Empowerment and change management in Aboriginal organisations: a case study

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Abstract. The social organisation of work, management styles and social relationships in the workplace all matter for health. It is now well recognised that people who have control over their work have better health and that stress in the workplace increases the level of disease. In the context of organisational change, the potential benefits of empowerment strategies are two-fold: a positive impact on the organisation's effectiveness and enhancements in staff health, wellbeing and sense of control. This case study describes the University of Queensland Empowerment Research Program's experience working with the Apunipima Cape York Health Council in a change management process. Participatory action research and empowerment strategies were utilised to facilitate shifts in work culture and group cohesion towards achieving Apunipima's vision of being an effective lead agency for Indigenous health reform in Cape York. As part of the project, staff morale and confidence were monitored using a pictorial tool, *Change Curve*, which outlined the phases of organisational change. The project findings indicated that organisational change did not follow a clear linear trajectory. In some ways the dynamics mapped over a period of 18 months mirror the type of struggles individuals commonly encounter as a part of personal growth and development. In this case, one of the factors which influenced the program's success was the willingness of executive employees to actively support and participate in the change management process.

What is known about the topic? The pivotal role of community controlled organisations in the development of community based services and policy issues affecting Aboriginal and Torres Strait Islander Australians is well recognised. The presence and activities of these organisations reflects and contributes to community empowerment and self determination. Although it is possible to observe the effects of these organisations in communities, less attention has been given to empowerment as a concept to be utilised internally and as a resource to support wellbeing in the workplace.

What does this paper add? In Australia, empowerment strategies are now accepted as an effective approach to health promotion and community development initiatives. This paper adds to this body of knowledge by considering the concept within the context of organisations in which an Indigenous worldview forms the foundation for action.

What are the implications for practitioners? This article provides some preliminary insights into the how the concept of empowerment might be instigated in community controlled organisations. It also identifies some of the likely challenges and methodological issues to be considered in designing change management strategies in this context.

Objectives

This case study discusses the implementation of the Participatory Planning and Evaluation project, a short-term change management strategy, implemented as a partnership between University of Queensland and Apunipima Cape York Health Council (Apunipima). The project adopted a participatory action research approach, which involved the use of empowerment based methods. Empowerment strategies aim to maximise the value of research by strengthening community ownership of issues and local action. In this case, the purpose was to improve employee capacity and to foster constructive workplace practice in an Aboriginal organisation.

Setting

Apunipima is located in Cairns, far north Queensland and is the lead health advocacy agency for Cape York's Indigenous

population. The Indigenous people of Cape York live in ex-mission communities scattered across a vast landscape which changes dramatically with the seasons. They enjoy few employment opportunities and experience the disadvantages associated with poor housing, overcrowding and inadequate infrastructure. The health of this population is significantly worse than that of many other Queenslanders, with mortality rates two to three times higher than in Queensland overall.[1]

During the period over which the Participatory Planning and Evaluation Project was implemented (2005–06) Apunipima's role did not involve service delivery. Instead, it focussed on community engagement, lobbying and coordination of preventative health measures (Boston Consulting Group, Setting the Strategic Direction, Powerpoint presentation for Apunipima Cape York Health Council, unpubl. data).

University of Queensland and Apunipima have a history of working together. Between 2001 and 2003 they piloted the Family Wellbeing (FWB) empowerment program in several Cape York communities, as part the Cape York Partnerships initiative.[2,3] Family Wellbeing is a health intervention program developed by Indigenous Australians, which focuses on social and emotional wellbeing.[4,5] Its objectives are to build communication, problem-solving, conflict resolution and other life skills to enable the individual to develop greater control over the choices they make.

As a result of this work, Apunipima had identified that, as a matter of integrity, the life skills and empowerment it aimed to facilitate in remote communities should be reflected within its own organisational culture. This demonstrated one of Apunipima's strengths – the ability to reflect critically on its organisational wellbeing and to take action. Such recognition is the first phase of organisational change,[6] with the second phase devoted to the creation of a new vision. The third and final phase of organisational change involves the establishment of attitudes and practices which reflect the new vision. Coombe[7] has presented a theoretical overview of the key challenges facing Apunipima in managing Cape York's health reform agenda. This discussion advances Coombe's work by reporting some of the empirical dimensions of Apunipima's change management efforts. It is important to document such initiatives, as the challenges Apunipima experienced and the opportunities created are common to many third sector organisations.[8,9] Formal documentation of the experience also contributes to the preservation of corporate memory.

Methodology

The social organisation of work, management styles and social relationships in the workplace all matter for health. It is now well recognised that people who have control over their work have better health, and that stress in the workplace increases the level of disease.[10] Empowerment and community participation worldwide are now major strategies for alleviating poverty and social exclusion and reducing health disparities.[11] Empowerment strategies draw upon the individual's strengths, with the aim of developing life skills in order that a person is able to assume greater control over their life choices. The underlying principle of participatory action research is that 'ordinary' people become researchers in their own right and are able to generate relevant knowledge to address the issues that they identify as a priority.

This project adopted an understanding of empowerment as a three-tiered framework, encompassing personal, group and structural change.[5,11,12] Indicators of personal empowerment include improved perceptions of self worth, empathy and perceived ability to help others, the ability to analyse problems, a belief in one's ability to exert control over life circumstances and a sense of coherence about one's place in the world. Group empowerment manifests in stronger social networks and community participation in organisational decision-making, perceptions of support, community connectedness and the ability to reach consensus on goal oriented strategies. Structural empowerment refers to actual improvements in environmental or health conditions, evidenced by changes in systems, public policy and the community's ability to acquire resources to create healthier environments.

Within the empowerment framework change begins at an individual level. As an individual becomes more empowered, their increased personal capacity makes a positive impact on an organisation or group, and ultimately, the wider community. However it is important to note that it is *aspiration* which drives change. As McCashen explains:

'our strengths and capacities are the fuel we use to get where we want to go but without aspirations and dreams our direction can be unclear and motivation diminished' (p. 8).[13]

In 2003, Apunipima engaged the Boston Consulting Group, an international management and business consulting firm, to provide advice on health service delivery planning for Cape York communities. As part of this work, Apunipima articulated its aspirations and core values. Apunipima grouped its aspirations under four headings:

1. improving the health of the people of Cape York;
2. workforce culture;
3. community trust; and
4. stakeholder trust.

Its core values were:

1. respect for Indigenous customs and culture;
2. transparency and honesty;
3. creativity and flexibility;
4. persistence;
5. collaboration and openness to learning; and
6. responsibility for outcomes.[14]

Apunipima then approached University of Queensland to build upon existing FWB empowerment strategies by developing a program which would support Apunipima's staff to critically reflect upon their values, work practice and relationships. The aim was to better realise Apunipima's values and to improve the team's sense of control over their work. It was envisaged that such a capacity building program would benefit work performance and staff wellbeing.

As a preliminary step, University of Queensland reviewed Apunipima's key organisational documents including its business plan, reporting agreements with funding bodies, community

level 'Whole of Health Plans' and Program Action Plans. This analysis was supplemented with staff interviews.

The assessment revealed several challenges. First, to improve the effectiveness of program activity, staff required a deeper, shared understanding of how Apunipima's business plan and strategic framework linked to program activities. There was also a need for further clarity regarding the role of each program in meeting organisational goals. Third, and possibly most significantly, there was a need for greater trust in the workplace. Building a relationship of trust is the foundation for all respectful and constructive helping processes.[12] The consequences of mistrust are identified by Preston:

'When we are unsure about who or what is untruthful we become distrustful, and distrust destroys not only relationships but society as well. They *disintegrate*. Note the word. It is the antonym (the opposite) to integrate, a companion word of *integrity*' (p. 78).[15]

University of Queensland's assessment led to the implementation of the Participatory Planning and Evaluation project, conducted as a staff training program, during 2005–06. The project objective was to assist Apunipima staff in taking responsibility for participatory planning and evaluation at an individual, program and organisational level. The skills developed at the workshops would contribute to the Apunipima's coordination of community health plans across 16 remote sites, in partnership with the Commonwealth funding bodies and Queensland Health.

To enhance the effectiveness of the workshops it was essential that staff believed that positive change was possible. The training therefore focussed on participants' strengths and employed participatory methods, which gave participants the opportunity to

1. identify their planning priorities;
2. develop the skills necessary to implement those priorities;
3. reflect on outcomes and lessons learnt; and
4. draw upon those lessons to refine future strategies.

These steps constitute what is commonly referred to as the 'action research cycle', There is now of body of literature dealing with the application of action research in the organisational context.[16]

Participatory Planning and Evaluation Project: an Apunipima Cape York Health Council staff training program

During the period over which the Participatory Planning and Evaluation (PPE) training project was conducted, Apunipima had an average of 15 staff (including senior management), many of whom regularly undertook travel to remote communities as part of their program activities. One outcome of this travel schedule was that staff rarely came together to discuss their work, share information and resources, or to develop a coordinated approach to community engagement activities.

In an introductory workshop held in January 2005, the University of Queensland team negotiated with staff regarding its preferences as to how the training program might be implemented. At the suggestion of Apunipima's program manager, staff agreed to have 1 week 'in-house' per month, within which they would attend a 1-day Participatory Planning and Evaluation workshop. During this period, the University of Queensland provided support for 2 days each month for planning and evaluation activities at unit, program and project levels. Individual workers were also able to access University of Queensland support by phone or email as required. In total, the project took 24 months to implement and evaluate.

Apunipima had in place several tools which allowed for a standardised approach to planning and reporting. These were integrated into the PPE program:

- the participatory planning framework, adapted from existing community based FWB pilot program;
- an Office of Aboriginal and Torres Strait Islander Health (OATSIH) service delivery reporting framework;
- Stage One of the Family Wellbeing program; and
- Jeanie Duck's change management tool, *Change Curve*,[17] utilised by Boston Consulting Group (Creating Project Management Success, Powerpoint presentation for Apunipima Cape York Health Council, unpubl. data, 2 October 2003).

Each tool targeted a different aspect of activity. As a preparatory step, Family Wellbeing Stage One was delivered to staff over a 1-week period with the aim, among other things, of establishing a trusting and supportive environment. Whereas the OATSIH planning and reporting template was adapted for program and individual work plans, *Change Curve*[17] was used to monitor change at an organisational level.

The PPE workshop series addressed project management, planning and evaluation, life skills such as conflict resolution, and provided a regular opportunity to reflect on the progress and challenges experienced during the preceding month. The participatory processes and principles utilised were those which underpin the Family Wellbeing program, though applied across a set of organisational programs rather than the usual, community setting. In line with participatory research practice, the outcomes of each workshop informed the content of the next. The workshops proved an excellent opportunity to establish a shared understanding among staff of how to utilise the tools noted above and thereby improve documentation of program activities and satisfy reporting responsibilities. The PPE workshop framework is outlined in Table 1.

A key evaluation strategy was the process by which staff members identified, discussed and monitored shifts in organisational culture, morale and staff confidence. The purpose of this activity was to foster reflective planning and monitoring at all levels of the organisation and to empower staff to recognise that not only was change possible, they were active participants in the process.

Jeanie Duck's *Change Curve*[17] (Fig. 1) charts the potential paths an organisation might move along, through phases from stagnation to preparation, implementation, determination and finally, to fruition. This diagram was attached to a staff questionnaire and used to facilitate reflective planning and monitoring. It was also the main prompt by which data were collected regarding staff experience of change.

Table 1.   Participatory Planning and Evaluation workshop framework

| Training dimensions	Participatory questions
Program design and theory	What are we trying to do?
	Why are we doing these things?
Process issues	Which aspects work well?
	Which aspects are not working so well?
	What needs to happen for things to work better?
Impact	Are we making any difference to the lives of people we are working with?
	In what ways?
	How do we know?
Planning	What are my priorities for the next 4 weeks and beyond?
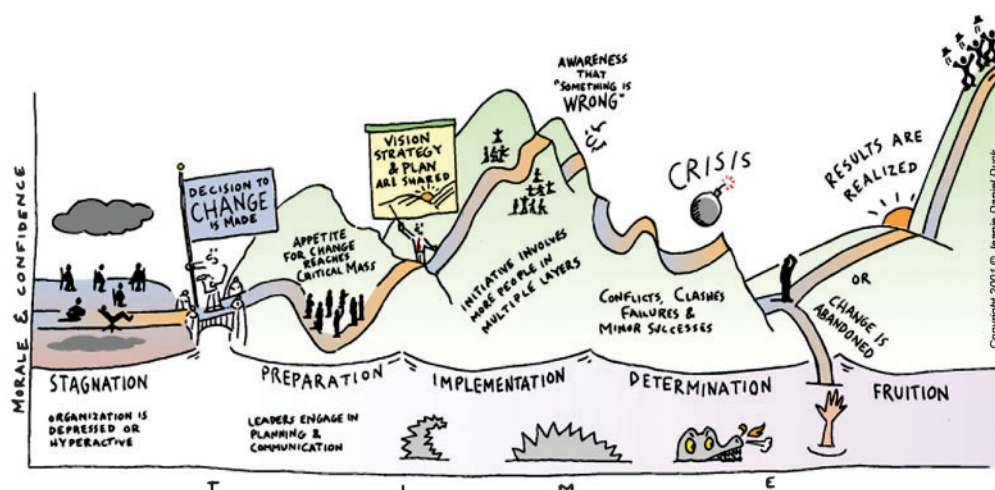
Fig. 1.   The *Change Curve*.[17]

Implementing the program

Following an introductory workshop held in January 2005, the University of Queensland conducted five PPE training workshops, between March 2005 and August 2006. In late 2005, after the second workshop, Apunipima decided to postpone the remaining PPE workshops so that the organisation could address an urgent need to finalise its community driven health plans. The workshops resumed in May 2006 and in total, six PPE training workshops were conducted. An additional evaluation workshop, conducted in December 2006, marked the end of the project.

Evaluation

The mapping process described above occurred at three points over a period of 18 months: March 2005, July 2006 and December 2006. Participants were first asked to identify where they saw the organisation 6 months previously in terms of *Change Curve*. They then compared the past with their perception of the organisation's current status. For example, in March 2005, participants were asked to indicate on the curve where they thought Apunipima was in late 2004 and in March 2005. Participants then analysed the events that explained any perceived changes: positive or negative. The analysis was guided by a series of questions relating to Apunipima's progress in achieving its vision, how the individual contributes to this process and what

else needed to be done to realise that vision. Figure 2 provides an example of the analysis of the mapping exercise, in the form of a chart.
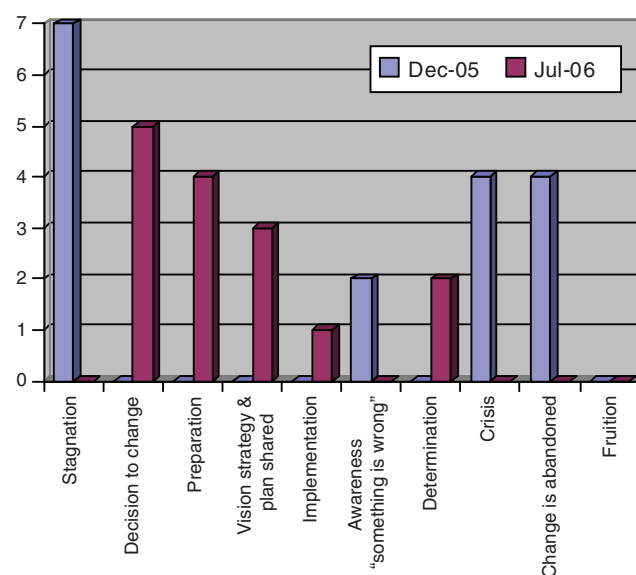
Fig. 2.   Results of Apunipima Planning and Evaluation Project mapping exercise conducted in July 2006.

To enable staff to track trends over time, graphs and other visual prompts representing staff feedback were presented at each workshop. These conveyed any steps made towards meeting the organisation's goals in an easy to understand format[18] and generated discussion about strategies for further improvement. Staff rated the usefulness of these scales highly.

Identification of issues was achieved anonymously, using a staff questionnaire. The responses were collated and then discussed as a group at the following workshop. This confidential feedback mechanism, combined with the project emphasis on trust and a solution-focussed approach, meant that overall, staff felt safe to give frank and constructive comments. When issues were deliberated upon, they were already de-personalised. This encouraged a sense of collective ownership and a focus on thinking about solutions. One limitation inherent in the anonymity of data was that the project team was unable to identify, for example, particular staff groups who may have been disaffected or marginalised, or staff exhibiting a high level of organisational engagement. The number of questionnaires completed at each mapping session is shown in Table 2.

Findings

During the 21 months over which Apunipima's journey was mapped, there was a significant, positive shift in organisational morale and focus. In the final assessment, undertaken in December 2006, 12 of 15 participants stated that their morale and confidence had improved. Two decreased their rating. They explained that, for them, Apunipima's decision to undergo a transition to a community-controlled structure was too daunting. In December 2006, all respondents perceived the organisation as having progressed along the stages of change, though not all agreed that they were 'on board' or supportive of the change.

From the periodic mapping process it became clear that Apunipima's experience did not follow a linear trajectory. In many ways the dynamics of Apunipima's experience suggested the type of struggles that individuals might encounter as a part of personal growth and development. For example, during some parts of the project, the organisation's status moved back and forward along *Change Curve*, between stagnation and preparation. Nonetheless, two major, interrelated themes emerged:

1. Leadership and communication in the workplace; and
2. Worker engagement and commitment.

Leadership and communication in the workplace

Although by the completion of the PPE project staff perceptions of Apunipima's leadership had improved, they had waxed and waned throughout. It became clear that from a staff perspective, leadership was pivotal to the organisation's capacity for change and an important indicator of organisational wellbeing. At points

where organisational wellbeing was assessed as low, the most frequently cited reasons were lack of leadership, lack of vision and threats to service funding. Frequent changes in senior management caused instability and were seen as an underlying reason for staff conflict. The frequency of management turnover and a pressing health reform agenda meant that some staff members were frequently taken off-line to attend to emergent priorities. This affected the functioning of the organisation and the participatory planning project, the latter of which was suspended for close to a year while governance issues were resolved.

Staff expressed a strong need for trust and positive role models. A professional, structured approach to management was associated with strong leadership. In July 2006, 4 of 11 respondents saw Apunipima as having a 'structured approach to achieving its vision, with accountability'. The importance of structure is reflected in the fact that the 1 week in-house per month has continued, giving staff a regular opportunity to share information and feel part of a larger collective.

Overall, participants wanted leaders who not only 'talked the talk' but 'walked the walk' and thus convincingly conveyed a sense of personal integrity. In March 2005, for example, the most frequently mentioned reasons for perceived improvements in the organisation related to changes in management practice. People valued increased information sharing and described management as 'involved and interested'. Senior staff members were providing more feedback from management meetings; however, the need to strengthen the relationship between senior- and middle-management was also identified as a priority. It is important to note that, at this point, executive staff was yet to participate in the PPE workshops.

The latter phase of the project saw a renewed willingness on the part of executive employees to participate. This had a positive impact on staff morale. Staff had a positive perception of management practices that demonstrated interest in program activities and that involved ongoing discussion and information sharing. Where a lack of leadership was perceived there was also talk of increased internal conflict, thus pointing to an inter-relationship between leadership and staff attitudes and engagement.

The final point to make is that staff came to a better appreciation that, where leadership attributes and well-developed life skills were evident at all levels of the organisation, the organisation was more likely to function effectively, even in times of managerial instability. The PPE workshops enhanced staff understanding of the leadership and management skills, which they possessed and utilised in their everyday life. There was broad recognition that the ability to plan, critically reflect and evaluate one's own, or a program's, activities could contribute to a sense of personal achievement and effectiveness sustained throughout the process of change.

Worker engagement and commitment

For organisations, indicators of structural empowerment include transparent and participatory decision making processes and a willingness of management to hear workers' opinions, debate issues and, where necessary, change practice. The interactive nature of empowerment indicates that positive change would also be evident among non-management employees.

Table 2.   **PPE workshop questionnaire completion**

Workshop	Workshops in which questionnaires were completed	Attendees	Questionnaires completed
March 2005	March 2005	10	10
July 2006	July 2006	11	11
December 2006	December 2006	16	15

At Apunipima, as senior managers were changing their practice in line with staff feedback, it was important for managerial morale and confidence that this willingness to change was reflected back to them by staff. Hence, as Whiteside and colleagues have noted in the context of Indigenous workforce development, staff also had to be prepared to take responsibility to critically reflect and, where necessary, change their attitude and practice in the workplace.[19] Within the PPE project, improvements in leadership were linked to improvements in staff attitude and engagement. Staff members observed one another as keener and more committed. One participant stated 'there is direction in the workplace . . . staff are getting on with the job . . . enjoy[ing] coming to work'.

Employee engagement is a measure of what staff are thinking and feeling when they arrive at work in the morning[20] and determines how much effort an employee will be prepared to invest in their work. Employee disengagement is a significant problem in Australia. Recent research conducted by the Gallup Organisation[20,21] indicated that approximately 18% of Australians were 'actively disengaged' in their work and thus 'actively looking for ways to sabotage the plans of their employer and the efforts of more motivated colleagues'. Conversely, a study conducted by Towers Perrin-ISR[22,23] found that companies with highly engaged staff generated outcomes far superior than those whose employees exhibited signs of low engagement.[21,24] The Gallup Organisation has identified 12 key expectations which form the foundation of strong feelings of engagement in one's work. These include knowing what is expected, an opportunity to do one's best everyday, evidence that fellow employees are committed to doing quality work and having an opportunity to learn and grow.[25]

During the PPE workshops the way in which feedback was presented to staff and the opportunity to identify and deliberate on the emerging issues as a single group served as rallying point for staff and management. Issues were not just identified, they were analysed and in many cases, action was taken to address them. This is probably the most important aspect of the project because of its potential to enhance staff engagement within the organisation. The PPE workshops provided a regular, structured opportunity for staff to grow and learn and to clarify what was expected of them in their various roles. Worker engagement is now the subject of considerable research[21,24,25] and deserves further attention in the context of Aboriginal organisations.

Discussion

Even within the limits of this small case study, it is possible to gain insight into the dimensions of organisational change. Ensuring that changes in work practice are sustained is a challenge, especially during periods of rapid staff turnover and where project partnerships are established on the basis of short-term funding. As part of this, careful documentation of pilot strategies, such as the PPE project, can make a valuable contribution to the preservation of corporate memory.

Apunipima's experience illustrates the way in which relatively simple evaluation tools, utilised regularly and effectively as part of participatory process, allowed employees to critically reflect on the organisation's and their own journey through change and to recognise themselves as agents in the process. Seeing oneself as an agent rather than object is empowering. So too is the opportunity to make one's experience of change intelligible as part of a bigger picture.

Another important feature of the evaluation design was its simplicity, which relied on visual tools to gather qualitative data about the experience of change. In contrast to the often labour-intensive and lengthy processes associated with the analysis of semi-structured interviews, the dataset from the PPE evaluation could be analysed within a short time-frame. Hence, the results could be promptly fed back to participants. This contributed to a sense of immediacy and relevance, as in most cases participants had recent memories of their comments and experience at the previous workshop.

Although Apunipima continued to have an in-house week each month, towards the end of the project one participant noted that the meetings which had occurred during the project had failed to become a regular feature of the work calendar. Nonetheless, given the simplicity of the evaluation tool and the ease with which the data was analysed, there remained potential to integrate the participatory methods described into management practice. In some organisations it may be appropriate for internal managers to conduct the type of participatory strategies described in this paper. In others, the confidentiality and safety provided by third party facilitators may significantly influence staff willingness to share their opinions and experiences. It is likely, that the question of who is the appropriate party to conduct change management activities that can only be answered on the basis of an assessment of an organisation's unique circumstances, strengths, values and vision.

In this case, the willingness of managers to share information allowed the development of trust. Trust engenders honesty. In the context of this project, where a third party (University of Queensland) conducted the workshops and analysed the results, the possibility that employees may not openly share their opinions, feelings or experiences did not emerge as a barrier. Aspects of the project that encouraged candid feedback included:

1. The commitment and persistence of Apunipima's program manager to foster a culture of reflective planning and monitoring and to document the process in order to maintain corporate memory.
2. Conducting FWB Stage One for the majority of staff, which helped to establish mutual respect, trust and support networks.
3. The reflective planning framework, which encouraged a solution-focussed approach. Where solution-focussed culture exists people are more likely to raise difficult and sensitive issues as they are raising them for sound reasons, that is, to find creative ways of doing things better.[13]
4. In the latter phase of the project, the Chief Executive Officer's commitment to involving executive staff in the training and to be personally open to constructive critique.

Translating empowerment strategies across settings

For Aboriginal organisations, effective implementation of empowerment strategies has the potential to reconfigure internal

structures: changes in policies, relationships, rights and responsibilities. In turn, this change is likely to be reflected in the broader social and political arena, in more effective advocacy and leadership at a regional or national level.

This article is based on the experience of one organisation, where there was an established research partnership. Laverack refers to partnerships within the 'links to other people and organisations' domain of community empowerment.[26] Partnerships have an important role to play in efforts towards Indigenous community control and self-determination. In Indigenous health research, for example, partnerships between Indigenous community organisations and researchers are emerging as a key strategy in redefining the health research framework to one in which communities are being supported in identifying their own priorities and taking the role of leaders or active participants in community based social and emotional wellbeing program.[27] This is not to suggest that this model is the only effective option. However, in working towards change it essential to establish mutually respectful relationships, to build trust and recognise that collaborative work aimed towards organisational empowerment engages all parties in a process of learning.

The potential for the application of empowerment strategies across settings is very broad. To date, the FWB empowerment program has been utilised with groups of Indigenous people in a range of settings in Far North Queensland: discrete Indigenous communities,[27] educational settings[28] and as a workforce development program.[19] However, in translating this approach to different settings, it will always be necessary to critically reflect on issues of methodology in the light of local history and organisational aims and objectives.

Conclusion

Empowerment strategies look for existing individual or community strengths to build upon. Apunipima's recognition that it wished to mirror the empowerment it envisaged for communities was an organisational strength and the catalyst for the successful adaptation of a community based program to an organisational setting. Another of Apunipima's strengths was its willingness to undertake change management in an innovative and open manner. This study then illustrates the organic and flexible nature of empowerment methods in the pursuit of community action. Empowerment principles are readily transferable across settings and as an empowerment research practitioner one follows the path which apparent strengths create. In Australia there has been recognition that getting the most from Indigenous health research involves, where appropriate, translating successful small scale research designs across settings.[25] The Apunipima–UQ partnership and the PPE project achievements are therefore noteworthy from several perspectives.

The preceding discussion shows that participatory action research methods are a useful way to monitor the effectiveness of organisational change management strategies. It also strongly suggests that in the context of organisational change, empowerment methods have the potential to improve staff engagement. For the future, the value of empowerment strategies implemented in partnership with Aboriginal organisations could be strengthened by integrating indicators of worker engagement into the evaluation design. As it is now well established that stress in the workplace increases the level of disease and people who have control over their work have better health,[26] the potential benefits of empowerment strategies are two-fold: a positive impact on the organisation's effectiveness and enhancements in staff health and wellbeing.

Competing interests

The authors declare that they have no competing interests.

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