"BEND A LITTLE TO GET IT FORWARD": PRO-SOCIAL RULE BREAKING AND PUBLIC HEALTH PRACTICE

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ABSTRACT

RANDI E. KAUFMAN: "Bend a Little to Move it Forward":
Pro-Social Rule Breaking in Public Health Practice
(Under the direction of Bruce Fried)

Background: Pro-social rule breaking (PSRB) is when an employee chooses to break an organization's rules in order to meet organizational goals, or to help others. It is relatively new area of study; there are no studies conducted on public health administration. This exploratory study examines why and how mid-level public health practitioners use PRSB to make decisions to engage in, and what and how organizations can learn from this practice.

Methods: This qualitative study used a purposive sampling strategy to recruit 12 participants from among state directors and managers of programs funded by CDC's Division of Cancer Prevention and Control. Data was collected through semi-structured interviews conducted from March to May 2013. Data was analyzed using MAXQDA 11.

Results: Participants averaged 16 years of experience and reported working under an average of five sets of rules. Seventy-five percent worked on more than one program. Ten of the 12 participants reported engaging in PSRB. Instances of PSRB were mostly likely to be in response to state and organizational level rules. Key themes include: participants believe they are breaking the rules to meet programmatic goals and help the public; the need to meet multiple sets of expectations causes high levels of frustration; participants generally see positive outcomes from PSRB; they sometimes break the rules because they cannot figure out any other way to get their work done and meet goals; and making the rules clearer and more flexible will make them easier and more likely to be followed. Participants suggested examining the unintended costs of

rules, relationship-building across offices, and establishing productive dialogue as ways of reducing the incidence of PSRB and improve organizational functioning.

Conclusions: PRSB appears to be a positive way of responding to difficult and sometimes absurd situations. Participants displayed good leadership and management skills in response to organizational barriers. The organizational climate--rules, flexibility, degree of centralization, levels of approval--acts as mediator for participants' decisions to engage in PRSB, and changes to the organization climate may decrease PSRB and improve functioning and results.

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LIST OF ABBREVIATIONS

CDC	US Centers for Disease Control and Prevention
CRCCP	Colorectal Cancer Control Program
DCPC	Division of Cancer Prevention and Control
DHDSP	Division for Heart Disease and Stroke Prevention
NACCD	National Association of Chronic Disease Directors
NBCCEP	National Breast and Cervical Cancer Early Detection Program
NCCCP	National Comprehensive Cancer Control Program
NPCR	National Program of Cancer Registries
PSRB	Pro-Social Rule Breaking
WISEWOMAN	Well-Integrated Screening and Evaluation for Women Across the Nation

CHAPTER 1. PURPOSE

Problem

Public health practitioners often work in organizations with complex rules. In addition to their own agencies' rules, they also may work under the rules of one or more funding agencies. Sometimes following the rules impedes their ability to achieve the stated goals of their organizations, programs, and positions. For example, Louisiana passed a law that allowed school superintendents to apply for a waiver of state laws in order to create a mechanism that would allow schools to bypass red tape. However, several months after the law was enacted, no superintendents opted to pursue a waiver because the rules for applying for one were complicated and undecipherable.[1]

Some workers choose to break their organizations' rules. While sometimes this behavior is unconstructive or opportunistic, other times, workers may break rules in order to meet their organization's goals, or to help their coworkers, customers or stakeholders. Morrison defines the latter type of rule breaking as *pro-social rule breaking* (PSRB).[2] For instance, front line nurses sometimes choose to ignore or circumvent processes and rules related to prescription dispensing or visiting hours in order to help patients and their families.[3]

This study will examine PSRB at the middle management level of organizational hierarchy within the setting of public health practice at large institutions. As a practitioner, I have witnessed PSRB by public health program managers and directors who are struggling to meet their programmatic and organizational goals while working in large organizations. For example, I am aware of a manager who decided to engage in PSRB when faced with the need to hire staff to fulfill an obligation to an outside funder and serve his target population during a state

mandated hiring freeze. I also have known a director who chose to ignore a funder's policy that disallowed serving a subpopulation that was greatly in need of his program's services, and crucial to achieving the goals of his project.

There is little information on PSRB and its role in public health administration; previous studies on PSRB were conducted with private sector workers or unspecified populations. However, since public health practitioners frequently work in large organizations, and may be motivated by a desire to serve the public, a characteristic associated with PSRB in previous studies[2, 4], they may be likely to engage in PSRB. In addition to their own agencies' rules, they also may work under the rules of one or more funding agencies, which may make following the rules while administering programs even more difficult.

Importance

Rules are defined as "a prescribed guide for conduct or action."[5] They are explicit and formal. Rules can take different forms, including policies, regulations, prohibitions, and proscribed procedures. Rules are different from office culture or norms, which are social and informal. Stone believes that good rules must navigate "the tension between precision and flexibility."[6] They are able to incorporate the fairness that comes from treating like cases the same and limiting the discretion of those who implement them, while at the same time allowing for enough sensitivity to specific situations and creative problem solving.[6]

Degree of centralization, a description of where decision making authority lies within an organization, is related to the tension that exists between precision and flexibility in rule making. In *centralized* organizations, decision-making and daily operations are the responsibility of senior level management. In *decentralized* organizations, some or all decision-making is delegated to middle managers and/or front line staff.[4]

Pro-social rule breaking (PRSB) is defined as "any instance when an employee intentionally violates a formal organizational policy, regulation, or prohibition with the primary intention of promoting the welfare of the organization or one of its stakeholders."[2] The literature includes the concepts of *rule bending* and *workarounds*, which also fit Morrison's definition of pro-social rule breaking; the two concepts are types of PSRB specific to nursing and program management. Collins defined the concept of *rule bending* in her study of nurses as "a violation, defined as deliberate deviations from those practices (i.e., written rules, policies, instructions or procedures) believed necessary to maintain safe or secure operations."[7] Tucker defines the term *workarounds* in nursing as "nonstandard methods for accomplishing work blocked by dysfunctional processes."[3] Similarly Campbell, describes workarounds as when a manager or local staff takes the initiative to make decisions that are not technically within the standards, rules or guidelines in order to promote a higher-level purpose without being given formal permission.[8] They are "deliberate efforts to evade, subvert, or even break rules or procedures in order to get the job done." [9] He notes that workarounds are "an alternative to either simple compliance or overt attempts to change the rules" and "informal, situated practices that typically attract little attention."[8]

For this study, there is no distinction between breaking and bending the rules. The definition of *bending the rules*, "to allow something to be done that is not usually allowed,"[10] is a euphemism for breaking the rules. Similarly, Campbell's *workarounds* will be used interchangeably with PSRB since it describes a type of PSRB that will be studied in this research. An understanding PSRB in public health settings is relevant to the organizational development of agencies. If rules are not being followed or impeding the realization of an administration's desired outcomes, perhaps the administration may consider other options:

revising decision and rule making processes, including who controls different levels of decision making; revising or rescinding specific rules; or using other tools such as guidance instead of strict, detailed rules. In addition, as someone who works in a large bureaucracy, a "government characterized by specialization of functions, adherence to fixed rules, and a hierarchy of authority," and "a system of administration marked by officialism, red tape, and proliferation,"[11] I can attest to how stressful it is to try to meet your programmatic goals while trying to meet all requirements from above.

According to Scott, those who do not follow the status quo of dysfunctional organizations are important because their behavior and work does not change to conform to the dysfunction. PSRB can be seen as a quiet act of subordination against traditional command and control organizational cultures and systems, and healthy reaction to an absurd situation. Instead of highly visible or confrontational way of addressing the limitations of the organizational culture, participants choose to stay focused on accomplishing their goals and engage in a "lower-risk alternative to mutiny" that flies below the radar.[12] Those are who follow the system blindly may be the type of workers that give government workers that feeds the public's view of them as lazy and ineffective, and reinforce Americans' distrust of government. [12, 13] Similarly, DeHart-Davis states that PSRB may be "a healthy response to organizational pathology,"[4] and may provide a sense of control and increased work satisfaction.

While PSRB may be discouraged or unwelcome in many organizations, it may enable workers to help their organizations meet their goals. Campbell suggests that organizations may be able to use workaround stories as part of program evaluation. Superiors may be able to use the information provided by these stories to find implementation problems, and revise rules, policies and procedures to better align with organizational and programmatic goals and objectives.[9]

It is important to note that other fields examine workarounds to help systems improve and adapt. As noted in Campbell, computer science already uses the examination of workarounds as a method for improving programs and systems.[9] In computer science, a *workaround* is defined as "a method, sometimes used temporarily, for achieving a task or goal when the usual or planned method isn't working,"[14] which is similar to a dictionary definition of *workaround*, "a plan or method to circumvent a problem (as in computer software) without eliminating it."[15] Since workarounds are temporary solutions to problems, and may cause unintended effects, such as a strain in another part of the system, they are catalogued and reviewed. By looking at these creative temporary solutions to hardware, programming and communications problems, programmers and administrators are able to identify areas in the program or system that need improvement, as well as possible permanent fixes. After the issue is fixed or system improved, the workaround is no longer needed because the underlying problem no longer exists.[14]

While making use of workarounds is recognized among computer science professionals, there is a lack of formal research on workarounds in the computer science literature.[16] Similarly, in the nursing literature, there is neither a clear, accepted definition of workarounds, nor an understanding of the features, causes or outcomes of this phenomenon.[3, 16] In addition, the various definitions of workarounds in computer science and in nursing refer to front line staff and processes, which are similar to but different from the topic of my research, which focuses on mid-level managers.

Research Questions

As evidenced in the following review of the literature, PSRB is a fairly new and lightly researched area study. This study addresses four fundamental questions related to PSRB.

Q1: How do mid-level public health practitioners make the decision to engage in PRSB in their organizations?

Q2: What are the consequences of their decisions to engage in PSRB?

Q3: What can public health organizations and institutions learn from their employees who engage in PSRB?

Q4: How can public health organizations learn from incidents of PSRB and those who engage in this practice?

CHAPTER 2. LITERATURE REVIEW

Search Strategy

Pro-social rule breaking is a relatively new area of study, and there is a limited number of studies on this topic. A literature review was conducted in April 2011, and included the following databases:

PubMed, 1957 to April 2011

Business Source Premier, 1984 to April 2011

PAIS, 1915 to April 2011

PsychInfo, 1960 to April 2011

Public Administration Abstracts, 1974 to April 2011

Sociological Abstracts, 1963 to April 2011

Worldwide Political Science Abstracts, 1960 to April 2011

In order to locate literature published since April 2011, a second review of the databases listed above was conducted in September 2012. A final check for new publications was completed in May 2013.

In addition to searching databases, the references in key articles identified through database searches were searched for additional studies, and I hand searched the references of relevant articles to locate other potential articles to include.

Table 1 below details the search terms used.

Table 1. Search Terms

Pro-Social	AND	*Rule Breaking*	AND	*Public Health Administration*
OR Positive Deviance OR Constructive Deviance OR Personal Initiative OR Proactive Employee		OR Rule Bending OR Organizational Expedience OR Extra-Role Behavior OR Risk Taking OR Task Revision OR Organizational Dissent		OR Public Health Agency OR Public Administration OR Bureaucracy OR Government

Many of these terms were identified during my preliminary reading on the study topic, and were chosen because they represent concepts similar to or related to PRSB. For example, *organizational expedience* is a "focus on achieving specific ends" in which the means become less important than the ends, and that may be "politic or advantageous."[17]

Since there were few articles on this topic, I included many types of studies in the search: randomized and non-randomized control, cohort, cross-sectional, case control, case studies, systematic literature reviews, and meta-analyses. Articles were excluded if they met any of the following criteria.

- They were not published in peer-viewed journals;
- They were non-systematic literature reviews; or
- They were commentaries.

Results

The April 2011 search yielded 109 unique citations. After a review of the article titles, only 18 citations potentially met the inclusion criteria. A review of the abstracts of the remaining

citations yielded 14 potential articles. Seven of the articles met the inclusion criteria, and were included in this review.

In the April 2011 search, the search terms that produced the greatest number of citations, as well as the most articles that met the inclusion criteria included the terms pro-social rule breaking, risk taking, constructive deviance, organizational expedience, and public administration. A follow-up search in September 2012 on the same terms did not uncover additional articles. In order to find additional resources, in October 2012, I added *workarounds* as search term, which generated a large quantity of articles on nursing not relevant to this study. However, one additional new, extremely relevant article was located.[8] In May 2013, I found one additional "in press" article in May 2013 for this literature review.[18]

Table 2 is summary of the characteristics of the included studies.

Table 2. Included Studies

Author, Year	*Study Design*	*Method(s)*	*Participants*	*Key Construct(s)*	*Notes on Validity*
Berman & West, 1998[19]	Cross sectional	Mail survey, Self-reported data. Attitudes measured with Likert scale.	204 senior, local government managers in US	Responsible risk taking; Malicious risk taking; Ethics.	Potential bias due to some surveys completed by manager, others by manager's designee. Tested for non-response bias. High response rate for mail survey. Potential self-report bias. Used previously validated questions and constructs in survey. Maybe be generalizable to public health.
Campbell, 2012[8]	Qualitative study	Interviews Purposive sample of 69 out of 300 interviews. Chosen for geographic representativeness.	Directors of California workforce development programs	Workarounds Bureaucratic constraints Policy goal attainment	Self-reported data. Difficulty defining what defined episodes of workarounds – "bureaucratic constraints on local implementation." Gray areas in what is considered in support of policy goals.
Dahling, Chau, Mayer & Gregory, 2010[20]	Cross sectional (Development of a valid measurement of PSRB to be used in any setting.)	Self-reported questionnaires, content analysis (exploratory and confirmatory factor analyses)	179 employees of a large, Midwestern university	General PSRB Scale (GPSRBS); PSRB; constructive deviance	GPSRB scale tested for construct and internal validity. May not be valid outside of the setting in which it was developed. (Participants tended to be young and female who attended class as well as worked at the university.)
DeHart-Davis, 2007[4]	Cross sectional	Sampling frames chosen for convenience. in-person, unstructured interviews. Mail survey. Descriptive statistics and probit regression.	City employees of four cities in a Midwestern state, 90 interviewees, 645 survey respondents	PSRB; Unbureaucratic personality (UBP)	Good response rate. Potential self-report and selection biases.

Feeney & DeHart-Davis, 2009 [21]	Cross sectional	Mail survey, Descriptive statistics	645 employees of four cities in a Midwestern state	Creativity; Workplace bureaucratization; productivity; risk taking	Possible self-report bias, and selection bias threaten internal validity. External validity difficult to determine.
Fuller, Marler & Hester, 2006[22]	Cross sectional	Survey of employees, survey of Supervisors to assess subordinates' voice behavior, Review of company's performance records, and organizational chart. Structural equations modeling.	115 employees of a non-profit utility company in the Southern US.	Proactive personality; felt responsibility for constructive change (FRCC)	Very high response rate. Asked by supervisors to participate. Validated survey instruments. Data from multiple sources
Morrison, 2006[2]	Parts 1 &2: Cross sectional (prevalence) Part 3: Between subjects	Part 1: phone interviews Part 2: in-person interviews. Part 3: in-person survey after reading rule breaking scenarios	Part 1: 24 alumni of business school, variety of jobs/industries (including health care, government education) Part 2: 79 people Part 3: 168 MBA students at large urban university	Pro-social rule breaking	Self-report
Sekerka & Zolin, 2007[23]	Qualitative study (phenomography/ecological psychology)	Self-administered survey. Question: describe when you bent a rule. Used grounded theory and thematic analysis	32 government officials (DOD acquisition managers) enrolled in graduate course at government educational institution. 10 randomly chosen for inclusion.	Prudential judgment; Rule-bending; Distributive justice	Small sample size, one type of organization and employee. Did not examine mixed motives.
Vardaman, 2012 (In press)[18]	Literature review and new conceptual model	Creation of new "conceptual model of ethical climate and PSRB in the workplace"[18]	Not applicable	Ethical Climate *Individual Differences:* job autonomy, risk preference, PSBP observation,	Not applicable.

				conscientiousness, and core self-evaluations (self-esteem, self-efficacy, neuroticism, internal locus of control, external locus of control)	

Several of the articles were cross sectional in design[2, 4, 19, 21, 22]; one[23] was qualitative. Morrison's study defines pro-social rule breaking, and is often cited among the studies reviewed[2].

Employee Characteristics

Due to the small number of studies on PSRB, there is not strong evidence on the relationships between employee characteristics and likelihood (propensity) of engaging in PSRB. (Table 3); however, some of the studies do examine some of the same or similar employee characteristics.

Table 3. Employee Characteristics and Propensity to Engage in PSRB

Author	*Positively Associated*	*Negatively Associated*	*No Association*
Berman, 1998	Ethical attitude Professionalism Commitment to reform Risk- taking	Multi-year contract	Gender
De-Hart Davis, 2007	Nonconformity Risk taking propensity Male gender	Female gender	Public service commitment Length of employment Position Education Professional association membership
Feeney, 2009			Ethnicity Tenure Position Salary Education
Fuller, 2006	Position (higher) Proactive personality		Job autonomy
Morrison, 2006	Job autonomy Desire to be efficient Risk-taking propensity Male gender Proactive personality* Empathy*	Female gender	
Sekerka, 2007	Perception of rule bending not a threat to organization Desire to do a better job	Prudential judgment	
Vardaman, 2012**	Self-esteem** Self-efficacy** Internal Locus of Control**	Neuroticism** External Locus of Control**	

*Positively associated by not statistically significant.
**From proposed conceptual model

Several studies found that employees are motivated to break rules in order to do their jobs better. Specific motivations include wanting to be more efficient, helping a colleague or subordinate, and better serving the public/customers.[2, 19, 23] However, one study[4] found no association between public service commitment and PSRB.

Several personality traits are associated with PSRB: a propensity for risk taking[2, 4, 19]; a tendency to be proactive[2, 22]; and nonconformity[4]. In addition to PSRB, responsible risk taking also is associated with professionalism and employee commitment to reform, and is compatible with having an ethical orientation, which supports the validity of PSRB as a construct[19].

Two studies[2, 4, 21] reported that men are more likely than women to engage in PSRB. However, another study reported no significant relationship between PSRB and gender[19]. In addition, there is no agreement on whether an employee's position/rank in an organization is associated with PSRB, with only one of three studies that examined this variable reporting an association.[4, 21, 22] Also, there is no statistically significant association between PSRB and ethnicity, tenure at organization, salary, educational level or professional association membership.[4, 21]

Organizational Characteristics

There only six studies that examine the relationship between organizational characteristics and PRSB (Table 4).

Table 4. Organizational Characteristics and PSRB

Author	*Positively Associated*	*Negatively Associated*	*No Association*
Berman, 1998	Revitalization culture Resources for productivity available		Entitlement culture Fear culture Form of government Region (location)
Campbell, 2012	Bureaucratic demands		
Dahling, 2010	Co-worker behavior **		
De-Hart Davis, 2007	Centralization Red tape	Formalization (organizational rules)	Location
Feeney, 2010		Formalization	
Fuller, 2007	Access to resources Role ambiguity		Access to strategy-related information
Morrison, 2006	Co-worker behavior **		
Sekerka, 2007	Co-worker behavior ** Pressed by superior to break rule		
Vardaman, 2012***	*Ethical Climate**** Instrumental Caring Independence-incongruent Law and code- incongruent	*Ethical Climate**** Independence-congruent Law and code- congruent	

*Not statistically significant.
**Person more likely to break a rule if co-workers already have broken it.
***From proposed conceptual model

Organizations characterized by red tape and centralization of authority and decision-making are associated with employee PSRB.[4, 22] Also, two studies reported an association between access to resources for productivity and responsible risk taking.[19, 22]

Organizational culture plays a role in whether PSRB is present. PSRB is associated with organizations with high-energy levels and motivated staff (cultures of revitalization)[19]; with histories of rule-breaking[2, 23]; or where superiors pressure subordinates to break rules[23]. However, an organizational culture of fear or entitlement is not associated with PSRB.[19]

Employees of organizations with a high degree of formalization of rules and policies are less likely to engage in PSRB.[4, 23] This relationship is consistent with the finding that employees who work in organizations with role ambiguity (less formal definition of roles and responsibilities) are more likely to engage in PSRB.[22] However, one study found that having rules and penalties for breaking them did not stop rule bending, especially when rules conflicted with goals.[23]

Form of government and location were not found to have a significant association with PSRB (11, 13).[19, 21]

Common PSRB Areas

Campbell found that his subjects' incidences of PSRB revolved around five policy areas: mandated partners/colocation of services; client eligibility/client services; funding silos/restrictions; governance; and performance accountability.[8]

Managerial Approaches

Campbell also identified common strategies used by managers who chose to engage in workarounds:

1. "Treating directives as starting points for negotiation" and then asking for forgiveness rather than permission. This approach includes moving ahead with plans without waiting for formal guidance.
2. Creating their own performance measurement systems so they are able to point to good performance when confronted with using their own discretion.
3. "Establishing local collaborative goals as alternative locus of accountability," which gives them reasons to not see themselves as serving only the higher level policy makers.

4. Seeing accountability to the "front-door," local clients separate from accountability to the higher level policy makers, which allows managers to serve at the "front-door" in the way they think is best, and adjust reporting to meet the requirements of the higher ups.[8]

Prevalence

The results yielded two prevalence estimates of PSRB. The self-reported prevalence of PSRB in one study was 60%.[2] Another study reported that one-third of the participants could be described as having a responsible risk taking orientation.[19] Campbell found 55% of subjects reported incidents of workarounds."[8]

Outcomes

The included studies do not provide information on the outcomes of PSRB with the exception of one by Campbell. Since colocation, one of the two main ways the larger policy sought to achieve the main goal of integration of services, accounted for 25% of the stories, PSRB may have had an impact on the success of the overall initiative.[8]

Discussion

Since PRSB is a relatively new area of study, there is little peer-reviewed information available on any population. A search of the literature on pro-social rule breaking and public health administration yielded few studies, and none of the studies explicitly addressed public health organizations. Because of their study populations, some results may not be generalizable to public health administration.[2, 20] However, most of the studies' participants were government or public service employees, and their results may apply to some public health employees.

In general, all reviewed studies had at a least some subjects involved in public services. Three of the studies of government employees[4, 20, 21] and one of utility company's employees[22] have the most in common with, or are most likely to include public health employees. Two of the

studies' were administered at universities,[2, 20] which may or may not be relevant to public health. Also, without the information needed to review and compare the characteristics of the studies' subjects and public health employees in general, it is difficult to estimate the degree of generalizability of the results of the included studies.

Since there is scarcity of literature on PSRB overall, an understanding PSRB in any population or setting may be useful to this study. Moreover, public health organizations and employees are not a uniform group. Because they work at various levels of government, as well as in non-profit and academic settings, it is difficult to estimate the degree to which any of the findings in these studies are relevant to public health. In addition to variations in type of organization or agency, public health practice varies according across geography and organizational mission.

Since there are so few studies on this topic, it is difficult to compare findings across studies. On the individual level, the strongest evidence supports the finding that employees with proactive and risk-taking personality characteristics are more likely than others to engage in PSRB. However, the literature search did not address how these characteristics relate to the public health workforce. Perhaps more directly related to public health staff are the results of studies that have examined motivations associated with PRSB. Three of the four studies that address motivations found that public service commitment was a factor in an employee's decision to engage in PSRB.

On the organizational level, two of the variables associated with PSRB studies, centralization and red tape are particularly relevant to public health, which often is practiced in large governmental organizations. Many public health practitioners work in federal, state and local agencies. Since many public health activities at the state and local agency levels are funded

by federal grants, practitioners may have to work within several sets of rules and regulations, both their own agencies and those of funders. This complicated arrangement may lead to difficulties adhering to large quantities of protocols and procedures, as well as the potential for conflicting rules and goals. The results of Campbell's study of local implementers of a statewide policy initiative supports the association between managers engaging in PSRB and the perceived conflicts that arise from adhering to funders and policy directives from above while serving the public.

The degree of formulization of the rules of an organization, which also seems germane to an examination of public health administration, has not been found to be associated with PSRB. It is common for public health practitioners to have to follow many kinds of formal rules from multiple agencies that govern job functions, including purchasing, hiring (civil service), and travel. In addition, smaller organizational units including departments and programs have formal and informal rules.

There is little consensus among researchers on the variables or models for PSRB; studies rarely use the same concepts or measures. One research team recognized this issue, and created a standardized scale to measure PSRB[20]. While the construct and internal validity of their scale was clear and strong, the external validity of the scale is unknown due to homogeneity of the study's participants.

The only conceptual model on PRSB[18] I found was not available before I began this research. The authors of the model recognize the small amount of existing research on PSRB and the need for further study and the development of theory. They propose a model of the "The Ethical Climate and PSRB in the Workplace," Appendix A, that is based on previous research,

and also add the ethical climate of the organization as a variable that affects individual differences. This model will be compared with the model that is generated from this research.

The variety of PSRB-related variables and concepts may be useful for the further development of a conceptual model of PSRB in public health practice. Given the small amount of literature available on PSRB or PSRB and public administration, and the absence of literature on public health and PSRB, there are many possibilities for further study.

The absence of studies on the outcomes of PSRB is a large gap in the literature. An employee may engage in PSRB for well-intentioned reasons; however it is not clear if the practice is ultimately a negative or positive one. Aside from Campbell, there are no other studies that address what can be learned from the practice of PSRB.

CHAPTER 3. DESIGN & METHODS

Design

This exploratory, descriptive study is qualitative in design. This approach is appropriate for exploring PSRB in public health since I am less interested in generalizing to a large, diverse population than in developing a deep understanding of this phenomenon in a specific context. In addition, the research topic and questions have several characteristics Creswell associates with qualitative research:

- *It is new area of inquiry.* The literature review identified a small number of studies on this topic; none of these studies specifically addressed public health practice.
- *It is a complex issue.* It involves decision-making that is potentially influenced by multiple organizational and environmental factors, and actors.
- *The need for a flexible approach.* Since this research topic is new, it may benefit from an approach that allows for adapting and revising the research methods based on what is found in the field.[24]

This study also benefits from this design because "good qualitative research studies can offer people a new perspective on issues that they usually take for granted."[25] The lack of studies on PSRB and workarounds in public health administration may suggest that this phenomenon has not been considered worthy of study, or is considered an inherent and unchangeable feature of bureaucracies.

Strengths of the Design

Qualitative design can provide a depth of understanding that is not possible with quantitative research; a researcher is able to examine a phenomenon in the context in which it occurs, as well as examine it on multiple levels: causes, influences, processes and meanings.[25] Interviewees offer their own definitions, descriptions and explanations; they attach the meaning to their experiences and opinions. Since participants' observations and answers do not have to fit into limited variables and choices of responses, the researcher can get a full, naturally developed description of a phenomenon that is hard to describe or not well understood. These design strengths add authenticity and internal validity to well-done qualitative studies.[25, 26]

Weaknesses of the Design

Since qualitative research usually involves a small sample size in a specific context, the external validity of study results is unknown, and the results may not be generalizable to larger or different populations. Some researchers believe this design is not conducive to hypothesis testing, or for making predictions or projections. On a practical level, data collection and analysis are often labor and time intensive. An additional criticism of qualitative design is that it is subject to researcher bias because it requires subjective interpretation of data.[24, 27]

Research Perspective

This research focuses on the practical aspects of a real-world phenomenon that is seen in public health practice. I have chosen to study PSRB to make sense of what I have witnessed, and explore if something useful can be learned from this phenomenon.[26] In addition to looking at PRSB from a pragmatic viewpoint, I fall into Creswell's category of researchers who are influenced by their own educational and professional backgrounds.[24] As a public health practitioner who has worked in federally and state funded state programs, I have seen PSRB and

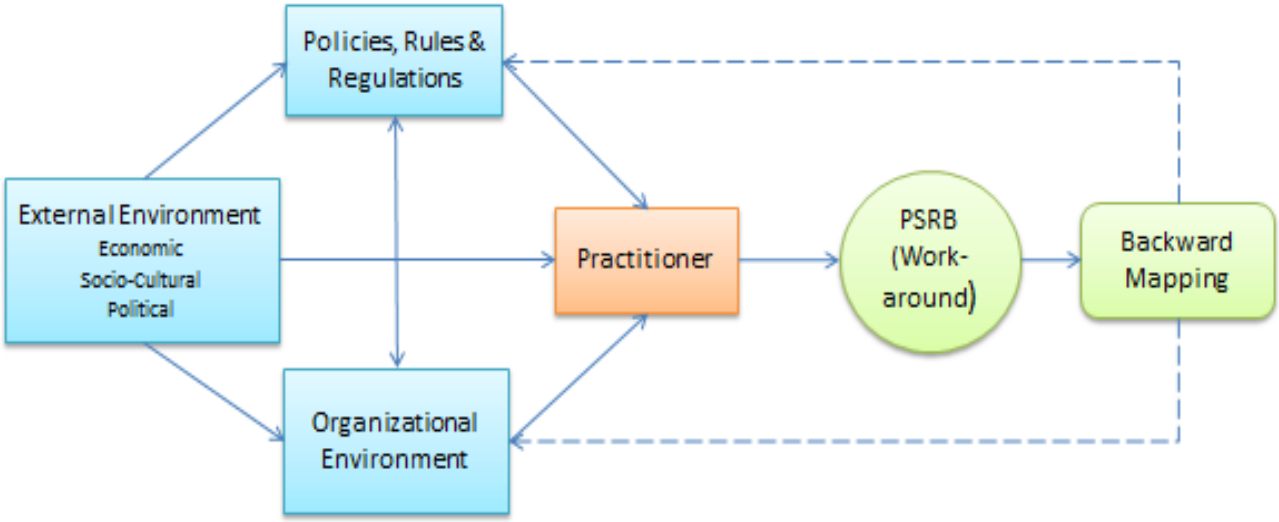
wondered why many of my colleagues accept the PSRB as a stressful, but necessary way of getting our work done. Since one of the functions of research is to take a deep look into assumptions and things we take for granted, I hope that examining PSRB leads to new insights on how we get our work done, as well as ideas for how we can do it better, perhaps by making our policies and systems more productive and effective, and less stressful for those who are dedicated to improving the public's health.

Research Model

The model (Figure 1) for the study describes the relationship between external environmental factors, and the characteristics of polices and rules, which may influence public health practitioners' decisions to engage in PSRB. It also incorporates Campbell's suggestion that backward mapping may be a useful approach to using implementation workaround/PSB stories as a component of program evaluation.[9]

Elmore's backward mapping starts the last step in the policy process "at the point at which administrative actions intersect with private choices," and then examines how resources, policy administrators' abilities and knowledge, the relationships among various people and organizational units at different levels, and other influences impact policy implementation.[28] The results of the backward mapping analysis can then be used to inform a revision of policies and rules in order to make them more effective at achieving their stated goals, as well as more likely to be followed.

Figure 1. Research Model

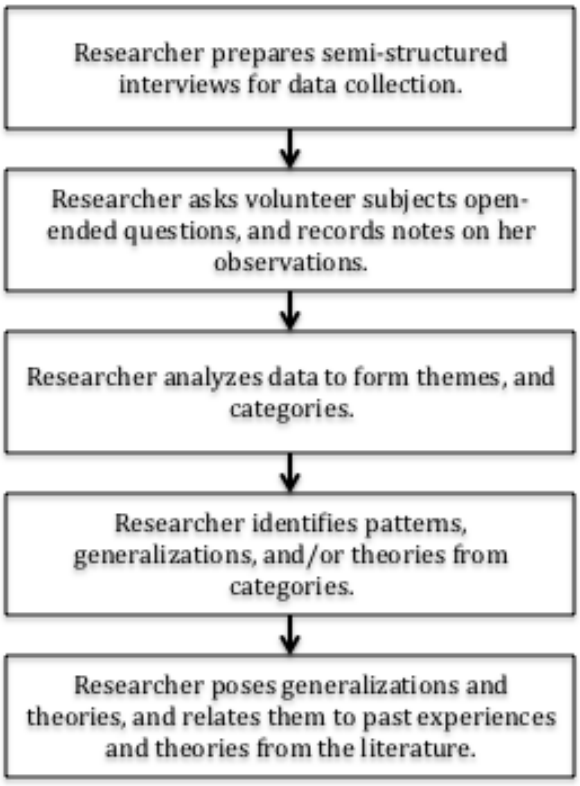


The content of the interviews provide the information needed to conduct backward mapping, and the results of this process are used as the basis of new conceptual model of PSRB itself.

Methods

The study process followed Creswell's "inductive logic research in a qualitative study."[24] Figure 2 below details the elements and order of the process.

Figure 2. Logic of Study's Research Process



Semi-Structured Interviews

I collected data through semi-structured interviews. The interview questions were open-ended to encourage subjects to provide detailed answers. Additional sub-questions were used to probe for further information. The interview guide, included in this proposal as Appendix B, was piloted with three volunteers before being finalized. The questions did not distinguish between formal and informal rules and policies, and participants were free to discuss either or both types.

Having some structure to the interviews provided a basis for seeing variation across subjects, and ensured that I asked similar questions to all participants. In addition, having some structure reduced the amount of data I needed to sort through, which made data analysis simpler,

and less time consuming.[26] However, not having a rigid interview structure allowed the subject the freedom to provide unanticipated data, and allowed the interview to be less formal, and more conversational.

Study Subjects

The study population consists of a sample of state and territorial health agency middle managers who work on federally-funded public health programs. This population must implement policies and rules created at higher organizational levels, and are likely to be faced with decisions on how to implement rules and policies while at the same time being accountable for day-to-day program performance and outcomes. Because of their position within organizations, middle managers may be likely to face the decision of whether or not to engage in pro-social rule breaking behavior.

The study used a purposive sampling strategy in which subjects were selected deliberately rather than on the basis of a statistical representation of a population.[24, 29] This sampling method is often used in qualitative studies because it provides the largest quantity of useful data needed for the topic of study. By choosing a homogenous and specific group of subjects, the study is more likely to yield data that are relevant to the study's research questions.[26, 29]

Participants were recruited through the Cancer Council of the National Association of Chronic Disease Directors. Council membership is open to program directors and managers of three programs within the Division of Cancer Prevention and Control (DCPC) of the US Centers for Disease Control and Prevention (CDC): the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the National Comprehensive Cancer Control Program (NCCCP), and National Program of Cancer Registries (NPCR). All state, territorial and tribal

program directors automatically are members of the council. These programs are primarily administered by state and territorial health departments, though some are located within public universities, or other public agencies. The Cancer Council is independent of the CDC, and is housed at the National Association of Chronic Disease Directors (NACDD), which provides administrative support to the group.

Informants were selected because they were required to comply with multiple bureaucracies when implementing their programs, including regulations from federal, state, and other funding organizations. Also, since I have worked as an NBCCEDP program manager in the past, I have an understanding of the rule-related challenges they face, and I know many of program directors from national meetings and conference calls. I hoped that this familiarity would be helpful for recruitment, as well as for making subjects comfortable during the interviews.

During the spring of 2013, I emailed Frank Bright, NCADD, Senior Advisor for Cancer, for ask for assistance with recruitment. Mr. Bright with sent out initial and follow up recruitment emails to the 203 members of the Cancer Council. Potential applicants were encouraged to contact me to discuss any questions they may have about participation.

This recruitment process yielded the goal of 12 volunteers for the study. Interviews were conducted over a two month period concluding in late May. As compensation for their participation, each volunteer received a $20 Amazon gift card upon completion of the interview.

There is no formula for determining sample size for a qualitative study.[29] The optimum size is one that allows the researcher to gather data until "a point of saturation or redundancy is reached."[27] While each interview did yield some degree of new information, and insights, the

major themes of the study emerged after six interviews; I began to see to a high level of redundancy after the eighth interview.

Data Collection and Management

In order to ensure the privacy and comfort of participants, they chose the method of conducting the interview (in person if possible, telephone or video call), as well as the preferred time and date. I conducted all interviews, and recorded them with a digital voice recorder. A professional transcription service transcribed all recordings into Word documents as soon as possible. I reviewed each transcript for accuracy. I also kept notes of my reflections, data patterns, and possible themes from these initial transcript readings as preparation for the data analysis process.[25, 26]

Data Analysis

I analyzed the data using a deductive, inductive and comparative approach.[27] First, I carefully read transcripts several times. Next, I labeled words and sections of text in order to create a series of codes and memos that were used to organize the data into categories. Then I looked for patterns and themes. In addition, I look for counter-examples of identified patterns to use as a basis for reexamining my ideas. MAXQDA software was used to conduct the analysis.

Peer debriefing was used to improve the accuracy of the analysis.[24] The peer, a manager at a state health department, functioned as a sounding board for the study. She reviewed and asked questions about the study findings and analysis to help me improve the accuracy and overall quality of the study. Two participants in the study also reviewed the results, and provided feedback.

Delimitations

Non-English speakers were excluded from the study because I lacked the resources needed to provide interpretation and translation services. However, since study subjects work in federal programs that serve the general population, it was likely that program directors all speak English, and, in fact, all volunteers were English speakers.

Ethical Issues/IRB

Although study volunteers were not part of a vulnerable population, had full autonomy, and the ability to give informed consent, participation in the study did involve the risk of disclosure of incidents of breaking or bending rules. In some cases, public exposure could cause harm, including stress, workplace conflict, censure or other punishment by superiors.[30]

In order to minimize these risks, the following practices were used to maintain the anonymity of the participants, and confidentiality of all data.

- I was the sole person who will know who participated because I did every step of the study myself.
- I had no power over the study subjects, and was not be able to coerce participation.
- Before consenting to be interviewed, potential volunteers had sufficient time to carefully consider their participation, and consult with family, friends and others about their decision.
- Participants chose the method of conducting the interview, as well as the date and time.
- I conducted interviews in locations where no one else is present; no one overheard any of the interviews.
- I avoided "gathering or reporting identifying information."[30]

    - Subjects gave verbal consent before interviews in order to avoid the collection of written consents with identifying information.
    - Interviewees were asked to consent to being taped during interviews, and had the option of stopping at any time.
- Volunteer identities and potential identifying information—agency names or locations—were masked with pseudonyms or general descriptive terms in my notes, and all documents based on the interviews.
- Some specific examples of PSRB were not described in detail or omitted in order to avoid possible identification of the state or participant.
- During the study, all hard copy and electronic information were secured for my use only. The information was kept in locked file cabinet or a password protected computer in area with little foot traffic.
- Upon completion of the study, all records of the interviews and written study materials were stored electronically in password-protected files. All hardcopies of interview records and other study materials were destroyed. I am the only person who knows the password and has access to existing study materials and records.

Before agreeing to be interviewed, study participants were given a fact sheet that explained the requirements and risks of participation, as well the steps taken to ensure data confidentiality and anonymity (Appendix C). In addition, during the research process the study was called “Managing Public Health Programs Subject to the Policies of Multiple Bureaucracies,” a name that intentionally omitted the terms pro-social rule breaking and workarounds.

CHAPTER 4. RESULTS

Participant Characteristics

The 12 participants, members of the National Association of Chronic Disease Directors (NACDD)'s Cancer Council, work in state health departments, universities, or tribal organizations. In order to protect anonymity of the participants, I will not provide any specific information on their locations or types of agencies.

Seventy-five percent (75%) of participants reported working on more than one program; three reported working on three or more programs, including programs outside the purview of the Cancer Council. The most commonly mentioned programs were the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the National Comprehensive Cancer Control Program (NCCCP), both of which were reported by two-thirds of all participants. No National Program of Cancer Registries (NPCR) staff volunteered to participate in the study. Five participants (41%) reported working on WISEWOMAN, a CDC Division for Heart Disease and Stroke Prevention (DHDSP) program that provides cardiovascular disease prevention and early detection services to the same population NBCCEDP serves. In addition, half of the participants reported working on other chronic disease-related programs.

Participants averaged 16 years of public health experience, ranging from 6 to 35 years. Several participants referred to themselves as "middle management." All participants described their roles within their agencies as (program) director or manager. Participants reported working within three to 12 sets of rules/policies; one participant declined to answer this question because she thought there were too many layers to name. Of the 11 participants who named a finite number of sets of rules, the average number of layers was five. Every participant named CDC

and their agency as a source of rules and policies that govern their work. Other sources of rules mentioned included the following.

- Divisions and layers within their agencies.
- The state legislature.
- Multiple offices within CDC.
- Other federal agencies/programs.
- Outside funders, such as non-profits and foundations.
- Partner organizations.
- Professional/expert groups, such as the US Preventive Services Task Force and the American College of Gynecologists.

Prevalence of PSRB

Ten the participants reported engaging in PSRB. One of the two participants who did not engage in PSRB reported her agency was operated in a way that allowed her to handle rule-based problems or policy conflicts without considering PSRB. This participant provided a counter-example.

Participants' Feelings and Values

I was surprised by the level of emotion expressed by participants throughout the data gathering process. The participants were mostly eager, even excited, to have the opportunity to discuss issues surrounding working in complex, multi-level systems of rules and policies. Several were nervous about discussing the topic, and one stated that she was afraid to give specific examples of PSRB because she did not want to get in trouble at her agency. However, many seemed to find the experience somewhat cathartic; they expressed appreciation for the chance to discuss these issues.

Participants' responses to the question "Why did you decide to go into public health?" reveal that, as a group, they highly value helping people, and feeling as though they make a difference, especially for underserved people. Specific participant reflections include the following.

- "I like the mix of policy and community work, and systems. It's that bigger picture of things. It is still, the focus is on having an impact on peoples' lives."
- "Actually, I like the benefit for the population base that we serve. We provide a gamut of services, to a group of folks who may otherwise not be able to get these services."
- "I like the ability to impact populations of people and think through strategies and opportunities that can help not just one or two folks improve their health but kind of populations of people, so the broad impact that can be made."

During the interviews, all the participants expressed a high level of commitment to and passion for their work. For example, one described public health as her "mission," and added "I think it's in my blood." Another described her work as "rewarding," and a third participant liked that her work was for "the greater good." Two people specifically stated that they did not want to work in the for-profit sector. Several participants mentioned liking the challenge and variety of experiences and competencies needed to work in public health.

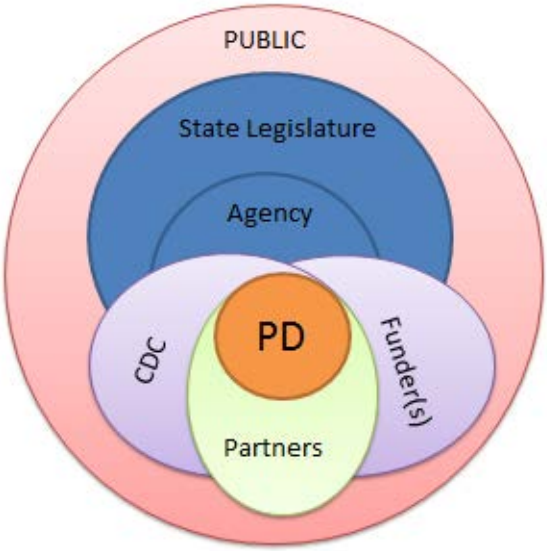
In addition, they expressed appreciation for the value of partnerships and relationships in public health practice. They enjoy engaging with community partners and the public, and recognized partnerships as an effective way of getting work done, and an opportunity to meet and learn from people in other fields. One participant said:

> "I do get a reward from the work I do with community members, the coalition members. They're our partners, whether it be providing specific technical assistance or maybe just trying to connect them with resources or other partners, we're providing framing, so that's where I manage to get my reward."

Another stated that public health is "different from a lot of other fields. It's strictly based on relationships, and, especially in this part of public health, a lot of the work gets done through volunteers, (and) volunteer partners."

Participants must balance the many roles they must play, and try to reach their goals as they navigate many sets of expectations, including their own and those of employers, funders, partners, subcontractors, and the public. Figure 3 is a graphic representation of the worldview of the study's participants. The program director, a typical study participant, is represented by the center orange circle, and has to play many roles, and work within many layers of policies, rules and procedures. In addition to working within her state and agency (blue circles), she also must work within rules of the CDC, and other funders. A program director also works within many partnerships, which is represented in yellow. Since participants express a sense of commitment and mission around the public's health, the public is represented by the largest circle, within which the program director and all other layers must fit.

Figure 3. Model of Program Director's Worldview



Participants also revealed a high level of frustration. The word frustration in its original or related forms--frustrated, or frustrating—was said a total of 25 times by 75% of participants. Of the two people who reported not having engaged in PSRB, one expressed a very high level of frustration about following the rules and working within a bureaucracy. Several participants questioned whether or not they should continue to work because of their high levels of frustration.

- "This is actually a perfect call because the other day I was telling one of my colleagues, you know, it's not really fun anymore."
- "It's frustrating, and I think they'll lose a lot of good people from public health."
- "A public health service should not only be offered if you choose to offer it, it should be because it's necessary."
- "I feel like each entity is about their rules and their rules only, and they don't really care."
- "They (state leaders) want the private sector; they think the private sector can do a much better job than the public sector."

- "I don't like it right now because it's getting harder and harder to have that impact because of all of the roadblocks that are put in our place…and you can't spend your money the way you're supposed to be able to spend it and that's frustrating."
- "Most of my day, sometimes I feel is devoted to tasks that I feel like may be unnecessary"

Some of their frustrations, such as one participant's questioning of her agency's commitment to the public's health, are not directly related to PSRB. The next section provides information specific to frustrations and engaging in PSRB, including types of specific situations and issues that are associated with engaging in PSRB.

Key Themes – Participants' Feelings and Values

1. Participants demonstrate high levels of desire to help people and commitment to public health.
2. Participants place high value on relationships and partnerships.
3. The need to meet multiple sets of expectations and rules impedes their ability to meet personal and professional goals, and is very frustrating.

Common Areas for PSRB

Participants were considerably more likely to engage in PSRB at their own agency or state level than in response to federal program level rules and guidance. In general, they found working with the CDC, especially DCPC, easier than negotiating their own home state rules, policies, and bureaucracies. Comments on this finding include the following.

- "Working for a state health department. There are a lot of rules and a lot of red tape that you have to navigate through and that becomes challenging."

- "Each department can make…they have to follow those rules, but then they can also add their own rules, and they can be…so they can include more restrictive measures."
- "I think what we have gotten from the CDC has been really effective and appropriate and timely, and project officers…we've had, since I've been here, really good consistent project officer."

Participants repeatedly named certain areas as the most prone to PRSB at the agency level: permission to travel; purchasing, especially items pre-approved by CDC; hiring personnel; subcontracting; approval of budgets and permission to begin spending grant funds; communications and media; and advocacy. At the CDC level, the most common categories were National Breast and Cervical Early Detection Program (NBCCEDP) patient eligibility, and advocacy. Table 5 provides examples for each of these categories, using participants' own words.

Table 5. PSRB Categories and Examples

Category	*Participant Quotes*
Travel	"For example, right now there is to be no travel unless you get it approved a month in advance. We've had some emergency situations …there is a person two counties over who ran out of manuals; they had to have manuals. Well we got in a car and we took them the manuals." "We have … out-of-state travel cap, and I don't know all the ins and outs, but basically the legislature puts a cap on our out-of-state travel and sometimes that prevents us from going to necessary and beneficial training and meetings and conferences and you name it …You know, something comes up and it's out of state, and if we have the money then it becomes a matter of okay, well is there room in the cap?"
Purchasing	"Yeah, this is kind of something that would send me to jail or get me fired or something…the fact that I'm kind of bending the rule, the procurement rule." "Well, up until now we have purchased it because we just found out we couldn't do that."
Holding Meetings	"Well, it actually came from our state legislature and they said that we cannot host conferences during the session and we were going to plan a conference, and so because of that… we had to completely change our plans for this particular conference. It was a pain in the butt when we first got the edict." "Now what we do is, like our regular meetings, it's different at different regions. One region, the hospital partners with them and they have the meetings at the hospital, the hospital donates the food as part of their in-kind costs."
Personnel	"If there's a hiring freeze we cannot hire an FTE. Now, what I've seen people do is just hire contractors, you know, maybe for a certain function. It won't be an FTE but that's when contractors come into play." "Getting somebody hired in a position when there's a vacancy… we jokingly here talk about the 12-step program. We've heard that 12 independent signatures have to happen before somebody can be hired and the final one is the governor."
(Sub)contracting	"I have to set up new contracts, and it's a one-year grant. It can take almost six months to set up a contract, and so you lose half of your time and you can't meet the goals and objectives set out in the grant." "It has to do with when we do contracts. Unless we have the grant award in hand, we're not supposed to route a contract for approval."
Finance/Budget	"I'll take you through the process. I apply for a grant from CDC and when it goes through the grant review process, senior management signs off on it, so they know exactly what I'm going to spend the funds on. OK? So I get the award and then what I have to do is turn around and ask for permission to buy the materials or the media campaign. In other words, it's duplication. I

	have to ask again." "We're often into September and October finalizing budgets that got cut so you have to make adjustments, etc."
Patient Eligibility	"There were a few women who were abnormal and they went through and they had a diagnosis of cancer and they were caught. Technically, we were not supposed to enroll them in the Treatment Act…" "Our participants… they have to be at X% of the federal poverty level, so sometimes it's very frustrating … sometimes we're not able to help women who maybe are $50 over or $100 over."
Advocacy	"There is clear guidance that we are not allowed to lobby, and what those rules are, but there is room for advocating and depending upon who is having the conversation, folks may or may not feel comfortable with the word advocate." "However, even the word 'advocate' sometimes makes some people at the CDC nervous and it definitely makes people at the health department nervous."
Communications	"We had created a breast health booklet and we had done focus groups with our population that indicated that they wanted to see real women getting real breast exams. We had it approved by our PR group; they took it to (agency leaders) who said, 'Oh, no, no, no, we can't show naked women.' And so that was squelched, and what I did to fix it was go to a different agency that had a different approval process. They publicized the book. They published the book and I paid for the printing."

Decision to Engage in PSRB

Participants provided information how they make the decision to engage in PSRB: the reasons they do it, factors they consider before making the decision, and common strategies.

They clearly expressed that their decisions to engage in PSRB were motivated by their desires to meet the goals and objectives of programs and grants and their commitment to improving the health of individuals and populations. Table 6 details commonly cited rationales for considering or engaging in PRSB. Many expressed that fear that their federal funding was compromised by their agencies' keeping them from being able to fully implement CDC work plans and budgets that were already approved by CDC and the agency itself during the grant application process. Most of their examples and reasons were related to the slow, complicated,

and multi-layered processes at their agencies that impeded their ability to get their jobs done and meet programmatic goals. Specifically, they cited reasons that resulted in delays or complete roadblocks. The rules themselves were often cited: too many, unnecessary, unclear, unwritten, and inconsistently applied rules. Reasons are divided into two main categories:

- Internal: The respondent's desire to help people, and commitment to the public's health, their program goals and partners.
- Environmental: External factors seen by participants as out of their control, including organizational characteristics, and other external factors.

Table 6. Reasons for Engaging in PSRB

Reasons/Rationales	*Participant Quotes*
Internal	
Need to Meet Program Goals	"You definitely don't want to raise red flags, and, you know, violate state policy and, but I think, you know, I think it could be very damaging to some of these programs, I don't know what the other eleven said but I'm kind of frustrated." "There's been, there's been many times where I had to bend a little to get it forward. To get the program forward, to get the service delivered." "That's how I feel; it (policy) gets in my way."
Need to Meet Grant Award Requirements	"But you know, it's stuff like that, that just shuts down your program and you can't move forward."
Need to Protect Relationships/Partnerships	"I think it's very damaging, well damaging relationships between us and the locals and, I'll tell you they are hot." "They'll say you need to have a coalition with these type of stakeholders and you need to have… a memorandum of understanding…we have relationships built but people start to get really nervous when you start doing memorandums of understanding so they almost shy away from that. Where they would be absolutely willing to support health, but if we put it in writing, it makes them nervous."
Saving Resources – Funds & Time	"That can be frustrating, especially with the BCCP program where, that starts reducing the number of women who are going to get the mammograms and Pap smears, because you have to put more money into salary." "Sometimes these rules are costing someone else's money" "So it's a less efficient use of our scarce grant funds"
Environmental	
Too Much Paperwork	"Yeah, it just got unbearable, the amount of paperwork that had to be completed" "You could have a provider that has you know five contract mod(ification)s within 3 months, here they keep getting these contract mods. It would be a mess. They would wonder, well, which one do I sign?" "It just seems like overkill."
Too Many Layers	"We have to have everything approved; the minutest purchase order or contract all the way through every grant application has to be signed off by 15 people above me, none of whom ever read

	anything." "It has to go through the governor's office before that person can actually be given a start date, so we have a situation here where we have just an office assistant position…All the paperwork is in, we're looking at, gosh, I hope we can start her by ..."
Time Constraints	"It takes so long to process things but it's not necessarily the best way to provide the services that we provide." "Anything that we put out in media…takes so long that by the time we want to put anything out, the whole issue may have totally changed and it may not even be of concern anymore." "I mean you have to follow procurement and state policy, but… it's just coming to a screeching halt."
Conflicting and Unclear Rules/Policies	"For example, the rules and regulations that Agency X has, and the rules and regulations that the CDC has sometimes are incompatible and it so it makes it very difficult." "All the hoops you have to jump through. All the governmental regulations that often contradict each other."
Informal/Unwritten Rules	"A lot of the rules are unofficial and so you only hit up on them …after you find out you've crossed the line, so to speak." "Well, when we submitted those quotes then we were told they weren't acceptable, that we needed to have a business plan and so we then came up with a business plan."
Inconsistent Rules	"But they're not even consistent so these unwritten rules might vary from person to person, and a lot of times it truly seems to depend on who you know" "And even internally CDC, you know, the Diabetes doesn't match the Heart Disease. I know they're trying to clean it up. … You know CDC has, five different program officers will tell you five different things." "All the governmental regulations that often contradict each other."
Unnecessary Rules	"Well, it's all about appearances. You know, the appearance of state employees travelling out of state and this and that. I guess it doesn't look good for certain…I don't know…certain people…" "I have to spend time working on just paperwork or forms for Agency X and for the CDC, but mostly for X, that take a long time so most of my day. Sometimes I feel my day is devoted to tasks that I feel like may be unnecessary.

Additional reasons for frustration are policies that do not support public health, and a lack of respect for the work they do.

While discussing reasons for engaging in PSRB, participants often expressed that they must balance the various roles they play, as well as conflicting personal and professional expectations and goals.

- "I feel like the roadblocks, overcoming the roadblocks, and the rules and regulations, take up more time than actually working on the public health project work."
- "I would say what we do because we feel like the work of the collective consortium is more important, if you will, in making things happen for the health of State A than complying with all the rules of CDC, but we try to interpret them in such a way that both people can win."
- "I've got the bosses at our organization level and I've got our bosses at the federal level, and those two sometimes have very, very different expectations."

Participants reported considering many possible factors when deciding whether to engage in PSRB. One participant, while describing how she weighed the pros and cons of PSRB, stated "it's a little tiny bit of a balancing act." Another participant who has become less likely to break rules now noted, "Working around rules is really a risk," and "Just (do it) without approval. But then I thought you know, you want to lose your job?"

Table 7 illustrates some commonly named factors participants considered in deciding whether to engage in PSRB. In general, participants considered the potential personal and professional costs, the level of support for what they wanted to do, and their perception of the level of need for a workaround.

Table 7. PSRB Decision Considerations

Considerations	*Participant Quotes*
Personal Cost – Financial and Other	"Oh my God. It only happens twice a year. I mean if anybody ever gets upset by it so sue me and fire me, I don't care. You know, what can you do?" "One is you don't, then you're not supervising people directly and it takes a lot of extra work to train and monitor and track and you're still understaffed. But then the other thing is, it costs more."
Professional Costs	"I didn't push for the salary that I wanted…if I had done that, I feel like there would have been a repercussion as in maybe resentment or a grudge for overstepping Mr. X's authority."
Likelihood of Getting Caught	"Just feeling sympathetic towards the person and feeling that it was a rule that I could bend."
Time Pressures	"So we cut the contract for $25,000 then they sent in another plan and just right before you called, I was online and she has denied it again. I mean, it's (date) and the contract ends (date). It's still not signed."
Effect on Public/Participants	"Ultimately, with a particular situation I thought about the person that had cancer and that outweighed…I mean, that was what swayed it for me."
Level of Program Need	"I decided that the person that we needed would need less training and less time off the bat, and so those were the things that made me decide to go for it."
Level of Support from Colleagues	"Yes, and then I also talked about it with the director and we came to that conclusion."

In addition to the reasoning behind engaging in PSRB, participants provided examples of the strategies they used. Participants reported taking advantage of ambiguities in language, rules, policies and guidance. When it comes to actually executing PSRB, participants reported sometimes going forward and hoping not be noticed; asking for forgiveness after the fact; or just anticipating how they will handle the repercussions if people upstream (higher in the hierarchy) notice.

It also is common for participants to use their own time to do what they are not allowed to do at work. They separate their roles—private citizen and state health department program director—in order to allow themselves a safer space to do what they think needs to be done.

Table 8 provides additional examples of PSRB strategies as mentioned by participants.

Table 8. PSRB Strategies

Strategy	*Participant Quotes*
Repeat a strategy that was successful in the past.	"When you bend them, there is a certain area in which they get bent, like purchasing."
Tweak language.	"Right, then we didn't call it a conference, we called it a meeting**"** "…because CDC has a certain rule, we try to interpret the rule in such a way that it makes sense for the coalition and then talk CDC into it"
Exploit gray areas.	"I kind of found a loophole…" "But, if there's a gray area, then we might be in the gray area..."
Following the Spirit of Policy/Rule	"There were a few women who were abnormal and they went through and they had a diagnosis of cancer and they were caught. Technically, we were not supposed to enroll them in the Treatment Act…" "Because they didn't receive their services through our program but our program, our services money, you know we were kind of out, but they would have been eligible if we'd had enough money for the services."
Hide what is not allowed in subcontract.	"If there's a hiring freeze we cannot hire an FTE. Now, what I've seen people do is just hire contractors, you know, maybe for a certain function. It won't be an FTE but that's when contractors come into play."
Enlist the support of colleagues.	"Our clinical nurse that makes the decisions on the clinical side of things, she has my backing and we have the backing of our bureau … We will go ahead and enroll them and they can note on the form that Yeah, technically, we are not supposed to do that, but I'm sorry, this woman has cancer." "They were up-fronting it without a contract."
Enlist the support of outside relationships/partners.	"However, we stopped doing a newsletter…we contract out the facilitation of our coalition, so our coalition staff are actually employed by a university here and they do a coalition newsletter, so we've just asked that, you know, can we submit stuff to that coalition newsletter."
Try to fly under the radar.	"We don't advertise that we do that."
Do not ask for permission (ask for forgiveness later).	"Then we begged forgiveness later…" "And so I haven't asked for clarification. I guess that's one of my strategies, because I have a feeling if I ask somebody to clarify it, they might say 'Oh no, you're not supposed to do that.'"
Use private time/resources.	"As a private citizen, I feel like I can do whatever I want to, so in the evening when I am not on work time, I guess I could make the argument that, you know, if I'm on a lunch break I can do such-and-such..."

Consequences of PSRB

Participants were asked about the repercussions and outcomes of engaging PSRB. During general discussion of the consequences of PSRB, participants most feared possible negative repercussions from people elsewhere within the agency who had approval authority over their

requests. However, when discussing specific instances of PSRB, participants did not report negative repercussions or outcomes from their actions.

- No repercussions: "Thus far, there have been no repercussions from the way I handled that." "No, none that I know of." "No, not at this point."
- Positive Outcomes: "It ended up well." "…then everybody is happy about it and our customers are happy about it."
- Unknown Outcomes: "I don't know that that was necessarily the best company, but because of our time factors it's like you have to sacrifice one thing for the other."

Many participants were optimistic about outcomes, and suggested that the outcomes were better than expected.

- "We had to completely change our plans for this particular conference, and it ended up working out better because we had multiple regional conferences."
- "Sometimes that ruffles feathers and sometimes people admire me for it."
- "They're seeing good results with their patients and that's the important thing, and so we just keep reminding ourselves that we're going to do the best job we can in spite of some of the poor guidance and inconsistent guidance that we've gotten"
- "Sometimes I think maybe there's a positive side to it, and one of the positive sides is that it can strengthen relationships with some our partners."
- "But I'm learning better communication skills. Learning some of the rules and regulations better."

Key Themes – Breaking and Bending the Rules

4. People believe they are breaking or bending the rules to meet programmatic goals and help the public.
5. Participants weigh personal and professional pros and cons before deciding to engage in PSRB.
6. Participants generally see positive outcomes and few negative repercussions from their PSRB experiences.

Lessons for Public Health Organizations

Participants were asked to think about what and how organizations can learn from PSRB. In response, they shared some insights why employees engage in PSRB, and organizational drivers of PSRB that should be targeted for change. They also suggested ways to improve the rules and the systems in order to reduce or eliminate what they see as the need to engage in PRSB, and expressed a desire to help with improvements.

When asked what organizations can learn from employees who engage in PSRB, participants felt it was important for organizational leaders to understand that they wanted to follow the rules, but it was very difficult due to the nature of the rules themselves. They think there are an overwhelming number of inflexible rules and procedures that work against being productive and reaching goals. They used strong language to express this idea.

- “It's huge.”
- “You can’t operate under those rigid rules, you just can’t, and they don’t understand that.”

- “You have to be fluid at some point because you’re not only trying to deliver the grant, get the program up and running, and you, with fidelity and integrity, but you’re also trying to spend down.”
- “We want to be in compliance with our grant to the federal government. We're not being wasteful; we're making good use of these taxpayer dollars.”
- “I think that when you have rules in place with structure that end up preventing you from accomplishing your overall mission or overall program, I think that they do a disservice and that there should be an opportunity for review or some sort of flexibility, or just to feel heard.”

Other participants wanted the organizational leaders to understand that they are not trying to be difficult, and expressed sympathy for the rule and policy-makers and a desire to help make improvements.

- “I'll be the first to admit … that I might not know everything that the state health commissioner…or the department secretary has to deal with.”
- “I mean, I may sound like it, but I don't think all rules are bad. I think it's good to have structure and policies and direction.”

When asked how we can learn from PSRB, participants focused on the organizational environment that they see as leading to PRSB. They thought it was important for organizations to begin by examining the current situation to what could be done differently and better.

- “Think that ‘seek first to understand’ is important so again maybe by folks who are getting blocked. Maybe trying to understand first what's going on rather than just being completely frustrated and saying, okay, what's going on and can we have a dialogue, and then maybe work together to find a solution for everybody.”

- “Then looking back on how, where we could have intervened so it was a win/win situation for the locals and the state.”

Participants recommended many specific administrative, managerial, and leadership practices that would make their work more productive, less difficult and frustrating, and less likely to compel them to engage in PSRB. Often cited suggestions include the following.

- Have fewer rules and administrative approval layers.
- Allow for more flexibility in the implementation of the rules/procedures.
- Have a less top down approach.
- Be more open-minded.
- Improve communication, including creating dialogue around the rules and organizational structure.
- Improve relationships across divisions within agencies and across agencies.
- Hire the right people and allow them to make more decisions.

Many of the suggestions are interrelated, including the following examples.

- Cutting down the number of layers that need to approve a purchase may reduce the number of staff hours needed and save funds.
- Allowing staff to make more decisions dovetails with the suggestion for more flexibility.
- “Bring their stories together because I think there can be a power in multiple stories being told, especially if they're the same story. And again it comes back to how do you develop some of those relationships and perhaps it's even as simple as getting to know them outside of the problem.”

Table 9 provides a detailed breakdown of participants’ suggestions with supporting quotes.

Table 9. Suggestions for Learning from PSRB

Suggestion	*Description*	*Participant Quote(s)*
Reduce the number of steps/layers of approval.	This suggestion is related to reducing the time and resources it takes to complete procedures.	"I think they should consider how many steps you know it's going to take and if the people are in place to support those steps."
Implement fewer rules.	Review the rules and eliminate unnecessary or duplicative rules.	"I think the biggest one is…I'll take you through the process. I apply for a grant from CDC and when it goes through the grant review process, senior management signs off on it, so they know exactly what I'm going to spend the funds on. OK? So I get the award and then what I have to do is turn around and ask for permission to buy the materials or the media campaign. In other words, it's duplication. I have to ask again."
Allow for more flexibility in procedures and rules.	Flexibility was the most frequently cited suggestion. This suggestion includes flexibility in the implementation of the rule, as well who can make some decisions.	"I think that rules in general cover most people but I find that there are some exceptions to the rules and so not every situation is exactly the same."
Consider unintended costs of rules, policies and procedures.	Participants' suggest that rule and policy makers calculate the actual costs of implementation.	"And look at a way to make that more efficient and cost-effective so that we're not losing money. Then if we have a vacancy in the staff that is a decent-salaried position, we'll have money sitting in our budget that ultimately may have to be returned to CDC if we don't use it, then that looks like we're not spending our grant money well and reflects badly on the evaluation for the next year, so you know, it spirals." "I think that there are some things that I really like and I don't get to put as much time into them that I'd like to do because there is so much going on all the time." "By the time we got our approval and were able to schedule, the cost had gone up to, I think almost $450 or $500 so there are a lot of things that are prohibitive with

		these processes” “One is you don’t, then you’re not supervising people directly and it takes a lot of extra work to train and monitor and track and you’re still understaffed. But then the other thing is, it costs more.”
Be less centralized.	This suggestion of being less top down is related to the request for more flexibility, is one of the most common suggestions. This concept includes looking at where decisions are made; perhaps allowing those with the expertise who are closer to the issues have the authority to make more decisions.	“I don't necessarily think the rule makers care about making sure that we feel heard at all. So, just to have more of a say-so in some of the rules.” “I think there would be great benefit if people would ask those questions and would involve them even in planning and developing what's being asked so if there's going to be some guidelines that are given ideally the people giving the guidelines would involve the people who will be implementing the guidelines in some dialogue and discussion about some of that.”
Hire the right people and let them do their jobs.	This suggestion is related to having a less top down approach, flexibility, open minded-ness, and having an understanding of and appreciation for staff and programs.	“I would want to tell them, thank you for trusting me to decide what the best use of these funds is, in delivering the care within the context that we’re trying to deliver the care in.”
Be open-minded.	Participants believe that their agencies’ management and leadership should consider new ways of operating. This suggestion is related to allowing for more flexibility.	“I love my job, and I love the work I do and I love seeing the influence not only at a program level here but nationwide. And I love feeling like I'm part of the solution and having powers-that-be above me, whether they're at the organizational level or at the CDC level, recognize that we're all doing a good job and none of us are in it to screw it up, and have them be open-minded enough to look at alternatives.”
Improve relationships across offices and	Participants highly value relationships as a way of getting their work done and meeting goals,	“I think, again, it's that relationship-building that's so critical and sometimes relationship-repairing if at all

divisions.	and believe that building more and better relationships within the agency will improve the functioning of the system.	possible, to make some of this work…" "Maybe even asking those higher-ups, what kinds of things are you facing?"
Create productive dialogue, laterally and horizontally, including sharing PSRB stories.	Many participants cited the need for more communication across the agency. However, the communication must be honest, and positive.	"I think some folks feel like if somebody who gives them money or somebody where they sit is giving them a rule that they have to follow it, no questions asked, and I think the reality is some situations it's easier than others. But oftentimes I think it's valuable to ask some questions, in a respectful way and really kind of open up a dialogue and build that relationship so that maybe there are other solutions that wouldn't happen if you weren't honest about the challenges."
Create a common language.	Participants believe that this idea is fundamental to fostering positive dialogue. This suggestion also encompasses communicating a common goal	"I think again so much comes into what language people feel comfortable with" "I think another thing to consider in sharing the stories is that you would want to be careful in how the stories were delivered so that it didn't look like we were trying to do an end run."
Provide clearer communication.	Many participants mentioned that they would be better able to follow the rules if they were knew what they were, the rationale behind them, and the required procedures.	"I think that it's up to us to maybe push the envelope a little bit and ask for why we can't do, not even just ask but expect them to know why can't we do this, because we need to be able to function better and we need to know what the reasons are, but no one, no one does that. " "Write down the unspoken rules and understand that they need to communicate these rules to us in an appropriate manner."
Demonstrate an understanding and appreciation of staff	This suggestion is related to relationship building and dialogue.	"I mean, I often wonder if our DHH secretary even knows what we do in Comp Cancer."

and programs.		
Additional suggestions	Have someone or a group with authority to work on this issue. Have rule makers and enforcers spend time in the program director's role, including interacting with the public, program participants, and partners.	"Get outside help" "Form a group to look at this."

Key Themes – Lessons for Public Health Organizations

7. People sometimes break the rules because they cannot figure out any other way to get their work done and meet programmatic goals.
8. Those who have to comply with rules want the opportunity to improve their organizations' structures, rules and procedures.
9. Improving the rules themselves--having fewer, clearer, and more flexible rules--will make them easier and more likely to be followed.
10. Decentralization, especially allowing some decisions to be made closer to where they will be executed, will decrease the incidence of PSRB, and improve the functioning of organizations.

CHAPTER 5. DISCUSSION

Introduction

My original motivation for conducting this research was to make sense of a phenomenon I witnessed for many years while working in government on public health programs. This type of behavior seemed common, and somewhat taken for granted by my colleagues. It was if we all just accepted that the nature of work environment could not be changed, and that pro-social rule breaking (PSRB) was one of the ways work got done. The results support PSRB as an adaptive strategy for getting work done in difficult organizational environments. They also support that by examining incidents of PSRB, one can find potential targets for improving the functioning of organizations on many levels: rules, policies, organizational culture, and organizational structure.

Relationship to the Literature

The key themes in this study support previous the findings of previous studies of PSRB. Table 10 provides a comparison of this study's key themes with previous authors' findings on PRSB.

Table 10. Relationship of Key Themes to Literature Review

Key Theme	*Relationship to the Literature Reviewed*
1. Participants demonstrate high levels of desire to help people and commitment to public health.	Supports positive association of PSRB with public service commitment.
2. Participants place high value on relationships and partnerships.	Supports Campbell's theme of workarounds being associated with partnerships.
3. The need to meet multiple sets of expectations and rules impedes their ability to meet personal and professional goals, and is very frustrating.	Supports positive association of role ambiguity, bureaucratic demands and perceived conflicts between funders and policy directives from above with PSRB.
4. People believe they are breaking or bending the rules to meet programmatic goals and help the public.	Supports positive association of ethical orientation, desire to do a better job, empathy, desire to be efficient, and professionalism with PSRB.
5. Respondents weigh personal and professional pros and cons before deciding to engage in PSRB.	Similar to previously identified positive association of risk taking propensity with PSRB.
6. Participants generally see positive outcomes and few negative repercussions from their PSRB experiences.	Similar to positive association of rule bending not being a threat to an organization with PSRB.
7. People sometimes break the rules because they cannot figure out any other way to get their work done and meet programmatic goals.	Similar to Morrison's original definition of PSRB, but adds concept that that practitioners see this as sole option.
8. Those who have to comply with rules want the opportunity to improve their organizations' structures, rules and procedures.	Supports positive association of commitment to reform, desire to be efficient, and professionalism with PSRB.
9. Improving the rules themselves--having fewer, clearer, and more flexible rules--will make them easier and more likely to be followed.	Supports positive association of commitment to reform, ethical attitude, desire to be efficient, professionalism, bureaucracy, and red tape with PSRB. A higher degree of formalized rules was previously negatively associated with PSRB. This is somewhat supported by this study's findings since unclear and inconsistently applied rules are associated with PSRB, but at odds with participants desire to have more flexibility in the rules.
10. Decentralization, especially allowing some decisions to be made closer to where they will be executed, will decrease the incidence of PSRB, and improve the functioning of organizations.	Supports previous positive association between centralized decision-making and PSRB, and contributes to "the enduring normative debate over administrative discretion and public accountability."[8]

The findings also support the previous finding that people are more likely to engage PSRB if they observe co-workers engaging in PSRB, or have coworkers support for their decisions.

The areas in which PSRB most commonly occurred included some of those identified previously by Campbell: partnerships, client eligibility/services, and funding silos/restrictions. Additional common areas of PSRB identified in this study were communications, and day-to-day administrative operations, such as travel and purchasing. Also, several of the common PSRB approaches/strategies identified by Campbell also were consistent with the findings of this study.

The results of this study support Campbell's conclusions that studying incidents of PSRB can "identify policy flaws in need of repair." However, unlike Campbell's finding that PSRB is more likely to "revolve around central features of policy rather than marginal details," participants in this study report that that PSRB occurs more often around the day-to-day administrative functions, such as travel and purchasing. Unlike this study's participants who worked at state agencies, Campbell's study participants worked as managers of local agencies and were charged with implementing a collaborative program using federal, state and local funds. This difference suggests that the organization in which the practitioner works influences what kinds of rules, procedures and policies are most subject to PSRB.[8]

Implications

This exploratory, qualitative study was not designed to provide a prescriptive solution to a specific issue, but to further identify and explore potentially important issues from the practitioners' point of view. As proposed in the original conceptual model for this research, Figure 1, using Elmore's backward mapping method was useful for examining "the point at which administrative actions intersect with private choices."[28] Hopefully, these results will provide public leaders and managers with a starting point for further investigating and developing solutions that may meet the needs of all affected by public health practice: leaders,

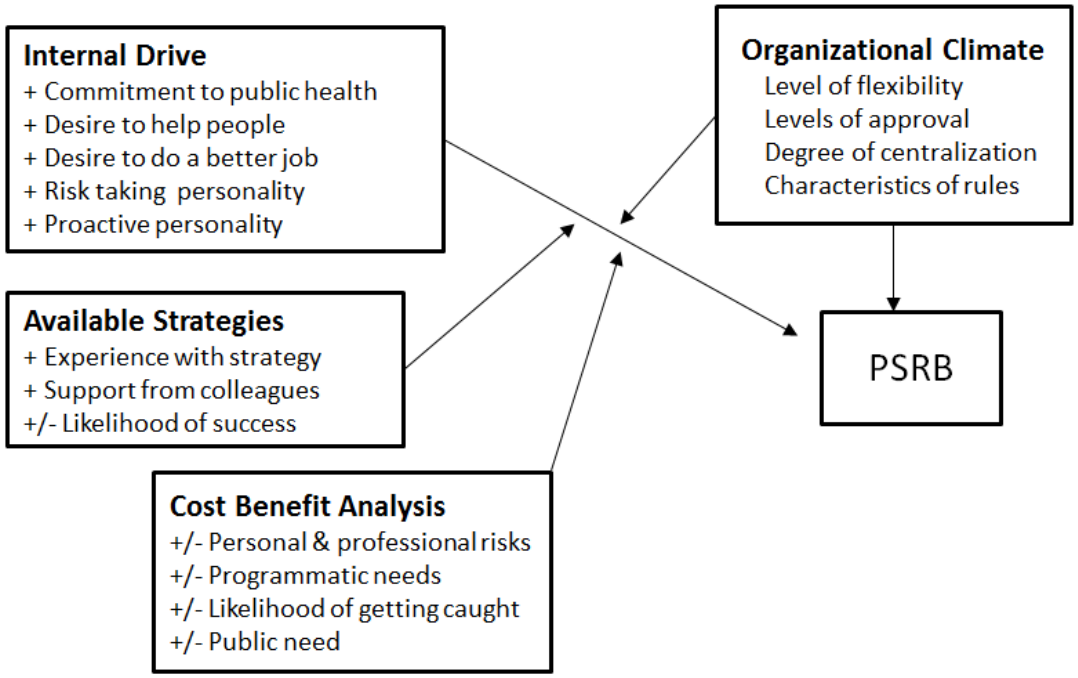
rule makers, administrators, practitioners, programs, and, ultimately, end users. I hope that it will lead to discussion and action not on PSRB itself, but on the conditions that may lead practitioners to consider or engage in these types of acts.

By "problem setting,"[31] the results provide background and new understanding that can be used to improve organizational functioning and reduce staff stress, as well as some promise that it is possible. Participants' strongly expressed their desires to improve their organizations' functioning in order to eliminate the need for PSRB, as well as make it easier and more feasible to get their jobs done and reach programmatic goals. They also expressed empathy for those who must make and enforce the rules and participate in improving the system, as well as general sense of optimism about outcomes of their acts of PRSB, often suggesting that the outcomes were better than expected. These reports are reminiscent of the expression "when life gives you lemons, make lemonade." This suggests not only support for new rules and ways of operating, but also that mid-level practitioners PSRB experiences may, as Campbell believes, provide a basis for these changes. According to what participants in this study, they are finding new ways of operating outside the rules that may not be problematic for the larger organization, but are user friendly and productive.

For example, the list of administrative areas associated with PSRB provides organizations many functional areas to start an examination of what is working and what is not. They can begin with one of the areas, and work from there towards a larger transformation if warranted. Also, as stated by the participants, it is unlikely that any kind of change will happen unless someone or a group with the desire, authority and ability to make changes is able to work on these issues, especially if the transformation required is substantial, such as the decentralization of decision making.

Figure 4 illustrates the variables related to a practitioner's decision to engage in PSRB. This model is based on the results of this research, as well some additional variables previously identified in the literature and included in Tables 3 and 4 in the Chapter 3. There are variables are grouped into four main categories: internal drive, available strategies, cost benefit analysis, and organizational environment.

Figure 4. Model of PSRB and Public Health Practice



A practitioner's internal drive is the independent (predictor variable), and PSRB is the dependent variable. In this model, the variables comprising internal drive are all positively associated with PRSB, which is a reflection of the very high prevalence of PSRB among participants; I did not have sufficient results on which individual characteristics were negatively associated with PSRB. The availability of strategies and the results of a cost benefit analysis are also antecedents of PSRB, and function as moderators. Each of these variables "affects the strength and/or direction of the relationship between and independent or predictor variable and a dependent or criterion variable," and they "explain when certain effects will hold."[32] For

example, if the results of the cost benefit analysis are positive, the likelihood that the practitioner will engage in PSRB may increase. Similarly, if the practitioner has no strategies available that she has experience with or support from colleagues to use, she may be less likely to engage PSRB, though she still may decide to engage in PSRB in some fashion to get beyond a roadblock or delay.

I propose that the organization climate in which the practitioner works is a mediator. According to Baron and Kenny, "mediators speak to how or why such effects occur."[32] The participants expressed that they are engaging in PSRB in response to roadblocks and delays caused by the organizational climate--an organizational climate that not only causes these roadblocks and delays, but also inhibits their abilities to address them and get their work done well. As with the participant who provided a counter example, an organizational environment also can be structured and function in a way that allows practitioners to avoid or address roadblocks and delays, in which case there will be no PSRB.

The previously identified conceptual model developed by " by Vardaman et al. [18] (Appendix A) has features in common with new model proposed in Figure 4. Both include several independent individual-level variables identified in earlier studies, such as the impact of a person witnessing a coworker engaging in PSRB on one's likelihood of engaging in PSRB[2]. The authors also propose the addition of the independent variables that address an individual's sense of self-worth and self-efficacy. The authors also propose an organizational-level external mediator—ethical climate. This variable may fit within the organizational climate variable in my conceptual model of PSRB (Figure 4). Vardaman' s ethical climate includes many variables including: whether or not the climate is caring (encourages workers to use their own moral

judgment to solve dilemmas), or instrumental (puts self-interest or organizational benefit first); or if there is a rules climate that places high value on following formal rules.

Several participants questioned whether or not to continue working in their organizations and/or public health because the working environment is so difficult. If the system is driving away dedicated and capable workers, it may pose a serious threat to the public's health. The study participants who engage in PSRB may be exhibiting judgment and behavior that not only reflects their desire to do a good job, but also indicates that they are effective managers and leaders. This idea is supported by Ghoshal and Bruch, who write "effective managers develop inventive strategies for circumventing real or imagined limitations. They map out ways around constraints by developing long-term strategies, making trade-offs, and occasionally breaking the rules to achieve goals."[33] According to Quinn, they have progressed beyond the "normal state" where leaders "tend to stay within their comfort zones and allow external forces to direct their decisions" to being "results centered," "internally directed," "less self-focused and more focused on others," and "externally open."[34]

The agencies described by the participants who engage in PSRB have traditional command and control-based hierarchies and cultures. They "encourage people to go along with the status quo, regardless of the level of organizational dysfunction."[33] One participant even commented that her agency is out of step with modern management practices. This conflict of the effective manager working within dysfunctional command and control culture appears to be the source of much of the participants' frustration and consideration of PSRB.

In the absence of peer-reviewed literature on the outcomes of PSRB, I conclude that the PSRB described by study participants is a positive practice. These practitioners display many qualities of good leadership and management while operating within organizations that put many

barriers in their way. Sometimes the barriers lead to absurd situations[12]-- the 12 step process for hiring staff, or missing a required (paid for) CDC meeting because of the travel approval process—and PSRB appears to be a smart and healthy response.[4] Perhaps engaging in PSRB is what keeps many practitioners from reaching such a high level of frustration that they decide to leave their agencies or the field of public health.

Limitations

This qualitative study is a starting point for exploration of this topic with a narrowly defined subpopulation. While a high number of participants reporting engaging PSRB provided great deal of information on these individuals and incidents, I gathered little data from people who did not engage in PSRB; data that may have changed the results and implications of the study. In addition, this group of participants had other characteristics in common that may make the results meaningful only to this subpopulation: gender, organizational type, layers of bureaucracy, organizational role, and programmatic goals.

Since subjects' levels of candor varied, with one expressly stating that she did not want to provide too much detail because she feared her superiors finding out, the depth and breadth of information provided was uneven. Also, during telephone interviews I could not see the participants' facial expressions or body language, which may have affected my interpretation of their responses. As with all studies that require subjects to discuss past events, recall bias may affect the internal validity of the subjects' anecdotes and observations.

In addition, this study was subject to self-selection bias. Nervousness about discussing this topic may also have affected recruitment; potential volunteers who feared participating may have opted not to join. In addition, potential volunteers who may not have found this study worthwhile or interesting also may have opted out.

Another limitation may be the study's internal validity. As the sole researcher, I was the only one who checked the accuracy, quality or consistency of the interviews, adherence to protocols, the transcripts, and the analysis of data. However, in order to improve the validity of the results, two participants and a peer reviewed the results and provided feedback before they were finalized.

Since this study used a new set of interview questions, I am not certain how effective these questions were. The interviews yielded a great deal of information, but, of course, I do not know what I might be missing. In addition, I believe that I reached the point of data saturation and redundancy; however, it goes without saying that each participant's experiences and insights were unique and added to the research, and additional interviews may have been useful.

The study was not immune from potential researcher bias. I chose this topic for study because I am familiar with this phenomenon, and already have some ideas about its meaning and importance. It was challenging to listen to the participants' experiences without letting my own experiences factor into the data collection and results. However, I believe that my familiarity with the topic and the participants' challenges allowed me to identify productive follow up questions, and made the participants' more comfortable and likely to share their experiences.

Further Research

Only one previous study has examined the real world implications of PRSB or has provided this much in depth understanding—what PSRB means to those who engage in this practice, and the possible causes and meanings on the system level. This study looks at PSRB from the middle manager's point of view--the person who engages in the practice. It would be helpful to learn what others--end users, colleagues, and upstream people--think of this practice. Specifically, it would be useful to be able to get information on the implications and outcomes of specific incidents of PSRB from people who participate or are affected at every level, and what

they see as the true goals of the system and rules. There are no studies that look at what the actual outcomes of PSRB are at the different levels. It would be interesting to look at if PRSB actually works for or against the original intentions of rules or policies.

Although I propose that this study PSRB is a positive practice and an indication of the need to improve organizational environments, this research is insufficient to generalize that PSRB a positive practice in all settings. It would premature to do so; further study of the repercussions of PSRB from different sources, and with additional kinds of data is required.

Since PRSB is a relatively new field of study, this research may be of use to other researchers in other fields, such as management and psychology, who also are working in this area. Similarly, it would useful to see if the results of this study are specific to this group of participants who have similar work in similar environments, or if there are similarities across occupations, types of organizations, different public health programs, and different levels of organizational hierarchies. For example, while this group of participants identified the agency level environment as a mediator in their decision making processes, would others who work in different capacities find the federal agency or state legislature environment also are mediators. Future research might look at whether gender and other characteristics of practitioner are strong predictors of PSRB as organizational environment. For example, previous studies were split among men being more likely to engage in PSRB, or no association between gender and PSRB. While this study cannot contribute to the literature on this issue since it used purposive sampling and all participants were women; it may be of interest to future researchers that all but two of the women engaged in PSRB, and one of the two participants who did not engage in PSRB said she did not need to because her organization allowed for flexibility and discussion.

In addition, future research should focus on refining models related to PSRB not only for individual level variables, but also for organizational level ones. For instance, there is no consensus in the literature on the degree of formalization of the rules and its relationship to PSRB.

Lastly, while I propose a plan for change in the next chapter, I am aware that the limitations of this study affect the quality and appropriateness of the plan.

CHAPTER 6. PLAN FOR CHANGE

Introduction

The results of this study indicate that the passion, abilities and skills that practitioners use to meet their goals and serve the public can also be used to improve the environments in which they work, and perhaps decrease frustration and improve productivity. This plan for change flows directly from the study participants' observations and ideas on PSRB, including fewer, clearer and more consistent rules and procedures, increased flexibility with rules, and the decentralization of some decision making. These features are common in many, modern organizations; however, in the case of this group of participants, mid-level public health practitioners who work in government agencies, implementing these features represents a major transformation of their organizational environments. Given this reality, I am proposing a plan that I hope will begin with raising awareness of the issues brought to light by this study of PSRB, and starting the dialogue requested by participants.

Rationale

This plan is inspired by three classics on transformation—Kotter's "Leading Change: Why Transformation Efforts Fail," [35] and Meadows' "Leverage Points: Places to Intervene in the System"[36] and "Dancing with Systems."[37]

The plan follows the first four of Kotter's "eight steps to transforming your organization:"[38] "(1) establish sense of urgency; (2) create a powerful guiding coalition; (3) create a shared vision, and (4) effectively communicate the vision."[35] It focuses on helping practitioners form a community across agencies to work together on change, including

communicating the need for change is a way that is compelling to their leadership and other stakeholders.

The plan also uses what Meadow's calls "systems wisdom." It focuses on flexible systems that have ways to "respond to feedback…about the consequences of decision-making directly and quickly to and compellingly to decision makers."[37] This study's participants, people who have been in the system for a long time, have provided a window for "watching how it behaves" that has provided the basis for the transformation. Their observations on PSRB, what they see as the realities and results of the system, are the starting points for defining and measuring a kind of feedback that has not been previously used. To further explore this type of new feedback, tools for finding additional less subjective data on system performance also will be part of the plan. These additional steps from "Dancing with Systems" also will be at the core of the plan.

- *"Go for the good of the whole."* The plan will not focus only on the results of this study or the views of the participants'; it also will look for solutions that are good for the entire system and its participants.
- *"Expand thought horizons."* The plan will attempt to create a sense of urgency around not only short term issues, but the long term goal of creating a flexible, adaptable system.
- *"Expand the boundary of caring."* The plan will provide ideas for opportunities for engage people not directly working on programs to get an idea of what it is like to administer a program and to work closer to program outcomes and participants.
- *"Hold fast to the goal of goodness."* The plan will highlight the positive side of PSRB and the work of those who administer programs. It will help the public, and those upstream from mid-level practitioners in organizations understand the good work that gets done.

In particular, the plan focuses on several of Meadow's more powerful "leverage points."[36] for system change. Table 11 describes how these points relate to this study of PSRB and plan for change.

Table 11. Meadow's Leverage Points and the Plan for Change

Leverage Point[36]	*Relevance to Plan*
"6. The structure of information flows (who does and does not have access to the what kinds of information)"	Many of the organizations described by participants have no feedback loops of the impacts of rules and policies. This plan will attempt to provide information that currently is not being collected or considered by organizations. Also, it will include ideas for bringing first-hand information on what it is like to work in the system in different roles. Letting the public and legislative leaders know what is going on may make them hold others accountable, and provide support those providing the feedback.
"5. The rules of the system (such as incentives, punishments, constraints)"	The current system, described by those who engage in PSRB as lacking feedback on the rules, is creating an ever worsening system with centralized planning by the few who have "power over the rules." Promoting the restructuring of the system to include feedback loop can potentially start a "success to success loop" by informing changes to incentives, punishments, and constraints. For example, there may have to be changes to allow for people to feel safe coming forward with information.
"4. The power to add, change, evolve or self-organize system structure."	Current system, which lacks feedback on the rules, is missing information that is needed for it to evolve. The plan promotes providing the kind of feedback needed for organizations evolve from command and control to self-organizing.
"3. The goals of the system."	The plan provides tools to provide additional feedback to organizations on outcomes that can be used to further evaluate the organizations' progress on the goals of their systems. Leadership will help organizations further define and document the real world, not just stated, goals of their systems.
"2. The mindset or paradigm out which the system—it's goals, structure, rules, delays, and parameters arises."	The plan will focus on developing a higher profile for a group of people who are able to think beyond the parameters and constraints of the system. It also will create and supporting leadership among this group of practitioners.
"1. The power to transcend paradigms."	The plan will provide information and a view of PSRB and those who engage in it that may lead others to see their organizations differently, and challenge their beliefs about how the system must work.

Plan

The goal of the plan is to improve the organizational environment of large governmental public health agencies by using currently unavailable feedback on the functioning of their systems to:

- Decrease the incidence of PSRB;
- Decrease frustration of public health practitioners; and
- Increase effectiveness of public programs.

The plan also includes four objectives designed to lay the groundwork for organizational change.

1. Locate and develop leadership.
2. Create plan(s) for reaching the coalition's goals and objectives.
3. Establish the need for improving organizational systems.
4. Clearly communicate the benefits of using a negative feedback loop to improve organizations.

Table 12 is detailed work plan that includes strategies, activities, and resources.

Table 12. Work Plan

Goal To improve the organizational environment of large governmental public health agencies by using currently unavailable feedback on the functioning of their systems to accomplish the following. • Decrease the incidence of PSRB. • Decrease frustration of public health practitioners. • Increase effectiveness of public programs.	
Objective 1. Locate and Develop Leadership	
Strategies	• Disseminate dissertation results and plan to mid-level practitioners and leaders to engage potential leaders and coalition members. • Create opportunities for sharing information and mutual support for practitioners. • Seek support from existing professional associations and other pre-existing groups of practitioners. • Identify leadership and any necessary support needed to proceed.
Activities	• Present dissertation results to the study participants and entire Cancer Council of the National Association of Chronic Disease Directors. • Present and engage potential leaders and supporters at additional venues. • Present findings and plan online and in print with through outlets frequently accessed by potential leaders and supporters, including submitting article on dissertation results to peer-reviewed journal. • Create an online space, a safe learning and sharing environment, for presenting this information and communication among potential leadership. • Explicitly invite practitioners to participate in leading the call for incorporating their feedback into organizational systems.
Resources Needed	I already have been invited to do a webinar for the Cancer Council, and will not need additional resources to do so. I also have the resource to submit articles for publication to peer-reviewed journals. There may be funding or other

	resources needed to create and conduct further presentations and articles. If at all possible, I plan to use a free online portal, such as PODIO, to create the online community. However, I will need additional resources, including assistance from other practitioners who may choose to join in, to create a meaningful online site.
Objective 2. Create plan(s) for reaching the coalition's goals and objectives.	
Strategies	• Create a supportive, safe learning environment for practitioners. • Provide resources for coalition members' to use with their programs, departments, and agencies.
Activities	• Create tools for measuring and providing additional feedback that can be used both for all steps of this plan. Examples include the following. o Work flow analysis that documents the number of steps for processes and the time it takes complete them. o Cost estimator for calculation all costs, including externalities, of implementing specific rules and policies. o Diagramming causal loops to demonstrate the current functioning of an organization and the resulting outcomes, as well as to the effects of adding a negative feedback loop the uses information from new and multiple sources. • Provide information and instruction on how organizations can transform themselves. o Alternatives to current organizational practices. o Success stories, such as the transformation of the Veterans Administration hospital system. o Relevant reading and presentations on management, leadership, and systems thinking. • Create content that can be used for developing leadership and support for the goal. o Digital storytelling and other forms of stories from practitioners with examples of their frustrating experiences and the outcomes of the current system.

	○ Digital storytelling and other forms of testimony by the public. ○ Forums for sharing information and ideas.
Resources Needed	These activities are resource intense and will require additional support to implement. Will need people to take on the responsibility to implement and raise resources, including funding, time and locating needed expertise.
Objective 3. Establish the need for improving organizational systems.	
Strategies	• Raise the profile of public health practitioners with a focus on their commitment and passion for public health, and the good work they do under difficult circumstances. • "Open information flows" [36] between practitioners and colleagues and leadership at their agencies, as well as to upstream players, to create awareness of kinds of situations that that lead to PSRB. • Use real world examples of outcomes of rules and policies, as well counterexamples of organizations that function better. • Engage all possible audiences of stakeholders: the public, colleagues, organizational leaders and officials.
Activities	• Use the tools and stories from the website to provide concrete examples and measurable outcomes. • Disseminate practitioners' real world stories, and the outcomes of the current organizational environment through social and traditional media that are appropriate to target audiences of stakeholders. • Encourage leaders and those with roles in areas common to PSRB to "spend a day on the front lines"[36] in order to better understand the outcomes of rules and policies. • Add features to website to fully engage additional groups of stakeholders in the coalition's work.

Resources Needed	These activities are resource intense and will require additional support to implement. Will need people to take on the responsibility to implement and raise resources, including funding, time and locating needed expertise.
Objective 4. Clearly communicate the benefits of using a negative feedback loop to improve organizations.	
Strategies	• Demonstrate how incorporating a negative feedback loop minimizes the need for PSRB and improves outcomes. • Use tailored language, messages, and strategies for each group of stakeholders.
Activities	• Use the tools and stories from the website to provide real and hypothetical examples of how a negative feedback loop would have positively changed the organization. • Disseminate practitioners' real world stories, and the outcomes of the current organizational environment through social and traditional media that are appropriate to target audiences of stakeholders. • Provide plans for incorporating negative feedback loops into organizations' decision-makers.
Resources Needed	These activities are resource intense and will require additional support to implement. Will need people to take on the responsibility to implement and raise resources, including funding, time and locating needed expertise.

Conclusion

Complex systems need to remain open to change so they can adapt to what is known and unknown, which also is always changing.[37] This plan attempts to introduce negative feedback loops on the outcomes of rules and policies to public health practitioners and organization as method for adapting to their needs, improving their performance and reducing the frustrations of practitioners. It based on the findings of this study and classic texts on systems thinking and transformation.

The plan has several limitations. It is being based on the findings of one study that also has many limitations. In addition, it has high aspirations; organizational change is very difficult and requires excellent leadership and a long-term commitment. Not only are the goal and objectives difficult to reach, it also may require additional resources.

The plan focuses on creating steps that may drive the perceived need for change: developing and supporting leadership; creating awareness and support for the need for change; and creating implementation plans for organizations. The next steps are not included in this plan, and, ideally, will be created by the leadership around these issues, including practitioners and organizational leaders.

APPENDIX A. CONCEPTUAL MODEL (VARDAMAN)

Source: Vardaman JM, Gondo MB, Allen DG. Ethical climate and pro-social rule breaking in the workplace. *Human Resource Management Review*. 2012(in press). doi: 10.1016/j.hrmr.2012.05.001.

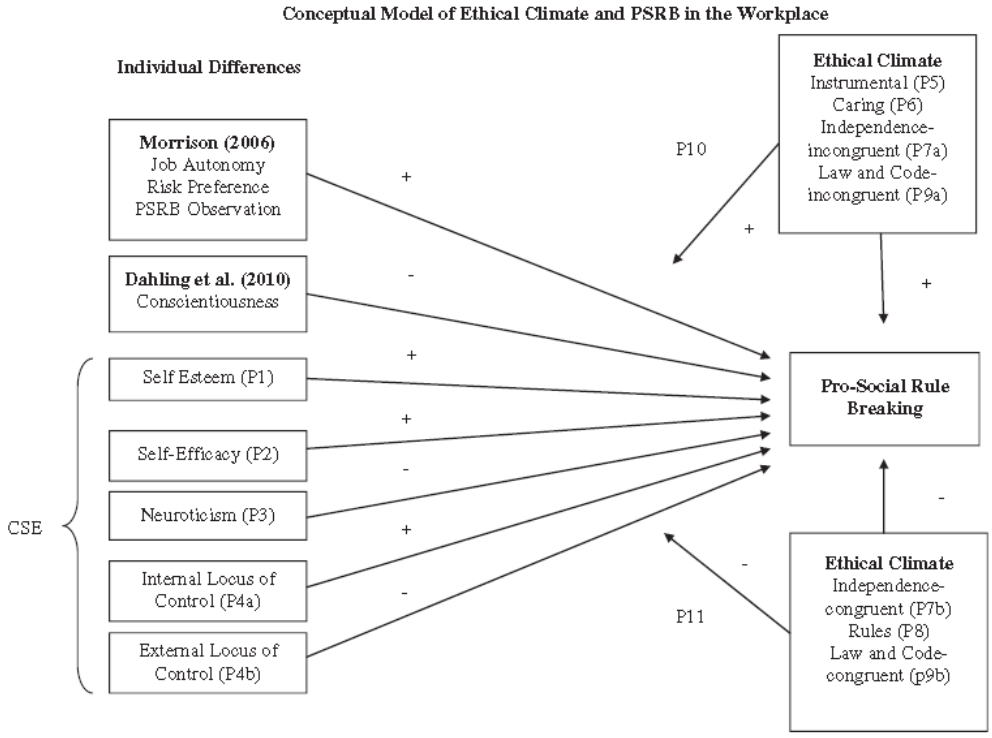


Fig. 1. Conceptual model of ethical climate and PSRB in the workplace.

APPENDIX B. QUESTIONAIRE

Survey ID:
Date:

Telephone Consent

Hello. My name is Randi Kaufman, and I am a doctoral student in the Department of Health Policy and Management at the University of North Carolina's Gillings School of Public Health. Thank you for agreeing to talk with me. This interview is part of my dissertation research. I am studying managing complex public health programs under the regulation of multiple organizations.

The interview will take about 45-60 minutes of your time. The questions I would like to ask you will explore your experiences making decisions under these complex conditions, including how you negotiate rules that you may see has hindering your ability to get your job done well. The information you share with me will be used to better understand how public health managers such as yourself navigate the complex systems in which they work, and will be used to develop a plan of action for improving organizational performance.

Your participation in this research is completely voluntary. This means that you do not have to participate in this survey unless you want to. At any point in the interview, you can decide not to answer a question, decline to discuss an issue, or stop participating altogether.

The only risk to you might be if your identity were ever revealed. To minimize the chance of this happening, I will not record your name with your responses. In addition, neither you, your program, organization, nor state will be mentioned in my dissertation, or any related presentation or publication. Any descriptions or other information that might lead people to figure out your identity also will be changed or removed. There are no other expected risks to you for helping me with this study. There are also no expected benefits for you either. After the interview, you will receive a $20 gift card in compensation for your time.

If you have any additional questions concerning this research or your participation in it, please feel free to contact me, my dissertation supervisor or our university research office at any time.

- *Researcher:* Randi Kaufman, 504-905-0316, Kaufman504@gmail.com
- *Faculty Advisor:* Bruce Fried, PhD, (919) 966-7355
- *UNC Institutional Review Board*: (919) 966-3113, or IRB_subjects@unc.edu.

I would like to make a tape recording of our discussion, so that I can have an accurate record of the information that you provide to me. I will erase the recording after it has been transcribed. Do you have any questions about this research? Do you agree to participate, and to have this interview recorded? Thank you for agreeing to participate. (Or thank you for your time.) Let's begin.

Ice Breakers and General Motivation

1) Why did you decide to go into public health?

2) How long have you been in public health?

3) What do you like about working in public health?

4) What don't you like about working in public health?

5) How would describe your position – place in the organizational structure?

Organizational Environment

6) What sets of policies, rules and regulations influence how you do your job?

   Probe: What are your funding sources?

7) What are some rules or policies that you run up against at work?

   Probe: Ones that present challenges or barriers to your ability to meet your job, program or organization's goals or expectations?

Decision Making Process & Outcomes

8) Have you ever had the experience of encountering a policy or rule that made it difficult for you to do your job? Please tell me about it.

   a. Probe: What was the difficulty with the policy or rule?
   b. Probe: What were you hoping to accomplish?
   c. Probe: How did you handle it?
   d. Probe: Why did you decide to handle it that way?
   e. Probe: Did you weigh the pros and cons? What were they?
   f. Probe: What was the outcome? Did you accomplish what you meant to? Were there any repercussions?
   g. Probe: What do you think about your decision now?
   h. Probe: What changes could be made to prevent this from being an issue in the future?

9) Can you any other time when you a policy or rule that made it difficult for you to do your job? Maybe to help meet a program goal, or help a client or colleague?

   a. Probe: What was the difficulty with the policy or rule?

b. Probe: What were you hoping to accomplish?
c. Probe: How did you handle it?
d. Probe: Why did you decide to handle it that way?
e. Probe: Did you weigh the pros and cons? What were they
f. Probe: What was the outcome? Did you accomplish what you meant to? Were there any repercussions?
g. Probe: What do you think about your decision now?
h. Probe: What changes could be made to prevent this from being an issue in the future?

10) Do you have any additional examples of when a policy or rule that made it difficult for you to do your job you like to share?

a. Probe: What was the difficulty with the policy or rule?
b. Probe: What were you hoping to accomplish?
c. Probe: How did you handle it?
d. Probe: Why did you decide to handle it that way?
e. Probe: Did you weigh the pros and cons? What were they?
f. Probe: What was the outcome? Did you accomplish what you meant to? Were there any repercussions?
g. Probe: What do you think about your decision now?
h. Probe: What changes could be made to prevent this from being an issue in the future?

Learning from PSRB

11) What can organizations learn from their employees who have to comply with multiple sets of rules and policies?

a. Probe: Do you think there is value in telling and sharing stories about complying with multiple sets of sometimes conflicting policies and rules?

b. Probe: How can this information be used?

12) If you had 10 minutes to talk to the people who make the rules and policies at your agency, what would you say?

a. Probe: What should they consider when making and implementing the rules?

b. Probe: What could the leaders of your organization do to help employees deal with difficult rule or policy related situations?

13) Is there anything else you would like to add on this topic?

a. Probe: Any additional personal experiences or reflections on the difficulties with complying with organizational and funding agency rules you would like to share?

b. Probe: Any additional ideas on how to learn from experiences difficult to comply with or conflicting policy and rules.

Closing

I greatly appreciate you taking the time to share your personal information and insights with me. Thank you again, and I look forward to sharing the results of this research with you.

APPENDIX C. FACT SHEET FOR PARTICIPANTS

Fact Sheet for Adult Participants in a Research Study
University of North Carolina-Chapel Hill

IRB Study #_____

Consent Form Version Date: October 5, 2012

Title of Study: Managing Public Health Programs Subject to the Policies of Multiple Bureaucracies

Principal Investigator: Randi E. Kaufman, MS

UNC-Chapel Hill Department: School of Public Health, Department of Health Policy and Management

Faculty Advisor: Bruce Fried

UNC-Chapel Hill Phone number: (919) 966-7355

Study Contact telephone number: 504-905-0316

Study Contact email: kaufman504@gmail.com

What are some general things you should know about research studies?

You are being asked to take part in a research study. Joining the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, at any time, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this form. You should ask the researcher named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to explore public health practitioners' decisions to break or work around rules that they believe are impairing or impeding their abilities to do their jobs well, and to learn ways that this knowledge can be used to improve organizations.

You are being asked to be in the study because you have managerial-level professional responsibilities that require you to follow multiple sets of governmental, organizations, and/or programmatic rules.

How many people will be interviewed for this study?

If you decide to be interviewed for this study, you will be one of 12 people interviewed for this research study.

How long will your part in this study last?

If you decide to be interviewed for this study, you will be asked to meet in-person, by telephone, or via internet-based video call for a 45-60 minute interview. If you agree, you may also be contacted by e-mail or telephone to address follow up questions or clarifications if needed.

What will happen if you take part in the study?

Participation in interviews for this study will involve the following steps.

- Read the information enclosed to determine your interest in participating in this study.
- Contact the researcher listed on the first page of this form with any questions or concerns regarding your participation.
- Schedule a time to participate in a 45-60 minute interview at a place and time of your choosing.

- Choose whether to conduct the interview in-person, via telephone, or via internet-based video call (Skype).
- Participate in a 45-60 minute interview.

What are the possible benefits from being in this study?

You may gain a deeper understanding your own decision-making process, professional challenges, and your organization. You also may explore ideas for improving your organization's operations. This research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?

There are no known or expected risks to participating in this study.

How will your privacy be protected?

All efforts will be made to avoid the collecting and storing of information that identifies or can be used to identify study volunteers. The researcher listed on the first page of this form is the only person who will have access to information that links individual participants to the responses from their interviews.

- Participants' names and other information that could potentially be used to identify participants will be removed, and replaced by pseudonyms, or general descriptions by the researcher in all study-related written materials, including notes, transcription, and results.
- At the time of the interview, participants will be asked for permission to record the interview for transcription. If an interview is recorded, an electronic transcript will be made and the audiotape will be destroyed.
- Any hardcopy information linked to an individual's responses to interviews in a locked file cabinet. Only the researcher will have access to the key, and will be able to access this information.
- Upon completion of the study, all records of the interviews and written study materials will be stored electronically in password-protected files. All hardcopies of interview

records and other study materials will be destroyed. The researcher will be the only person who knows the password and has access to the study materials and records.

Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?

You will receive a $20 gift certificate as compensation for your time.

Will it cost you anything to be in this study?

Other than your time, there will be no costs for participating in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?

A committee that works to protect your rights and welfare reviews all research with human volunteers. If you have questions or concerns about your rights as a research participant you may contact, anonymously if you wish, the Institutional Review Board at (919) 966-3113 or by email to IRB_subjects@unc.edu.

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