use to determine which model was the most appropriate? If not, why has organization kept the model the same?

7. Can you speak to the cost implications of the model? It may be useful to compare the current model with other management models that might have been in place before.
    a) For instance, how does it affect the bureaucratic operations of the organization?
    b) Another example might be how it has affected the process and time involved with decision-making

8. ***Additional contacts & resources.*** Can you direct me to any other reports, resources, or other contacts that might be useful? We are trying to gather information on a range of different models.

9. Have you ever heard of a co-management model and how it worked in a non-profit organization?

12 WORKS CITED

Abrams, M.N. (2002, Jan/Feb). Succeeding at succession planning. *Health Forum Journal, 45*(1), pp. 27-30.

Adams, T. (2004). *Capturing the power of leadership change: Using executive transition management to strengthen organizational capacity.* Baltimore: Anne E. Casey Foundation. Retrieved March 18. 2009 from, http://www.aecf.org/upload/publicationfiles/pb3622h312.pdf

Aggarwal, R.K., Evans, M., & Nanda, D. (2007, September). *Non-profit boards: Size, performance, and managerial incentives.* Durham, NC: Duke University Press. Retrieved December 17, 2009 from, http://faculty.chicagogsb.edu/workshops/accounting/pdf/nanda.nonprofit.pdf

Alatrista, J. & Arrowsmith, J. (2003). Managing employee commitment in the not-for-profit sector. *Personnel Review, 33*(5), pp. 536-548.

Alexander, J.A., & Weiner, B.J. (1998). The adoption of the corporate governance model by nonprofit organizations. *Nonprofit Management and Leadership, 8*(3), pp. 223-242.

Anheier, H. (2000, January). Managing non-profit organizations: Towards a new approach. Civil Service Working Paper 1. Retrieved March 9, 2009 from, https://www.lse.ac.uk/collections/CCS/pdf/CSWP/cswp1.pdf

Azbug, R., & Rodriguez, A. (2003). Board Structures and Successful CDCs: Modeling the Ways.

Nonprofit Management Program, Milano Graduate School of Management and Urban Policy, New School University. Retrieved March 11, 2009 from, http://www.newschool.edu/milano/cdrc/pubs/wp/wp.2003.02.pdf

Bacharach, S.B. (1989). Organizational theories: Some criteria for evaluation. *Academy of Management Review, 14*(4), pp. 496-515.

Barnum, B.S. & Kerfoot, K.M. (1995). *The nurse as executive, 4th ed.* New York: Jones and Bartlett.

Bell, J, Moyers, R., Wolfred, T. (2006). *Daring to lead: A national study of non-profit executive leadership.* n.p. Compasspoint Non-profit Services. Retrieved March 23, 2009 from, http://www.compasspoint.org/assets/194_daringtolead06final.pdf

Block, P. (1987). *The empowered manager: Positive political skills at work.* San Francisco: Josey-Bass.

Blouin, A., McDonough, K.J., Neistadt, A.M., & Helfand, B. (2006, June). Leading tomorrow's healthcare organizations: Strategies and tactics for effective succession planning. *Journal of Nursing Administration, 36*(6), pp. 325-330

Bopp, W.J. & Rosenthal, W.P. (1979, April). Participatory management. *The American Journal of Nursing, 79*(4), pp. 670-72.

Brady, G.F., Fulmer, R.M., & Helmich, D.L. (1982). Planning executive succession: The effect of recruitment source and organizational problems of anticipated tenure. *Strategic Management Journal, 3,* pp. 269-275.

Brandsen, T., & Pestoff, V. (2006). Co-production, the third sector and the delivery of public services. *Public Management Review, 8*(4), 493-501.

Brito, P., Galin, P., & Novick, M. (2001). Labor relations, employment conditions and participation in the health sector. *Workshop on Global Health Workforce Strategy.* Geneva: World Health Organization.

Bommer H., Rich, G.A., & Rubin, R.S. (2005). Changing attitudes about change: longitudinal effects of transformational leader behavior on employee cynicism about organizational change. *Journal of Organizational Behavior, 26*(7), 733-753.

Bordia, P., Hobman E., Jones, E., Gallois C., & Callan V.J. (2004). Uncertainty during organizational change: types, consequences, and management strategies. *Journal of Business and Psychology, 18*(4), 507-532.

Carver, J., & Carver, M. (2001) Carver's policy governance model in nonprofit organizations. Retrieved March 11, 2009 from http://media.wiley.com/assets/48/29/np_carver_jb_pgdefined.pdf

Castiglione, J. (2007). Self-managing work teams and their external leadership: A primer for library administrators. *Library Management, 28* (6/7), pp. 379 – 393.

Chan, W. (1996, October). External recruitment versus internal promotion. *Journal of Labor Economics, 14*(4), pp. 555-570.

Christie, S. (2005, September). Succession planning: There are no magic bullets. *Policy and Practice of Public Human Services, 63*(3), pp. 30-31.

Collins, D. (1997, September-October). The ethical superiority and inevitability of participatory management as an organizational system. *Organization Science, 8*(5), pp. 489-507.

Collins, S.K. & Collins, K.S. (2007, Jan-Feb). Succession planning and leadership development: Critical business strategies for healthcare organizations. *Radiology Management,* pp. 16-24.

Conger, J.A. & Fulmer, R.M. (2003, December). Developing your leadership pipeline. *Harvard Business Review, 81*(12), pp. 76-84.

Conger, J.A. & Kanungo, R.N. (1988). The empowerment process: Integrating theory and practice. *Academy of Management Review, 13*(3), pp. 471-482.

Connolly, P. (2006). Management style in the non-profit sector in Ireland. *The Irish Journal of Management, 26* (2), pp. 129-147.

Cooney, K. (2006). The institutional and technical structuring of nonprofit ventures: Case study of a U.S. hybrid organization caught between two fields. *Voluntas: International Journal of Voluntary & Nonprofit Organizations, 17*(2), pp. 137-161.

Covin, J. G., & Slevin, D. P. (1988). The influence of organization structure on the utility of an entrepreneurial top management style. *Journal of Management Studies, 25*(3), pp. 217-234.

Curran, C.J. (2002). The myth of equality in flatline organizations. *OD Practitioner, 4,* pp. 40-46.

Daft, R.L. (1989). *Organization theory and design* (3rd ed.). New York: West.

Davis, G. F., & Marquis, C. (2005). Prospects for organization theory in the early twenty-first century: Institutional fields and mechanisms. *Organization Science, 16*(4), pp. 332-343.

Dereli, C. (2003). Strategy and strategic decision-making in the smaller local authority. *The International Journal of Public Sector Management, 16* (4), pp. 250-260.

Dervitsiotis, K. N. (2006). Building trust for excellence in performance and adaptation to change. *Total Quality Management & Business Excellence, 17*(7), pp. 795-810.

De Varo, J. & Brookshire, D. (2007). Promotions and incentives in nonprofit and for-profit organizations. *Industrial & Labour Relations Review, 60*(3), pp.311-339.

De Voogt, A. (2006). Dual Leadership as a Problem-Solving Tool in Arts Organizations. *International Journal of Arts Management, 9*(1), pp. 17-22.

Donaldson, L. (2001). *The contingency theory of organizations.* New York: Sage.

Donaldson, L., & Hilmer, F. G. (1998). Management redeemed: The case against fads that harm management. *Organizational Dynamics, 26*(4; 4), pp. 7-20.

Doe, T. & Mortimer, G.E. (2003). *The James Bay dispute: Microcosm of Canadian health care.* Retrieved April 9, 2009 from, http://www.allacademic.com/meta/p_mla_apa_research_citation/1/0/6/5/5/p106552_index.html

DiMaggio, P. (2003). *The twenty-first century firm: Changing economic organization in international perspective.* Princeton: Princeton U.

Drory, A & Zaidman, N. (2007). Impression management behavior: effects of the organizational system. *Journal of Managerial Psychology, 22*(3), pp. 290 – 308.

Dym, B. & Hutson, H. (2005). Leadership in nonprofit organizations. Thousand Oaks: Sage.

Fayol, H. (1996). Get book back from library. In J.M. Shafritz & J.S. Ott, *Classics of organizational theory* (4th ed.). Fort Worth: Harcourt Brace College

Feinstien, W.L. (1994). Updating the board-executive relationship. *Journal of Jewish Communal Service.* Retrieved March 11, 2009 from, https://www.policyarchive.org/bitstream/handle/10207/10653/JJCS71-1-07.pdf

Fitzgerald, S.P. (2002). *Organizational models.* Oxford: Capstone.

Fishel, D. (2008). *The book of the board: Effective governance for non-profit organizations.* Sydney: Federation Press.

Fox, W.M. (1977, Winter). Limits to the use of consultative – participative management. *California Management Review, 20*(20), pp. 17-22.

Fulmer, R. (2005, January 25). Keys to best practice succession management. *Human Resources Magazine.* Retrieved March 22, 2009 from, http://www.cde.state.co.us/cdelib/CEForum/download/pdf/SuccessionBestPractices.pdf

Gaffney, S. (2005, Fall). Career development as a retention and succession planning tool. *Journal for Quality and Participation, 28*(3), pp. 7-10.

Getty, C. (1993, November). Planning successfully for succession planning. *Training and Development, 47*(11), pp. 31-33.

Gollan, P.J. & Davis, E.M. (1999) High involvement management and organizational change: Beyond rhetoric. *Asia Pacific Journal of Human Resources, 37*(69), pp. 69-91.

Greengard, S. (2001, Dec). Why succession planning can't wait. *Workforce,* pp. 34-38.

Hale, M. M. (1996). Learning organizations and mentoring: Two ways to link learning and workforce development. *Public Productivity and Management Review,* 19(*4*), pp. 422-433.

Herman, R.D. & Heimovics, R.D. (1991). Executive leadership in nonprofit organizations. San Francisco: Josey-Bass.

Hickson, D.J. & Hinings, C.R., Schneck, R.E., & Pennings, J.M. (1971,June). A strategic

contingencies' theory of intraorganizational power. Administrative Science Quarterly, 16(2), pp. 216-229.

Hough, A. (2002). The policy governance model: a critical examination. Centre of Philanthropy and Nonprofit Studies. Queensland University of Technology. Retrieved March 11, 2009 from, http://eprints.qut.edu.au.ezproxy.library.uvic.ca/12029/1/6_Hough.pdf

Hudson, B., Hardy, B., Henwood, M., & Wistow, G. (1999). In pursuit of inter-agency collaboration in the public sector. *Public Management, 1*(2), pp. 235-260.

Hrebiniak, L.G. & Joyce, W.F. (1985, September). Organizational adaptation: Strategic choice and environmental determinism. Administrative Science Quarterly, 30(3), pp. 336-349.

Gollan, P.J. & Davis, E.M. (1999) High involvement management and organizational change: Beyond rhetoric. *Asia Pacific Journal of Human Resources, 37* (69), pp. 69-91.

Greenwald (2007). *Organizations: Management without control.* Thousand Oaks: Sage.

Jackson, J.J. & Morgan, C.P. (1982). Organization theory: A macro perspective for management, 2nd ed. Englewood Cliffs, NJ: Prentice-Hall.

James Bay Community Project. (2008). *Annual report 2007/08.* Retrieved March 8, 2009 from, http://www.jbcp.bc.ca/pdf/Annual%20Report%202008.pdf

James Bay Community Project. (2009). *Official website.* Retrieved March 8, 2009 from, http://www.jbcp.bc.ca

Kanter, R.A. (1981, Autumn). Power, leadership, and participatory management. *Theory into Practice, 20*(4), pp. 219-225.

Kanter, R.A. (1983). *The Change Masters: Innovation for Productivity in the American Corporation* New York: Simon and Schuster.

Kim, S. (2002). Participative management and job satisfaction: Lessons for management leadership. *Public Administration Review, 62*(2), pp. 231-241.

Kotter, J.P., & Schlesinger, L.A. (2008). Choosing strategies for change. *Harvard Business Review,* 57, pp. 130-139.

Lewis, D. (2001). *The management of non-governmental development organizations: An Introduction.* London: Routledge.

Lichtenstien, A.A. (2000). Participatory management: A critical look. *Journal of Library Administration, 31*(1), pp 29-40.

Likert, R. (1961). An integrating principle and an overview. In *The great writings of management and organizational behaviour 2^(nd) ed.* Ed. By Bowen, B. New York: Random House.

Likert, R. (1967). *The human organization: Its management and value.* New York: McGraw-Hill.

Maddock, S. (2002). Making modernization work: new narratives, change strategies and people management in the public sector. *International Journal of Public Sector Management*, *15*(1), pp. 13-43.

Manheim, J.B., Richard, C.R., Willnat, L., & Brians, C.L. (2008). *Empirical political analysis: Quantitative and qualitative research methods (7^(th) ed.)*. New York: Pearson.

Marion, R. (1999). *The edge of organization: Chaos and complexity theories of formal organizations.* Thousand Oaks: Sage.

Masaoka, J. (2007). *The departing: Exiting non-profit leaders as resources for social change.* Washington D.C.: Grantmakers for Effective Organizations. Retrieved March 25, 2009 from, http://www.haasjr.org/design/plain/downloads/TheDepartingGEO.pdf

McGill, M. E., & Wooten, L.M. (1975). Management in the third sector. *Public Administration Review, 35*(5), pp. 444-455.

McLagan, P.A. & Nel, C. (1997). *The Age of Participation: New Governance for the Workplace and the World.* San Francisco: Berrett-Koehler.

Meadows, M. & Dibb, S. (1998, April). Implementing market segmentation strategies in UK personal financial services: Problems and progress. *The Service Industries Journal, 18*(2), pp. 45-63.

Meier, K. J., & Bohte, J. (2003). Span of control and public organizations: Implementing Luther Gulick's research design. *Public Administration Review, 63*(1), pp. 61-70.

Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *The American Journal of Sociology, 83*(2), pp. 340-363.

Mintzberg, H. (1983). *Power in and around organizations.* Englewood Cliffs, N.J.: Prentice-Hall.

Mitchell, T. (1999, December). Review of Person-centred leadership: An American approach to participatory management. *Journal of Occupational and Organizational Psychology, 72*(4), pp. 571-73.

Morgan, G. (1998). *Images of organization.* New York: Berrett-Koehler.

Morgan, D. E., & Zeffane, R. (2003). Employee involvement, organizational change and trust in management. *International Journal of Human Resource Management, 14*(1), pp. 55-75.

Murray, V. (2006). *The nonprofit and voluntary sector in British Columbia: Regional Highlights of the National Survey of Nonprofit and Voluntary Organizations.* Retrieved March 7, 2009 from, http://www.imaginecanada.ca/files/en/nsnvo/g_british_columbia_sector_report.pdf

Newman, W. H., & Wallender III, Harvey W. (1978). Managing not-for-profit enterprises. *Academy of Management Review, 3*(1), pp. 24-31.

Numerof, R.E. & Abrams, M.L. (2002, June). Matrix management. *Directors and Boards.* Retrieved December 20, 2008 from, http://goliath.ecnext.com/coms2/summary_0199-1824949_ITM

Oasis Center. (2008). *Official website.* Retrieved December 12, 2008 from, http://www.oasiscenter.org/

Pandey, S.K. & Rainey, H.G. (2006). Public managers' perceptions of organizational goal ambiguity: analyzing alternative model. *International Public Management Journal, 9*(2), pp.85-112.

Parish, J.T., Cadwallader, & S., Busch, P. (2008). Want to, need to, ought to: employee commitment to organizational change. *Journal of Organizational Change Management*, *21*(1), pp. 32 – 52.

Paul, R.J. & Ebadi, Y.M. (1989). Leadership decision-making in a service organization: A field test of the Vroom – Yeton model. *Journal of Occupational Psychology, 62,* pp. 201-211.

Perkins, D.D. & Zimmerman, M.A. (1995, October). Empowerment theory, research, and application. *American Journal of Community Psychology, 23* (5), pp. 569-579.

Polivka, B. J. (1995). A Conceptual Model for Community Interagency Collaboration. Journal of Nursing Scholarship, *27*(2), pp. 110-115.

Post script: Ten years later. (2008).

Pine, B.A., Warsh, R., & Maluccio, A.N. (1998). Participatory management in a public child welfare agency: A key to effective change. *Administration in Social Work, 22* (1), pp. 19-32.

Plas, J.M. (1996). *Person-centered leadership: An American approach to participatory management.* London: Sage.

Plas, J.M. & Lewis, S.E. (2001). *Person-centered leadership for nonprofit organizations: Management that works in high pressure systems.* London: Sage.

Post Script Ten Years Later. (2008).

Powers, D.R. & Powers, M.F. (1983). *Making participatory management work: Leadership of consultative decision-making in academic administration.* San Francisco: Jossey-Bass.

Prentice, S. (2006). Childcare, co-production and the third sector in Canada. *Public Management Review, 8*(4), pp. 521-536.

Rappaport, J. (1987). Terms of empowerment / Exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15* (2), pp. 121-148.

Ratna, J. & Rifkin, S.B. (2007). Equity, empowerment and choice: From theory to practice in public health. *Journal of Health Psychology, 12* (3), pp. 517-530.

Redman, R. (2006, June). Leadership succession planning: An evidence-based approach for managing the future. *Journal of Nursing Administration, 36*(6), pp. 292-297.

Reichers, A. E., Wanous, J. P., & Austin, J. T. (1997). Understanding and managing cynicism about organizational change. *Academy of Management Executive, 11*(1), pp. 48-59.

Reid, W. (2005). Institutionalized, mandated dual leadership in nonprofit arts organizations: one conceptualization of the phenomenon and its implications for organizational effectiveness. Organizational Behaviour and Industrial Relations, Schulich School of Business, York University. Retrieved March 11, 2009 from, http://neumann.hec.ca/aimac2005/PDF_Text/Reid_Wendy.pdf

Robbins, S.P. (1987). Organization theory: structure, design, and applications. Englewood Cliffs, NJ: Prentice-Hall.

Robey, D. (1986). *Designing organizations* (2nd *ed.).* Homewood, Ill.: Irwin.

Rosenberg, G. (1980). Concepts in the financial management of hospital social work departments. *Social Work in Health Care, 5*(3), pp. 287-303.

Rothwell, W.J. (2001). *Effective succession planning.* New York: AMACOM.

Rothwell, W.J. (2005). *Effective succession planning: Ensuring Leadership continuity and building talent from within 3rd ed.* New York: Amacon.

Rowland, H.S. & Rowland, B.L. (1997). *Nursing administration handbook, 4th ed.* New York: Jones and Bartlett.

Salamon, L.M. & Geller, S.L. (2005, October). *Nonprofit governance and accountability: The Johns Hopkins Listening Post Project communiqué no. 4.* Retrieved December 9, 2008 from, http://www.jhu.edu/listeningpost/news/pdf/comm04.pdf

Saxton, G.D. (2005). The participatory revolution in nonprofit management. The Public
     Manager. Retrieved March 11, 2009 from,
     http://www.thepublicmanager.org/TPM/isysquery/783af137-14c7-4adb-8088-
     1980fac13ada/1/doc/V34N1_ThePracticipatory_Saxton.pdf#xml=http://www.thepublicman
     ager.org/TPM/isysquery/783af137-14c7-4adb-8088-1980fac13ada/1/hilite/

Scroggins, B. (1998, March). United in participatory management we stand. *Community College
     Week, 10*(16), pp. 2-4.

Scott, W.R. (1987). The adolescence of institutional theory. Administrative Science Quarterly,
     32, pp. 493-511.

Scott, W.R. (1995). Symbols and organizations: from Barnard to the institutionalists. In O.E.

Williamson (Ed.), Organizational Theory (pp. 38-55). New York: Oxford

Scott, W.R (2008). Approaching adulthood: the maturing of institutional theory. *Theory and
     Society, 37*(5), pp. 427-442.

Shirey, M.R. (2008, October). Building the leadership development pipeline: A five-step
     succession planning model. *Entrepreneurial Dimensions of CSN Practice, 22*(5), pp. 214-
     17.

Solomon, J. & Sandahl, Y. (2007). *Stepping up or stepping out: A report on the readiness of
     next generation non-profit leaders.* n.p.: Young Non-profit Professionals Network.
     Retrieved March 25, 2009 from,
     http://www.americansforthearts.org/pdf/networks/emerging_leaders/news_networking/feat
     ured_articles/stepping_up.pdf

Specherbacher, G. (2008). Nonprofit versus corporate governance: An economic approach.
     Nonprofit management & leadership,18(3*)*, pp. 295-320.

Shoichet, R. (1998). An organization design model for nonprofits Source. *Nonprofit
     management & leadership, 9*(1), pp. 71-88.

Sibler, N. (2008). Anti consultative trends in nonprofit governance. *Oregon Law Review.*
     Retrieved March 11, 2009 from,
     https://scholarsbank.uoregon.edu/xmlui/bitstream/handle/1794/5948/Silber.pdf?sequence=
     1

Smillie, I. & Hailey, J. (2001). *Managing for change: Leadership, strategy and management in
     Asian NGOs.* London: Earthscan.

Stanley, D.J., Meyer, J.P., & Topolnytsky, L. (2005). Employee cynicism and resistance to
     organizational change. *Journal of Business and Psychology*, *19*(4), pp. 429-459.

Stone, M.M., & Ostrower, F. (2007). Acting in the public interest? Another look at research on nonprofit governance. *Nonprofit and Voluntary Sector Quarterly, 36*(3), pp. 416-438.

Strebel, P. (1996). Why do employees resist change? *Harvard Business Review, 74*(3), pp. 86-92.

Stevens, P. (2001). Bottom-up succession planning works better. *Worklife Counseling,* pp. 3-6.

Succession planning: Facts and fantasies. (2005, Fall). *Journal for quality and participation, 28*(3), pp. 4-6.

Tierney, T.J. (2006, March). *The nonprofit sector leadership deficit.* Retrieved April 4, 2009 from, http:ééwww.bridgespan.org

Troxel, J. (2003). *Responsibilities of the nonprofit board of directors.* Chicago: Millenia Consulting. Retrieved December 18, 2008 from, http://www.consultmillennia.com/documents/Non-ProfitBoardResponsibilitiesArticle.pdf

Uzzi, B. (1997, March). Social structure and competition in interfirm networks: The paradox of Embeddedness. *Administrative Science Quarterly, 42* (1), pp. 45-67.

Vidal, I. (2006). Reflections on the market, networking and trust. *Public Management Review, 8*(4), pp. 583-589.

Voluntary Organizations that Work Well: a Study of Ten Successful Community Service Organizations in British Columbia. (n.d.).

Vroom, V. H. & Yetton, P.W. (1973). *Leadership and decision making.* Pittsburgh: U. of Pittsburgh.

Waddell, D., & Sohal, A. S. (1998). Resistance: A constructive tool for change management. *Management Decision, 36*(7), pp. 543-548.

Walsh, J. P., Meyer, A. D., & Schoonhoven, C. B. (2006). A future for organization theory: Living in and living with changing organizations. *Organization Science, 17*(5), pp. 657-671.

Walton, E.J. (2005). The persistence of bureaucracy: a meta-analysis of Weber's model of bureaucratic control. *Organization Studies, 26*(4), pp. 569–600.

Weber, M. (1947). *The theory of social and economic organization (trans. A.M. Henderson and Talcott Parsons).* New York: Macmillan

Werther, W.B. & Berman, E.M. (2001). *Third sector management: The art of managing nonprofit organizations.* Washington D.C.: Georgetown U.

Westphal, J.A. (2005, September). Resilient organizations: Matrix model and service line management. *Journal of Nursing Administration, 35*(9), pp. 414-419.

Williams, G.C. (2001). *Human resource management 8204: Succession planning in the health sector.* Retrieved March 20, 2009 from, http://www.nlhba.nl.ca/Web_Site_Files/LR/Succession.pdf

Wilkinson, A. (1997, October). Empowerment: Theory and practice. *Personnel Review, 27*(1). pp. 40-56.

Wolfred, T. (2005). *Interim executive directors: The power in the middle.* San Francisco: Compasspoint Nonprofit Services. Retrieved March 25, 2009 from, http://www.aecf.org/upload/publicationfiles/ld2928k641.pdf

Wolfred, T. (2008). *Building leaderful organizations: Succession planning for non-profits.* Baltimore: Anne E. Casey Foundation. Retrieved March 20, 2009 from, http://www.aecf.org/~/media/Pubs/Other/B/BuildingLeaderfulOrganizationsSuccessionPlan n/Building%20Leaderful%20Organizations.pdf

Zanzi, A. (1987). How organic is your organization? - determinants of Organic/mechanistic tendencies in a public accounting firm. *Journal of Management Studies, 24*(2), pp. 125-142.

Zawada, E.T., Aaronson, M.L., Herr, P., & Erickson, D.K. (2006, October). Relationship between levels of consultative management and outcomes in a telemedicine intensitivitist staffing program (TISP) in a rural health system. *Chest,* pp. 226-27.

Zucker, L.G. (1987). Institutional theories of organization. *Annual Review of Sociology, 13*(1), pp. 443-446.