

Intergenerational Differences and their Relation to Recruitment and Retention in a Rapidly Changing Public Safety Workplace: Applying a 12-Factor, 4-Tier Model of Organizational Health

Patricia Fisher, Ph.D.
Fisher & Associates Solutions Inc.,
Victoria & New York

Anne Zahradnik, Ph.D.
Master of Public Administration
Program, Long Island University, NY

From an organizational health perspective, the impacts of current workplace stresses manifest in terms of recruitment and retention challenges, increased rates of physical and mental illness, and more that cause a consequent erosion of operational effectiveness. Several factors unique to government employment add additional stress, including fewer career advancement opportunities, managing outsourcing results and balancing client service quality with political considerations. Within this environment, managers often feel overwhelmed by the wide array of HR and operational challenges. The 12-factor, 4-tier Organizational Health Model used in this case study is based upon a risk and resilience approach and provides a quantifiable, explanatory approach to the critical problems confronting the contemporary work environment. This paper describes the model, and details a case example of its application to a large justice sector organization struggling with a wide range of previously intransigent challenges.

Much has already changed within the work environment in this young century. Accelerating rates of globalization, information and communication technology advances, corporate restructuring, demographic transformations, high turnover, and the sheer pace of change have all interacted and contributed to increasingly stressed systems (Stopper, 2003). From an organizational health perspective, the cumulative impacts of these stresses are often manifest in terms of recruitment and retention challenges, increased rates of physical and mental illness, communication breakdowns, poor morale, conflict and consequent erosions of operational capacity (Fisher & Abrahamson, 2002).

The common underlying factor here is quintessentially human – we find ourselves at a remarkable time in history where people are being called upon to deal with unprecedented

levels of multidimensional pressure in terms of information density, pace of response, complexity, rate of change, and quantity of work, along with other novel environmental and social challenges. This is not what we, as a species, were originally adapted for, and the consequences of the stresses are glaringly apparent (Schabracq, Winnubst, & Cooper, 2003).

If that scenario were not challenging enough, several factors unique to government employment add even more stress. Rusaw (2004) lists the effects of downsizing and organizational change in government agencies as including increased workloads, fewer career advancement opportunities, and “increased reliance on political technocrats and non-government organizations, private contracts, and politically defined market incentives” (p. 484). Rusaw also explains another common consequence of organizational change and downsizing-- the situation where a government employee left in a downsized department then often faces conflicting and confusing roles and responsibilities, which further impair his or her ability to adjust to organizational change. Within this increasingly chaotic and complex environment, managers often feel overwhelmed by the wide array of HR and operational challenges, and can either become immobilized or find themselves seeking the “magic bullet” solution that will solve all the problems. Unfortunately, complex multifactor problems cannot be solved by a single response. Rather, we need a more comprehensive paradigm that can incorporate the complexity and provide an overarching and practically applicable approach. We believe that our 12-factor, 4-tier Organizational Health Model meets this challenge.

The 12-factor, 4-tier Organizational Health Model is based upon a risk and resilience approach and provides a

Patricia M. Fisher, Ph.D., President, Fisher & Associates Solutions Inc., and Anne Zahradnik, Ph.D., Assistant Professor, Long Island University-Brooklyn, School of Business, Public Administration & Information Sciences. Portions of this article will be presented at the American Society for Public Administration (ASPA) Annual Conference in Miami, Florida, March, 2009. Special appreciation is given to the leaders and staff of the BC Adult Custody Branch of the Ministry of Public Safety and Solicitor General for their invaluable contributions to the project. Correspondence concerning this article should be addressed to Patricia M Fisher at Fisher & Associates Solutions Inc., 149 St. Lawrence St., Victoria, BC V8V 1X9 (Canada), or at 6 South Van Dyke Ave., Suffern, NY 10901 (USA). Please direct electronic correspondence to fisher@fisherandassociates.org.

quantifiable, explanatory approach to the critical problems confronting the contemporary work environment. Changes in the responses can be readily tracked over time to help assess implemented responses. The model grounds an assessment process that provides a detailed and unique profile for the given organization – a profile that effectively guides sequential interventions to address the challenges. This paper gives a description of the model, and a case example of its application to a large justice sector organization which was struggling with a wide range of previously intransigent challenges.

The Organizational Health Model

The 4-tier Model of Organizational Health incorporates 12 critical factors, which fall into a base set of Foundation Elements and three layers of Outcome Elements. Each of these elements is critical to the culture and functioning of organizations.

Tier 1: The Foundation

The model rests on three fundamental elements – *leadership, succession planning and employee health and wellness*. These three provide the foundation for all the other elements of the organizational health model. The importance of high quality, effective leadership has been demonstrated repeatedly as crucial to virtually every outcome factor (Goleman, Boyatzis, & McKee, 2002; Hernez-Broome & Hughes, 2004; Zaccaro & Klimoski, 2001). The mental and physical well-being of both staff and managers is also a central determinant of all other organizational health elements (Cropanzano, Rupp, & Byrne, 2003; Fisher & Abrahamson, 2002; Parks & Steelman, 2008; Sun, Wang, Zhang, & Li, 2008). Succession planning is particularly important at this point, given the unprecedented rate of employee turnover precipitated by baby-boomer retirement, a general scarcity of younger skilled workers and increased job mobility options for the new workers. These factors all combine to challenge organizational sustainability and capacity (Garman & Glawe, 2004; Groves, 2007; Kiyonaga, 2004).

Tier 2: First Level Outcomes

Within the model, *communication, trust and respect and work-life balance* are first level culture outcomes of the foundation elements and set the stage for the remaining elements. The functional capacity of a work culture founded on mutual trust and respect (Mayer, 2007; Stinglhamber, De Cremer, & Mercken, 2006), with effective communication (Goris, 2007), is very different from one characterized by suspicion, distrust and communication failures. Equally important is the ability of employees to balance their personal and professional lives. Work-family conflict is a serious contributor to employee stress and represents a confounding influence on employee engagement (Allen, Herst, Bruck, & Sutton, 2000). Family-friendly employment practices provide important dividends (Breaugh & Frye, 2008; van Steenberg, Ellemers, & Mooijaart, 2007)

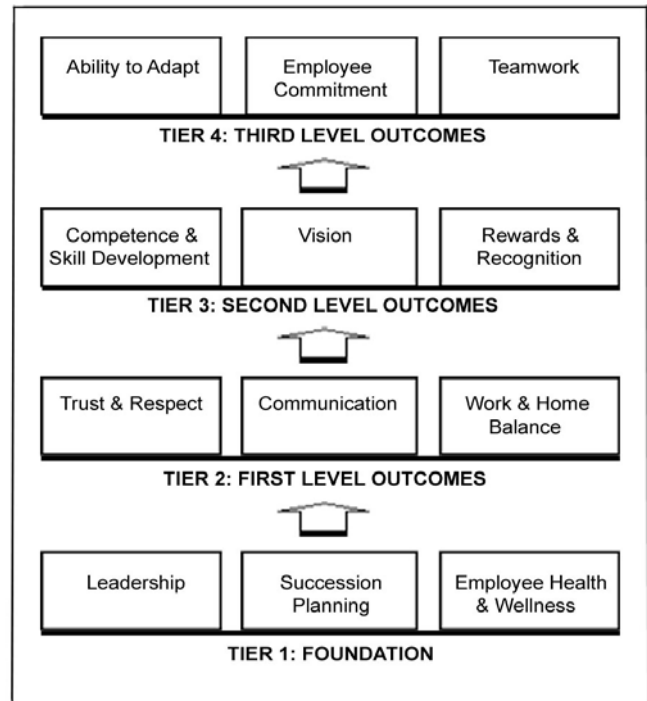
Tier 3: Second Level Outcomes

This level contains *vision, competence and skill development and rewards and recognition*. These three elements depend upon the previous two levels and inform the top tier of outcomes. Staff and managers need a clear and congruent vision of the organization's purpose (Becker &

Steele, 2006; Buckley, Beu, Novicevic, & Sigerstad, 2001) within a framework that recognizes and rewards their contributions (Milne, 2007; Wayne, Shore, Bommer, & Tetrick, 2002). Equally, in successful organizations the development of employee skills and competencies are valued and willingly embraced via formal training, coaching and mentoring (Harris, Winskowski, & Engdahl, 2007; Hezlett & Gibson, 2007; Lang & Wittig-Berman, 2000).

Figure 1.

The 12 Factor, 4-Tier Organizational Health Model



Tier 4: Third Level Outcomes

This is the functional level that organizations typically pay the most attention to, and it includes *ability to adapt, teamwork and employee commitment*. However, performance at this level is largely dependent on the elements contained within the lower three tiers. Certainly, it is generally recognized that successful organizations are adaptive and creative (Kezar, 2001), teamwork is effective and productive (Heinemann & Zeiss, 2002; Leach, Wall, Rogelberg, & Jackson, 2005), and employees are committed to their future with the organization (Rugulies et al., 2007).

Organizational Health Case Study

The client in this case is the Adult Custody Division of the Corrections Branch, British Columbia Ministry of Public Safety and Solicitor General. The Division operates nine provincial correctional centers in British Columbia for adult men and women. Individuals who are remanded into custody or sentenced to a term of two years less a day are incarcerated in these provincial facilities. The centers

incarcerate inmates of all levels of risk, and focus on control, separation and protection of offenders and the community.

We began to work with the Division on a comprehensive Organizational Health Assessment in the summer of 2007. After five years of major restructuring, downsizing, Center closures, and major personnel changes, the Branch faced many organizational health and development challenges. Additionally, staff redistribution, increased inmate counts, lower staff/inmate ratios, crowding, and changing inmate profiles added to the stresses in the system. Throughout this difficult interval the corporate culture was impacted, staff morale suffered, turnover was high, and the personal costs were serious for many. Due in large part to courageous and enlightened new leadership, 2007 was remarkable as the organization began transforming itself from the top down by embracing an enlightened contemporary approach to organizational leadership and offender management. While the more senior ranks of management were solidly behind the new vision, frontline officers and supervisors continued to struggle with outcomes of the transition period.

The Organizational Health Assessment was commissioned to provide a comprehensive and detailed profile of the organization and its constituent groups, and to recommend appropriate interventions based on the outcomes.

Individuals who participated in the online organizational health survey included: 67 administrative support and stores workers; 502 correctional officers; 123 correctional supervisors and program supervisors; 49 assistant deputy wardens and directors of business and finance; 30 wardens and deputy wardens; 33 headquarters staff

The organization has experienced significant turnover in the past five years, including the loss of many employees during restructuring, the retirement of many baby-boomers and a large influx of new employees – in fact almost 30% of survey respondents had joined Adult Custody within the past four years. At the time the instrument was applied, there was a significant staff shortage despite recruitment efforts, and poor retention figures for the recent groups of recruits. Survey results demonstrate that particular challenges loom--almost 50% of those under 30 intend to leave the organization within the next four years, while 40% of those over 50 also intend to go by that time. This leaves the 30-50 year olds as the only stable staffing component over the next decade – at this time, the most disaffected age group. All this combines to describe a critically important confluence of factors that are a threat to the ongoing sustainability of the organization's health.

Method

The organizational health assessment process involves two main sources of information that provide both quantitative and qualitative data. The 72-item, 12-Factor Organizational Health Survey tool identifies organizational areas of strength, risk and challenge in each of the 12 Organizational Health Factors. It is available as an online web-based instrument or as a paper and pencil booklet. The assessment instrument also gathers background demographic information, and is customized to the specific needs of each client organization. Demographic considerations generally include job type, age, gender, years with the organization,

turnover intentions, retirement plans, and family factors. The assessment survey is designed to be distributed to all members of the organization for completion under conditions of confidentiality.

Additional qualitative information is gathered using one-hour structured interviews with key individuals in organization and with a representative sample of employees. All information gathered, and all subsequent analyses and reports maintain the confidentiality of participants.

For the quantitative component, 866 individuals, representing staff and managers from all Centers and Headquarters, completed the on-line Organizational Health Survey. The password protected Organizational Health Survey included an informed consent, background demographic information, and the 72-item survey. The average time for administration was approximately 8-12 minutes and participants at the Centers completed the survey at work. The demographic information gathered including age, gender, work site, job description, years with organization, leaving intentions and family status. Given the size and diversity of the sample, it seems reasonable to view the results as fairly representative and instructive.

The 1.5 hr. Structured Interviews provided a more detailed qualitative source of information. One hundred thirty individuals representing all Centers and HQ participated. Interviews were held under conditions of confidentiality and informed consent. Participants were chosen at random within the constraints of balanced job description, age and gender representation. With the exception of headquarters staff, all interviews were held off site under comfortable and casual conditions. Virtually all individuals who participated in this process were friendly and co-operative, and seemed genuinely committed to constructively approaching the issues at hand. Overall, they were an impressive group of people who take their work seriously and are concerned about the organization's ability to best serve its critical public safety mandate.

Results

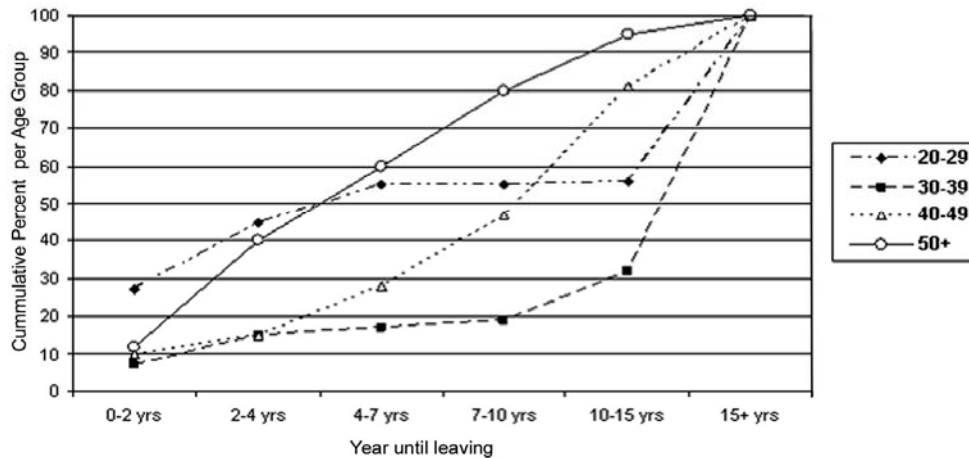
The overall results for the organization are positive and encouraging. Despite the many organizational stresses, six of the 12 factors averaged in the "fair" range. The strongest score is employee commitment. The organization is fortunate that the majority of their staff genuinely believes in the wider social value and meaningfulness of the work – this provides an important strength to build on.

However, it is also clear that there are very significant disparities between the different groups within Adult Custody – particularly in terms of rank, age, setting, career stage and other important characteristics. Within the context of the entire study, all of those factors combined to provide an informative portrait and clear direction for useful interventions.

Age cohort differences are a widespread organizational development challenge. Better understanding of the age cohort issues in this case is generalizable and of value across public service organizations. Using the 12-Factor Model to parse specific reasons for retention and succession planning issues across and between age cohorts provides practitioners with specific, actionable insights.

Figure 2:

Employee commitment as measured by self-reported years they plan to stay with the organization. All age groups and all centers included. The graph considers the cumulative percentage of staff and managers planning to leave the organization.



The most positive responses came from either the youngest or the oldest members of the organization, while those in their thirties and forties were most negative. Given this, it is also important to consider the differing reservoirs of experience held by the generations. For the mid-career staff there is still the impact of history to move through. For many of them the distress associated with recent restructuring is still a compelling issue, and there were frequent negative references to it. In contrast, the older staff typically held a longer perspective, having lived through more changes and holding a closer view of retirement possibilities. The young, early-career employees were typically more positive overall, though they became increasingly negative after five years with the organization.

Relationships between the generations were also complex. As new members of the organization, the younger people will be informed by their interactions with their managers and with older staff. At best, the younger people found the seasoned staff professionally helpful and personally supportive. At worst, many described trying to deal with pervasive negativity, resentment, disrespect and polarized politics. The more positive mid-career people appreciated the energy and enthusiasm of the younger people, but were concerned that many see corrections as a stepping stone to alternative careers. Many were also concerned that new officers were not being well equipped or trained to deal with the increased pressures on the units. The more negative mid-career staff were unwilling to invest in new staff and expected them to soon leave. There was also some resentment for the new staff in terms of a perceived sense of entitlement, resentment for the changed starting conditions (permanent full time and benefits), and a perception of enhanced opportunities for advancement.

Overall, the relatively poor morale of the mid-career employees, and particularly the front line personnel, gives rise for concern. At this point they are the group upon which the organization most depends, and who have the strongest impact on new employees and other coworkers.

While recruitment and retention are concerned with obtaining and keeping staff, succession planning addresses the need to maintain organizational capacity, institutional wisdom, technical knowledge and sophisticated practice skills in the context of staff turnover. This is a particularly challenging, given the demographic and cultural challenges previously discussed. Adult Custody has experienced important challenges to staffing turnover and retention within the past five years. As part of a government wide restructuring, 10 Centers were closed and a large percentage of employees were lost four years ago. Many of the remaining staff experienced job displacement and relocations. Turnover has been high and there is a large proportion of new people at all levels of the organization.

To assist with analyzing this issue, participants were asked about how long they planned to stay with the organization.

Virtually all participants agreed that succession planning is a core area of concern. The average scores for the succession planning items fell within the “significant challenge” range, with the most critical concerns being the need for a strong and effective mentoring program. Mentoring was identified as a need across all levels, as there are so many people who are either new to the organization, or new to their roles. This concern is seen as particularly pressing given the substantial numbers of expert and seasoned staff who will be retiring. Their successors do not want their knowledge and expertise to walk out the door with them.

Figure 3

Tier 1: Foundation elements as they related to age cohort differences, results from the online surveys.



Greatest Challenges Faced By the Organization

Tier 1 Results: Foundation Level

Leadership: The full group average scores for leadership items fell within the “fair” range, reflecting a belief that leaders show determination, are strategic, skillful, and credible. The highest leadership ratings were provided by the youngest and oldest groups (from 40-55% positive), while those in their thirties and forties recorded the lowest ratings (30-45%).

Succession planning: Full group average scores for succession planning items fell within the “significant challenge” range with the most critical concerns being the need for a strong and effective mentoring program. There was also a strong concern around the perceived lack of operational integration of succession planning, transition strategies for new and upcoming managers, and the ability to transfer capacity and knowledge through the next decade. Again, the most positive responses came from the oldest and youngest participants, while those in their late thirties and forties recorded the lowest scores. Analyzed through the filter of the employee’s intention to remain with the organization, those planning to leave within two years were most negative and least likely to believe there would be a capable replacement to take over their duties after they left.

Employee health and wellness: The average scores for the full employee group health and wellness items fell within the “significant challenge” range. The most critical concerns were perceived need for active organizational support of employee physical, mental, and emotional health and effective strategies for coping with workplace stress. There was also concern about management’s lack of understanding

of the role of workplace stress. When analyzed by age, the older group reported the most positive responses for these items.

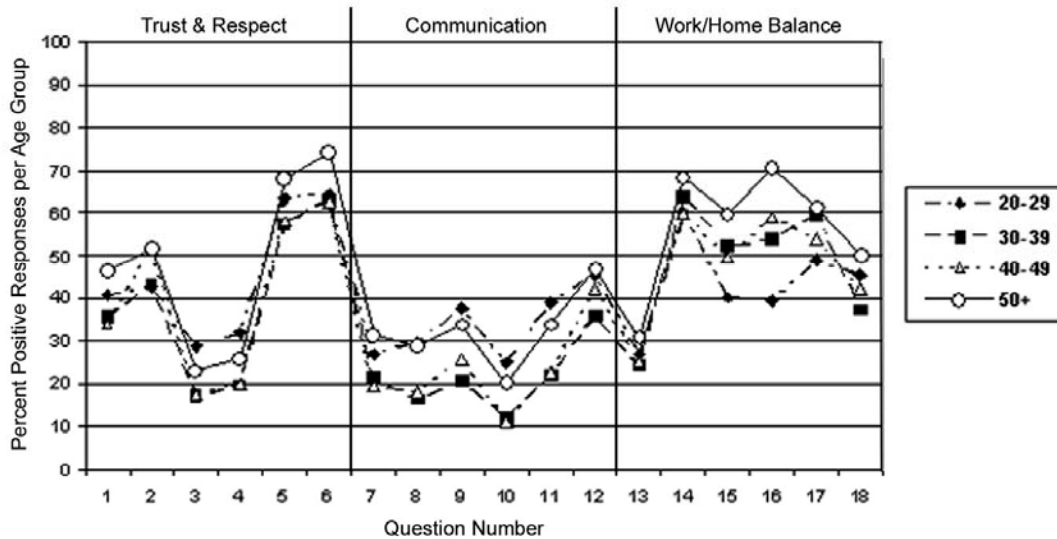
Tier 2 Results: First Level Outcomes

Trust and respect: About 60% of the staff feels loyal and proud to work for Adult Custody. Almost half believe that co-workers share the same values. The lowest full group positive endorsement (about 20%) surrounded a climate of mutual trust and respect between management and non-management employees. Once again, the youngest and oldest groups showed the highest levels of mutual trust and respect between managers and employers. The lowest levels were shown by those in their thirties and forties. There was a direct relationship between leaving intention and perspectives on staff-management trust and respect, and pride in and loyalty to the organization. Not surprisingly, those with the most negative perspectives intended to leave soon, while those with the most positive perspectives intended to stay long term. The relative level of belief in shared values with their manager was also a strong predictor of leaving/staying intention. Age differences in results indicate the youngest employees had the most positive response to questions about the climate of mutual trust and respect between managers and staff and were most likely to experience their manager as sharing their values. As such, improving communication to more effectively convey shared values between managers and their reports has potential for positively influencing retention.

Communication: Improved communication not only offers a potential path to improving retention, the communication scores indicate other significant challenges as well. For the full group, only 14% experience information as being shared across levels, and only 20-25% see communication as

Figure 4

Tier 2: First level outcomes as they related to age cohort differences, results from the online surveys.



transparent, timely, and complete. On the positive side, approximately 40% feel their manager listens to them and understands them. Age was a major predictor with two clusters—the scores of those in their twenties and fifties were almost twice as positive as those in their thirties and forties. The most dramatic differences of opinion were apparent when items related to information sharing, timeliness, and completeness were analyzed by length of service (which roughly approximates age). The mid-career group reported an extreme low of under 6% positive scores, while the newest and longest-employed cohorts reported positive attitudes in the 30 to 40% range.

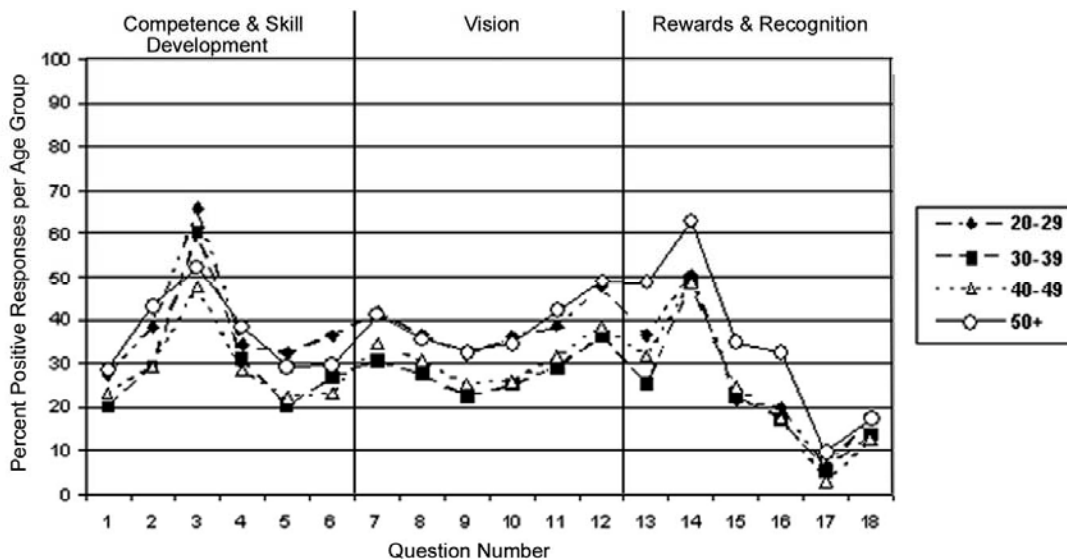
Work-home balance: The full group placed these factors in the “fair” range (40-60% positive). Breaking the recurring pattern of the disaffected middle-aged groups, for work-life balance the oldest group reported the highest positive scores while the youngest group recorded the lowest positive scores. This result indicates another area to address in a practicable way to improve recruiting and retention results and strengthening succession-planning resources.

Tier 3 Results: Second Level Outcomes

Competency and skill development: The overall scores for this element fell within the significant challenges level. The

Figure 5

Tier 3: Second level outcomes as they related to age cohort differences, results from the online surveys.



most positive score (55%) indicating a fairly high use of opportunities for ongoing training. The lowest levels of satisfaction were in the areas of matching training to needs and of effective career path supervision and assistance. Age group differences indicate another area to be addressed. Younger workers were most likely to seek ongoing training (60-75% positive attitude). They also, as reported above, indicated a lack of confidence in the applicability of the training they have received to their actual work conditions. Channeling their already higher eagerness for training into revamped training programs that are more closely tied to real-work skill sets should positively affect this group's confidence in their ability to do their jobs safely, reduce their workplace stress level, and therefore improved retention and subsequent succession issues.

Vision: Once again, while these scores were low overall, the mid-age groups held the most negative perception of the organization's vision while the youngest and oldest groups held the most positive perceptions.

Rewards and recognition: This factor also scored in the "significant challenge" range, with the average being pulled down by the very low scores regarding financial incentives for good performance. These factors, however, broke the pattern of the disaffected middle age groups. The oldest corrections officers were much more likely to feel appreciated, believe that good work is recognized, and perceive fair distribution of rewards and privileges. All groups reported fair to good scores on their perceptions of collegial expressions of thanks and appreciation. The older corrections officers reported the highest for those factors. Notably, however, the newer employees (also, in general, the younger employees) provided a low score (25%) regarding feeling appreciated by their employer.

Tier 4 Results: Third Level Outcomes

Ability to adapt: The oldest employees recorded the most positive results across all the ability to adapt items. The oldest and youngest employees had the most positive beliefs that the changes to the workplace are positive overall.

Employee commitment: Although all groups scored within the fair to good range, the oldest and youngest groups once again scored most positively in terms of the commitment to the organization's mandate and service delivery. The oldest group provided the most positive scores (80%) in terms of experiencing the work as meaningful and congruent with their personal values. This makes intuitive sense when compared to intention to remain scores. Those who see the organizational values as congruent with their own indicate they are more likely to stay. Over time, value congruence becomes self selecting.

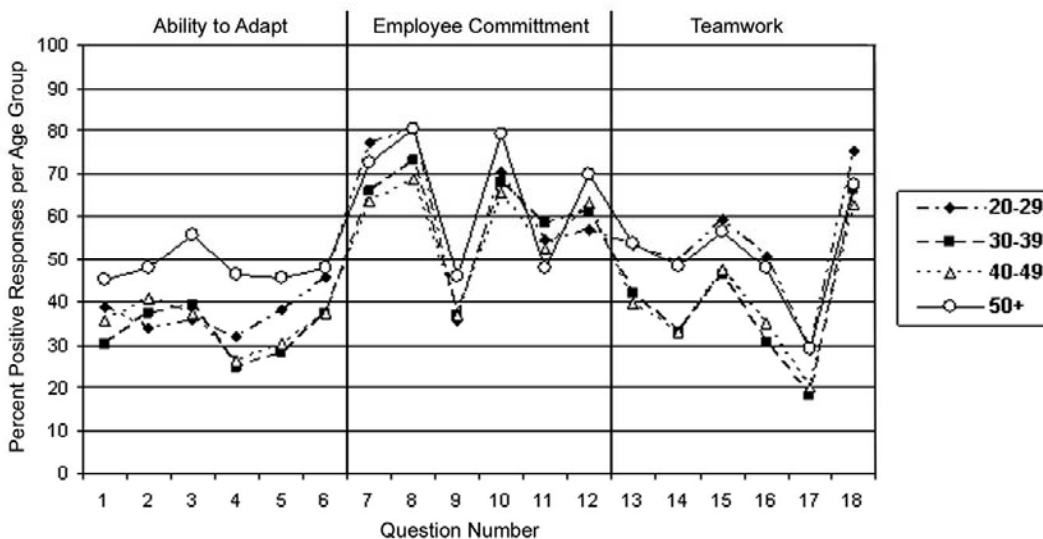
Teamwork: Once again, the teamwork items split into two response groups. The oldest and youngest groups scored highest in terms of experience conflicts as handled respectfully, and being part of a team engaged in meeting common goals. They were also more likely to perceive team leadership as participatory and believe the organization promotes teamwork.

Discussion

This comprehensive assessment of the Adult Custody Branch supported a wide range of targeted recommendations for corrective action. Importantly, the senior management of the branch has been solidly behind this initiative and has embarked on most of the suggested interventions. This entire endeavor has been carried out in a fully transparent manner and all staff have had access to the complete report and recommendations, in the context of full staff meetings at each of the correctional centers. During these meetings, staff

Figure 6

Tier 4: Third level outcomes as they related to age cohort differences, results from the online surveys.



responses were solicited and open discussion between local staff and Headquarters senior management was facilitated. All levels of management have made themselves much more visible on the front lines and staff have had multiple and ongoing opportunities to interact positively with managers – this has been very helpful in breaking down the alienated “us and them” constructs particularly held by many mid-career staff.

Some of the critical responses have included: 1) stabilization of management structure by confirming permanent appointments of acting Wardens, senior managers and line supervisors; 2) Implementation across the whole organization of an effective and intensive workplace wellness program using a train-the trainers model (Fisher, 2001); 3) Implementation of a series of province-wide conferences providing specialized training, staff recognition and team-building particularly focused on mid-career staff; 4) Modification to new staff training plans and course materials for line workers in response to their feedback; 5) Clarification of roles and responsibilities at all levels; 6) Modifications to shift schedules and increased mentoring and supportive supervision for new workers; 7) Leadership development training and support for managers and supervisors at all levels in the organization. In conjunction with these and other initiatives, a highly publicized national recruitment program was also initiated that focused on the pride-worthy accomplishments of the Branch and the many career opportunities available. These initiatives, along with a wide range of other targeted interventions have had a demonstrably positive effect on staff engagement as evidenced by very significant improvements (about 10%) on the provincial government’s annual staff engagement survey comparing 2007 with 2008. The organization’s goal is a workforce comprised of healthy, engaged, competent and capable people who want to stay with the organization and participate constructively in its growth and development. At this point this description already fits a substantial proportion of the corrections staff and managers – and that is very good news indeed.

Given the substantial existing strengths in the organization, it is well positioned to address the areas of challenge. The immediate recommendations considered the most pressing issues and partitioned them into three areas: structure and operations; resources and procedures; and, psychosocial and cultural. The previous discussion illustrates some of the most pervasive applications within these areas.

Further Research

Since the 4-tier model parses organizational challenges tightly enough to generate specific, actionable observations of areas for improvement, results of this study form the baseline to which further interview results can be compared and progress monitored.

To further improve the model, additional questions about non-work life satisfaction levels need to be integrated. The primary concerns were how much the work impacted their personal lives. Further research and development of the instrument is needed to more reliably integrate a physical and mental health screen that is both an outcome of stressors

(poor organizational health), as well as predictive of individual functional capacity.

References

- Allen, T.D., Herst, D.E., L, Bruck, C., & Sutton (2000). Consequences associated with work-to-family conflict: A review and agenda for further research. *Journal of Occupational Health Psychology*, 5, 278-308.
- Becker, F., & Steele, F. (2006). Making It Happen: Turning Workplace Vision into Reality. In J. V. Gallos (Ed.), *Organization development: A Jossey-Bass reader*(602-61). Jossey-Bass.
- Blustein, D. (2008). A Conceptual, Historical, and Public Policy Perspective. *American Psychologist*, 63(4), 228-240.
- Breaugh, J.A., & Frye, K.N. (2008). Work-family conflict: The importance of family-friendly employment practices and family-supportive supervisors. *Journal of Business and Psychology*, 22(4), 345-353.
- Buckley, M.R., Beu, D.S., Novicevic, M.M., & Sigerstad, T.D. (2001). Managing Generation NeXt: Individual and Organizational Perspectives. *Review of Business*, 22.
- Cropanzano, R., Rupp, D.E., & Byrne, Z.S. (2003). The relationship of emotional exhaustion to work attitudes, job performance, and organizational citizenship behavior. *Journal of Applied Psychology*, 88, 160-169.
- Fisher, P.M. (2001). *The road back to wellness: Stress, burnout & trauma in corrections*. Victoria, BC: Spectrum Press
- Fisher, P.M., & Abrahamson, K. (2002). *When working hurts: stress, burnout and trauma in human, emergency and health services*. Victoria, BC: Spectrum Press.
- Garman, A.N., & Glawe, J. (2004). Succession Planning. *Consulting Psychology Journal: Practice and Research*, 56(2), 119-128.
- Goleman, D., Boyatzis, R., & McKee, A. (2002). *Primal Leadership*. Boston: Harvard Business School Press.
- Goris, J.R. (2007). Effects of satisfaction with communication on the relationship between individual-job congruence and job performance/satisfaction. *Journal of Management Development*, 26(8), 737-752.
- Groves, K.S. (2007). Integrating leadership development and succession planning best practices. *Journal of Management Development*, 26(3), 239-260.
- Harris, I.J., Winskowski, A., & Engdahl, B.E. (2007). Types of workplace social support in the prediction of job satisfaction. *The Career Development Quarterly*, 56(2), 150-156.
- Heinemann, G.D., & Zeiss, A. (2002). A model of team performance. In G. D. Heinemann & A. M. Zeiss (Eds.), *Team performance in health care: Assessment and development*(29-42). New York, NY, US: Kluwer Academic/Plenum Publishers.
- Hernez-Broome, G., & Hughes, R.L. (2004). Leadership Development: Past, Present, and Future. [Electronic version] *Human Resource Planning*, 27, 24+.
- Hezlett, S.A., & Gibson, S.K. (2007). Linking mentoring and social capital: Implications for career and organization development. *Advances in Developing Human Resources*, 9(3), 384-412.

- Kezar, A.J. (2001). *Understanding and Facilitating Organizational Change in the 21st Century: Recent Research and Conceptualizations*(173). San Francisco: Jossey-Bass.
- Kiyonaga, N.B. (2004). Today Is the Tomorrow You Worried about Yesterday: Meeting the Challenges of a Changing Workforce. [Electronic version] *Public Personnel Management*, 33, 357+.
- Lancaster, L.C., & Stillman, D. (2002). *When Generations Collide: Who They Are. Why They Clash. How to Solve the Generational Puzzle*. [Electronic version] New York: HarperCollins.
- Lang, D., & Wittig-Berman, U. (2000). Managing Work-Related Learning for Employee and Organizational Growth. [Electronic version] *SAM Advanced Management Journal*, 65(4), 37+.
- Leach, D.J., Wall, T.D., Rogelberg, S.G., & Jackson, P.R. (2005). Team Autonomy, Performance, and Member Job Strain: Uncovering the Teamwork KSA Link. *Applied Psychology: An International Review*, 54(1), 1-24.
- Mayer, R.C. (2007). Employee loss of trust in management: Surviving in a new era. In J. Langan-Fox, C. L. Cooper, & R. J. Klimoski (Eds.), *Research companion to the dysfunctional workplace: Management challenges and symptoms*(125-135). Northampton, MA, US: Edward Elgar Publishing.
- Milne, P. (2007). Motivation, incentives and organisational culture. *Journal of Knowledge Management*, 11(6), 28-38.
- Parks, K.M., & Steelman, L.A. (2008). Organizational Wellness Programs: A Meta-Analysis. *Journal of Occupational Health Psychology*, 13(1), 58-68.
- Rugulies, R., Christensen, K., Borritz, M., Villadsen, E., & Bltman, U., Kristensen, T. (2007). The contribution of the psychosocial work environment to sickness absence in human service workers: Results of a 3-year follow-up study. *Work & Stress*, 21(4), 293 - 311.
- Rusaw, A. (2004). How downsizing affects organizational memory in government: Some implications for professional and organizational development. *Public Administration Quarterly*, Winter 2004, 482-500.
- Schabracq, M.J., Winnubst, J.A., M., & Cooper, C.L. (Eds.). (2003). *The Handbook of Work and Health Psychology*(619). Chichester, England: John Wiley & Sons.
- Stinglhamber, F., De Cremer, D., & Mercken, L. (2006). Perceived Support as a Mediator of the Relationship Between Justice and Trust: A Multiple Foci Approach. *Group & Organization Management*, 31(4), 442-46.
- Stopper, W.G. (2003). Current Practices: HRPS Thought Leader Roundtable. *Human Resource Planning*, 26.
- Sun, J., Wang, S., Zhang, J., & Li, W. (). Assessing the cumulative effects of stress: The association between job stress and allostatic load in a large sample of Chinese employees. *Work & Stress*, 21(4), 333-347.
- van Steenbergen, E.F., Ellemers, N., & Mooijaart, A. (2007). How Work and Family Can Facilitate Each Other: Distinct Types of Work-Family Facilitation and Outcomes for Women and Men. *Journal of Occupational Health Psychology*, 12(3), 279-300.
- Wayne, S.J., Shore, L.M., Bommer, W.H., & Tetrick, L.E. (2002). The role of fair treatment and rewards in perceptions of organizational support and leader-member exchange. *Journal of Applied Psychology*, 87(3), 590-598.
- Zaccaro, S.J., & Klimoski, R.J. (Eds.). (2001). *The Nature of Organizational Leadership: Understanding the Performance Imperatives Confronting Today's Leaders*. [Electronic version] San Francisco: Jossey-Bass.
-

Dr. Fisher has specialized in workplace traumatic and systemic stress for over 20 years. She focuses on the needs of public service personnel in high risk areas such as human and social services, law enforcement, corrections, emergency services, and health care.

Dr. Zahradnik is an assistant professor in the Master of Public Administration Program at Long Island University--Brooklyn. Her research focuses on health care related program evaluation.