

Considering ontological (in) security and executives in tertiary healthcare organisations

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Abstract

Ontological security or insecurity is an innate proposition which is possibly never consciously recognised by healthcare executives but constitutes a greater part of their approach to work. Humans may express their positions on reality through anxieties, reticence, or opposition when confronted by social encounters which hold unknown outcomes. Or they might celebrate, participate and feel deep satisfaction when involved in positive encounters. Ontological security refers to the confidence that the world is as it should be. It is grounded in expectations of outcomes and relationships and is linked to social integration and social connectedness. This paper discusses the influences of ontological security at the level of the healthcare executive and suggests this facet presents an underdeveloped area in which to pursue a greater understanding of the challenges of healthcare executives.

Key words: Ontological security, Routinisation, Trust, communication, Health leadership

At the organisational level, building and sustaining tertiary healthcare organisations involves the collaboration of many, effective leadership, understanding stakeholders needs and insight into the future path the organisation. From the primary perspective, individuals within organisations may have a greater challenge to building and sustaining their workplace; to contribute to organisational success, to be an effective team member and enjoy a certain level of job satisfaction. This paper outlines the importance of individual ontological security within the social context of building and sustaining the tertiary healthcare workplace. The discussion directs the focus of ontological security towards a non-philosophical stance to focus on the importance of a secure reality in the complex world of the healthcare executive. Social connectedness (Ambrey, Bosman & Ballard, 2018) is identified as an important mediator of trust relationships with other executives. Connecting with others is rudimentary (Bartelt & Dennis, 2014) in functioning within the structures of relationships. The development of trust is a prerequisite of ontological security and necessary for a confident approach to decision making, planning and effective leadership. A secure reality is integral in social reproduction, fundamental to social integration (Kramer, Hoelscher, Nguyen, Day & Cooper, 2017), and reinforces individual agency and self-identity.

Ontology as a construct

The meaning of ontology is diverse and associated with a number of concepts reified by philosophers since the time of Plato. Clarity around its definition is clouded by linguistic inferences, dichotomies of core themes and heuristic interpretations which rely largely on epistemological and phenomenological stance. Ontology constitutes a significant branch of metaphysics; it is the study of what it means to be human, the essence or being of things, including meanings. Abstract or non-tangible concepts such as being, knowing, time and space have long been discussed by the great philosophers spanning the continuum of idealism through to materialism, the dialectic of which has produced some of the greatest innovations in the rise of modern philosophy (Hook, 1934). From the Greek 'onto' relates to being or existence; 'logia' to science or study.

While philosophy encompasses much of the discussion on ontology, the non-philosophical approach is considered to examine the role of ontological security within the work of the healthcare executive. This constitutes a sociological approach where the underlying structures that affect individuals and groups is examined. This is a focus on identifying parts and processes which contribute to the presence, maintenance or decline of ontological security. Ontological security is defined as “Confidence or trust that the natural and social worlds are as they appear to be, including the basic existential parameters of self and social identity” (Giddens, 1984, p. 375). The satisfaction of this basic human need is integral at the most primary level in the uncertain times of today’s complex healthcare organisations. Establishing a satisfactory level of ontological security includes not only maintaining one’s own social presence but monitoring the social presence of others. In this way predictability promotes routinisation and habitus (Bourdieu, 1990). Maintaining ontological security is manifest in the behaviours of humans. Gestures, dialogue, dress and social interaction such as turn-taking (Giddens, 1984) are some of the behaviours that mediate the present often with the intent to embed for the future.

The biological mechanisms of ontological security constitute day-to-day activities of individuals and provides the social façade or context with which individuals interact (Giddens, 1984). Engagement with others is, to a degree, manipulative. Testing responses of others with truly held beliefs and interpretations of social events and interactions is undertaken cautiously at first to gauge responses. When reproduction of interactions occurs and the responses appear socially acceptable, individuals may develop a sense of trust in others. Repetitive successful interactions then constitute routinisation within the relationship. This occurs when one individual can anticipate the reactions of another in specific, repeatable scenarios and gauge with some sense of confidence the outcomes of new episodes (Brown, 2000). Routinisation contributes to the ontological security of individuals as they carry out daily activities. This social continuity, in turn, is foundational to maintaining trust in relationships.

BACKGROUND LITERATURE

References to ontological security in contemporary literature is widespread and voluminous applied to the International Relations (IR) realm (Flockhart, 2016; Pratt, 2017). Using a constructivist theorising approach, Flockhart explores the connection between ontological security and change actions in social processes with regard to international interactions. Flockhart's global view highlights change in countries where change appears impossible. Change which envelopes the structural norms and rules of humans and which potentially challenges their ontological security as they reconstruct their world for the purpose of change. Flockhart theorises over maximising the efforts for change through agency of humans and ongoing need to maximize ontological security. She suggests the agency of humans is dependent on the use of narrative and the established identity of humans; "the strategy of being" (Flockhart, 2016, p. 799) and the practices and actions which dictate performances; "the strategy of doing" (Flockhart, 2016, p. 799). Flockhart's research is applied to change from the agent perspective, suggesting while humans have the capacity to enact change, this may be severely curtailed by a greater need for ontological security, changing the manner in which they put their agency into action and potentially minimising advancements in change processes.

A thought-provoking essay written by Krolkowski (2018) acknowledges the paradoxical effect of authoritarian rule and the ontological security of the people of China. China's growth, particularly since the mid-20th century, has relied on a regime which fundamentally challenges its people through government mandated interventions so severe as to intrude on the privacy and liberty of its subjects. The communist regime is built on social transformation, most of which constitutes benefits for the elite; built on the suppression of the masses. Inhibitory conditions imposed by the regime are manifest through party discourse, deprivation of freedom and political repression (Krolkowski, 2018). Such conditions support the regimes resilience and feeds the greater masses ontological insecurity. In turn, the party-state provides structures which "consist of official discourses that anchor and situate the individuals' experiences within overarching stable, continuous or incrementally evolving structures" (Krolkowski, 2018, p. 913) which impose order and intelligibility in the imposed chaotic state. "It both steals and supplies their ontological security" (Krolkowski,

2018, p. 913). Their article provides a powerful discussion about an extreme situation which has no equal. While drawing similarities between China's party-state and those governance structures of complex businesses is extreme, some consideration can be given to the embedded and imposed structures found in modern-day businesses and the impacts these have on the ontological security of staff. Such measures are hegemonic in complex organisations and include company policy and procedure, strategic plans, expected standards of both personal and business associations and adherence to company values. The parallel with the Chinese regime continues when staff experience challenges to their performances when measures are counterintuitive or there is abrupt and destructive upheaval in their work. The official organisational discourse will continue as the leaders of the company attempt to keep the business stable and functioning. This very discourse, however, may be the cause of the insecurity of staff interrupting the routinisation and predictability of their known reality.

Australia's extended drought which spanned the latter part of the 20th century and into the early years of the 21st century scarred not only the landscape and waterways of most of the continent, but also the security of Australians with respect to long held traditions and practices. This climactic event changed the ontological state of Australians from one of security to one of insecurity (Phipps & Ozanne, 2017). Practice change included the upheaval of conventional routines; the challenge to embed new imposed routines, and the discourse which accompanied the disruption to daily life. The disruption of the lifestyles of Australians produced varying degrees of adaptation fueled by social interplay such as public discussions, government policies, and imposed changes to otherwise innocuous activities which were punitively regulated not only by government, but by neighbours. Adaptation ranged from households having difficulty adapting because of their reliance on materiality (using water to wash cars, water gardens, long showers etc.) through to restoring security by complying with government and social expectations (Phipps & Ozanne, 2017). The drought affected many areas of daily life which were otherwise routinised, predictable and required little to no consideration to undertake on a daily basis. Social identity was challenged as neighbours watched over neighbours to ensure none of the precious drop was wasted. The existential parameters of self

may have required rethinking as to whether compliance should come before the needs of self; and the social ramifications if compliance came second.

There is a paucity of information within contemporary healthcare literature with regard to the influence of ontological security and the healthcare executive. References are tangential to this specific issue and are discussed as many discrete entities. Discussion of social identification and psychological empowerment are ubiquitous in healthcare literature (Bartels, Peters, DeJonge & Pruyn 2009; Callan, Gallois, Mayhew, Grice, Tluchowska & Boyce 2007; Cummins & O'Boyle 2014; Karanika- Murray, Duncan, Pontes & Griffiths 2015). They are also circuitous to ontological security as these concepts draw from collective social attitudes and behaviours (Bartram, Karimi, Leggat & Stanton, 2014), which are dependent upon how the individual translates social acceptability of self and actions. Translation manifests through anxiety and is dependent upon predictability and routinisation of work; counter to the everyday work of the healthcare executive. Empowerment as self-efficacy (Bartram et al. 2014) influences the willingness of individuals to contribute to team success and more so, the behaviours employed by executives to attain personal goals, competency and productivity. Empowerment in healthcare is linked to autonomy and competence and influenced by embedded expectations of the individual's discipline and the equally embedded expectations of associated disciplines.

As routinisation and predictability are not commonly associated with high demand organisations such as healthcare, daily life for executives is otherwise mobilised by tightly held beliefs and processes of the disciplines found within these organisations (Braithwaite, 2006). Social and professional expectations in and between the major disciplines both support and undermine the ontological security of its members. Policy and procedure guide every facet of the healthcare workers actions with regard to patient care, however the social interaction with peers of the same, or alternate disciplines is often heavily scrutinised. Further to this scrutinisation, contemporary healthcare facilities around the globe have undergone dramatic changes to governance structures; this restructuring also contributes to the ontological insecurity of staff. Early work by Braithwaite (2006) found the restructuring of hospital hierarchies caused significant upheavals in the professional/social

integration of the different disciplines such as medicine and nursing. The rise of the health professional/manager also signified a change to traditional roles which challenged not only the health professional/manager, but the relationships this staff had with his non- managerial peers (Dedman, Nowak & Klass, 2011). The routinisation and predictability of roles and responsibilities was changed by the restructuring of the healthcare hierarchy. These changes however, were not automatically situated within the new reality of the healthcare executive. Adaptation to the current governance systems still remains problematic today, healthcare executives remain either in the manager/clinician role (Fulop, 2012) or remain embedded in the rituals and habitus of their chosen professions. While security of the discipline is in some ways satisfying, this exacerbates the problem of interacting with other disciplines and supports ongoing ontological insecurity.

Lack of routinisation and predictability account for much of the changes to the cultures within the reformed hospital system. Reciprocity, or the transactions between differing disciplines in terms of information and expertise exchange (Barrow, McKimm, Gasquoine & Rowe, 2015), is undertaken at asymmetrical levels between doctors and nurses and other ancillary professions contributing to unpredictable interactions between these groups. Clinical protocols are culturally interpreted suggesting routinisation of work, predictability of actions and measures for quality can have different meanings for different disciplines (Barrow et al. 2015). Where routinisation and predictability are absent in the social arena, the sense of ontological insecurity may be heightened through anxiety about outcomes, ramifications of actions and peer scrutiny particularly at multi-disciplinary team level.

Organisational identity is discussed widely within healthcare literature and in healthcare is foremost an issue for ontological security for staff. Distinct from the interpretation of organisation identity relating to the product of all staff and the services provided; organisational identity as a personal employees' identification within the organisation is a complex phenomenon in healthcare (Horton, McClelland & Griffin, 2014). Within the literature the concept of personal organisational identity presents under the guise of structural issues such as job roles and functions (Bartels, Peters, de Jong, Pruyn & van der Molen, 2010) and functional issues such as communication effectiveness

(Nicotera, Zhao, Mahon, Peterson, Kim & Conway-Morana, 2014). Considering these issues are multi-dimensional, discussion around organisational identity would benefit from a foundational perspective such as the ontological security of staff. Drawing issues such as job roles and functions, and communication effectiveness back to the individuals' perception of the security, predictability and routineness of their world provides a starting point from which to build understandings of their interactions with others. Powell, Lovallo and Fox (2011) suggest accounting for individual perspectives and scaling through groups to the organisational level is an effective transition to understanding organisational function.

Ontological security and self and social action

The discussion continues with ontological security within the self and within social action. The former incorporating ideational constructs; perceptions and projections of self. The latter; actions undertaken by actors to maintain balance in their lives and the reception of these actions by others. These two positions provide a means for examining the executives' efforts to maintain their ontological security. In relation to self, the competence of staff and the character of staff have significant impact on whether a trust relationship can be built (Bligh, 2017). Organisational disruptions and upheavals also bear significant influence in establishing trust relationships. Alternatively, alliances which have a common entity such as discipline (medicine, nursing or allied health) bear fruitful, trust relationships (Braithwaite et al. 2016). Trust relationships can also be influenced by limited tenure within the organisation and the subsequent lack of time to establish trust relationships through familiarity.

Discussion relating to social action refers to the parts and processes which contribute to the ontological security of executives. The structures of individual hospital disciplines are embedded in rich histories of development which manifest as tribal like groups who fiercely defend their knowledge, skills and ethos (Braithwaite, 2006). Stoic tribal mindsets contribute to expectations of actions, accepted standards and expected support networks within each entity. Ontological security is regarded as high within discipline ranks. However, it is the joint collaboration or expectation of

working in teams of differing disciplines which threatens the security of reality for many executives. The agency of staff mediates the opportunity not only to participate in collaborative efforts, but to develop and utilise ongoing alliances with others outside their discipline (Igira, 2012). While the broader impact of this process on building and sustaining an effective and efficient organisation is unknown, at staff level there is ongoing disruption, anxiety and poor productivity.

Ontological security, communication and professional relationships

Complex organisations such as healthcare are fluid like; in a constant state of adaptation and change. This flux represents daily challenges for those who lead these organisations. A widely held view is that “the most prevalent determinant of the change process is communication” (Kral & Kralova, 2016, p. 5171). Fine tuning or revisiting strategic directions and the introduction of initiatives to maintain performance relies on effective communication between staff. Familiarity with others supports a social identification that is integral to ontological security and of being seen and heard. Exclusion contributes to ontological insecurity when one is not part of the familiarity circle (Thompson, 2011). Communication as a conduit to establishing relationships and is severely curtailed when roles of co-workers are incompatible or function in a multi-system environment (Putnam & Nicotera, 2010). Structural divergence theory outlines the impacts on social connectedness and social integration where staff are compelled to respond to more than one system or structure as a result of their role. The conflict arising from such overlapping of activities is directly linked to lower job satisfaction, higher staff turnover and in particular, negative communication cycles (Nicotera et al. 2014). The research from this team posits the problems associated with boundary spanning, or the expectation to contribute across disciplinary lines has ramifications at organisational levels due in part to role conflict, agency loss and threats to the power of professions. Extrapolated further, the threat to individual ontological security is great in light of the instability the multi-team environment. The problems encountered in the multi-team environment have more to do with social identity (Hogg 2001) the balance of power and disparate goals and perhaps less about the task at hand.

Ontological security and the social professional self

The personal reputation of staff is pivotal in supporting a positive sense of ontological security. Zinko and Rubin (2015) constructed an interesting insight outlining the role of reputation in positive self-esteem and the need to belong within organisations. These authors suggest there are positive benefits to identifying employees who utilise high levels of personal reputation both for the individuals' gain and to build and sustain corporate reputations. Building individual reputations includes both a personal and organisational strategy. Where an individual portrays excellence, self-fulfillment, status, legitimacy and credibility, a flow on to corporate benefit must occur for this individual to be of value to the organisation (Zinko & Rubin, 2015). The disciplines of healthcare provide a useful example of where professional and social reputation is highly regarded. Limited tenure is expressed as a normative process at the executive level; the expectation of peers and a positive measure to attain legitimacy, status and a high reputation. The negative effects are felt at a more personal level. The constantly changing employee landscape contributes to an unsecure reality because of disconnect or unfamiliarity with others. There is a synergism between powerful individuals and complex organisations strategically affects performance contributing to positive outcomes for the organisation (Zinko & Rubin, 2015). The challenge to keep successful executives in healthcare includes much more than attractive working conditions. The cultural norms of the disciplines and the stability of the workplace provide a greater hurdle for employers.

Ontological security and self-identity

Reflexivity determines the subjective meaning of identity, relationships and actions not only for us, but as a process to determine or measure how we think others see ourselves (Collinson, 2003). Self-consciousness is an important part of maintaining ontological balance in life; subjective meanings frame the world view and formulate our responses and actions. In tertiary healthcare organisations self-identity is constantly challenged by the ever-changing landscape. Individual concerns about the imposition of social change and the inherent anxieties are reinforced by the individuals themselves as they attempt to regulate their understanding of their identity within that

landscape. Attempting to routinise work practice is part of the natural order for humans to stabilise their reality (Collinson 2003). The practice however contributes to further anxiety as high intensity organisations can never reach a state of stability and permanency; being counterproductive to organisational growth. The sub-surface tensions between medical and nursing staff contributes to an unstable reality for these two groups in healthcare. Organisational practices which require the two disciplines to work together are undermined by the lack of connection between the two groups. These gaps serve to reduce the ontological security of each of the disciplines. The absence of trust stimulates exclusivity and doubt about the others ability to perform. For individuals, this must produce anxiety and a loss of routinisation testing the relationships further. The imbalance within the organisation surely impacts on the collective effort to build and sustain their business.

THEORETICAL AND PRACTICAL IMPLICATIONS

Ontological security has been extensively investigated within the IR realm, and intrinsically applied to business and organisational behaviour scholarship under the guise of self-identity and organisational identity (Garman, Johnson & May, 2015; Leach & Spector 2006; Powell, Lavallo & Fox 2011; Scott & Trethewey 2008). Its application in healthcare has drawn little comment. Healthcare provides a rich landscape within which to investigate ontological security and the (in) security of its inhabitants. These inhabitants occupy professional roles which are diverse, yet service the same community, are fiercely independent and yet cannot function without the other. Working together as teams of healthcare professionals presents a relatively new function which historically was not considered either necessary or achievable. Today, healthcare is complex and relies on the interaction of many skilled and diverse staff (White, Currie & Lockett 2014). The challenges to maintaining a routinised, predictable environment is insurmountable and requires every staff member to adapt on a daily basis. Largely unrecognised as something to come to terms with, ontological security is present in every aspect of everyday life. Researchers who care to investigate this aspect of social conduct may find their answers in the implicitly stated responses of participants when they discuss the problems they face at work. Levels of security will manifest as disruption, unfamiliarity, lack of trust and uncertain futures. These are the key indicators of ontological security. Working

through these with participants will expose researchers to links to many organisational behaviour theoretical frameworks, cross philosophical boundaries including the epistemological and axiological framing of participant's responses.

Further research which incorporates the explanation of ontological security with participants may help those under study to idealise their world views better. Providing a framework which probes the unroutinised, unpredictable and disruptive facets of their lives may cause introspection at a higher level, rather than just probing the normative aspects of work. The practical implications of this for the researcher is more than identifying disruptions to processes, but further, identifying how participants relate this to their social identity. For participants, this understanding may contribute to how they overcome insecurities by recognising disruption from their own perspective than just that of the disruptive episode.

CONCLUSION

To conclude, this paper highlights a different dimension to the study of human behaviour in complex organisations. Ontological security is an important foundational concept when considering the challenges and opportunities to sustaining such organisations through the lens of individual behavior. While the onus of contributing to organisational success is often attributed to teams, the agency of individuals as a result of their ontological security is omnipresent. The ontological security of healthcare workers represents uncharted waters within the study of organisational behaviour. Significantly, healthcare workers find professional and individual self-identity to be a most important characteristic; one which is actively managed and pursued. The expectations of the major disciplines of healthcare are grounded in the performance of individuals; meeting the expectations of peers and other health professionals is linked to having control over one's reality and manipulating that reality for benefit.

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