

*Full Length Research Paper*

## **Analysis of the Psychological Contract established between the nursing personnel and a company of health care at home located in Recife - Brazil**

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Accepted 27 May, 2012

The increase in dynamism caused by changes in the business environment and in society causes labor relationships in organizations to experience challenges. Contracts established between employers and employees are modified over time and the ability to manage such contracts is required in industrial/labor processes. This survey aimed to analyze the Psychological Contract established between the nursing personnel (hired privately and from a cooperative) and a company of health care at home located in the municipality of Recife-Brazil. The six dimensions model analysis of Sels, Janssens, and Van Den Brande (2004) was used. The methodology used was the case study with semi-structured interviews, addressing both employee and employer. By applying content analysis, the expectations of both parties were identified and the convergences and divergences between them were analyzed. Some similarities in expectations of hired workers and workers from the cooperative were observed. Regarding the company, differences in expectations of certain dimensions were expressed since expectation with respect to performances are higher for the ones hired privately than for cooperative members. The convergence of company's expectations was greater with hired workers.

**Key words:** Psychological Contract. Health care at home. Expectations. Work relations.

### **INTRODUCTION**

Organizations in Brazil and in the world are undergoing challenges due to transformations in the business environment and society (Albuquerque, 2002). Different people management models are elaborated for different contexts in order to organize, manage, and guide human behavior in work.s (Fischer, 2002)

People management processes, according to Boxall (2008), can and must vary based in contextual factors. Besides, since people have become increasingly central in assuring competitive advantages, these processes must consider workers' concerns and guarantee that the relation between the company and the worker benefits

both sides (Bohlander et al., 2005).

A central aspect that has been modifying the relationship between employers and workers is the contracting form, which has been restructured (Rousseau, 1995). The formal, long term, full-time job does not appear as the only format for employment relationships (Lopes and Silva, 2008) and characteristics such as flexibility, informality, precarious work, and temporary or autonomous jobs have become more present in different forms of labor organization (Nogueira, 2002).

Companies in the field of healthcare are also influenced by the need for and the impacts of these new formats of

contracts (Deluiz, 2001). In addition, they present some specific dynamics due to the unpredictable and irregular nature of the demand for medical care (Silva, 2006) that will also affect the contracting forms, making them even more diverse and complex in this field (Lopes and Silva, 2008). The complex work relationships in this sector can be demonstrated by the existence of several kinds of work negotiations, which are different from the usual, presenting a decrease in contracted workers and an increase in contracts made with cooperatives and other businesses created to provide services in this field (Vecina and Malik, 2007)

The contract is important because it establishes the connection between workers and the organization. Besides, it regulates behavior and improves performance. There are formal contracts, containing mutual rights and duties for organizations and employees, and there are contracts that go beyond what is formally written, being influenced by a Psychological Contract (Leiria et al. 2006). The latter is an "individual belief, shaped by the organization, regarding the terms of an exchange agreement between individuals and the organization to which they are linked" (Rousseau, 1995, p. 9). This exchange relationship, which focuses on promises for the future, can be seen as creating expectations for each participant.

The comprehension of the Psychological Contract may allow a more effective process of communication between employers and workers by facilitating the understanding of individuals' needs and organizational requirements through the analysis of expectations. Besides, the formal agreements are not sufficient to provide a comprehension of the established work relationships (Anbreu and Silva, 2006).

Based on the exposed arguments and the interest in studying healthcare work relationships, specifically in a health care at home company, through the view of Psychological Contracts, this research aims to answer the following question: What are the convergent and divergent expectations regarding work relationship between Nursing Technicians (both contracted and cooperative members) and the health care Company?

In order to answer this question, first a literature review regarding psychological contracts will be presented as well as some information about the context of the research and the Company studied. Secondly, the researchers discuss the methodology used. Finally, the analysis, discussion and results of this study will be presented.

## **THEORETICAL BASIS**

### **Psychological Contracts: concept and formation**

The first studies about work environment and Psychological Contracts are from Argyris (Anbreu and

Silva, 2006; Ferreira, 2007; Fontinha et al. 2008; Menegon, 2010; Rios, 2007; Sels et al., 2004), and McGregor and Herzberg (????), who may be linked to the stream of humanist psychology in organizational theory, with focus on human behavior.

Sels et al. (2004) state that for Argyris, the Psychological Contract is implicit and not a written agreement between the parts, which respect mutual standards. This implicit nature is what differentiates this kind of contract from a formal contract.

Another important distinction is that the Psychological Contract represents a broader concept, which embraces beliefs and expectations about written and unwritten terms incorporated to a formal contract (Koh et al. 2004). Rousseau's (1995) classic definition indicates that it is an "individual belief, shaped by the organization, regarding the terms of an exchange agreement between individuals and organization to which they are linked", and is one of the most mentioned definitions (Anbreu et al. 2006; Rios, 2007), even though is still subject to some considerations.

Schein's (1982) definition is also classic (Menegon, 2010), and states that the "Psychological Contract denotes that there is an implicit set of expectations acting all moments among all members of an organization, including the various leaders and people connected to this organization."

The many concepts of Psychological Contract demonstrate that there is no consensus regarding its definition. Independent of discussions about the definition of the concept, the fundamental contents of this concept include obligations, promises and expectations (Ferreira, 2007). Schein's (1982) definition was chosen for this study because it refers to employees' and employers' expectations.

It is important to better understand the process of formation of contracts in order to understand the elements, practices, and agents that develop expectations and beliefs regarding work relationships.

There are diverse elements that contribute to developing a Psychological Contract, and Rousseau (1995) created a model to understand this formation. This model has two main aspects: organizational and individual factors. In her representation, messages organizational agents (managers, colleagues) send messages communicating future intentions. This information, as well as rules and social clues, are interpreted by the people receiving it through individual processes, which are influenced by cognition and career goals. The de-codification that happens next formats the individual Psychological Contract.

In this scheme both individual and organizational aspects are relevant. From the individual's point of view, elements such as previous experience, expectations before the contract, motivation towards career, and meaning of work can influence in the formation of Psychological Contract. From the organization's point of view, the field, the size, and especially the policies and

practices of Human Resources managers are important in this process since they send messages that may create expectations in workers (Beyda and Wetzell, 2008). The social context also assists in the formation of the Psychological Contracts since social rules influence the interpretations of promises through culture, national systems, and institutions that compose the social context (Ferreira, 2007).

Finally, it is important to know which elements are involved in the formation of Psychological Contracts. The 'contract makers' are people capable of communicating commitment or promise for the future. There are two main groups of contract makers: the owners (represented by the employers) and the workers (Rousseau, 1995). The other group includes the 'agents', which includes people that communicate promises or commitments in the name of the organization. These agents can be represented by line managers (Leiria et al., 2006), recruiters, mentors, colleagues, and representative of cooperatives (Rousseau, 1995).

The relevance of managers in the elaboration of Psychological Contracts must be observed, since they are the ones who participate in most of negotiations in organizations' daily routine (Guest, 2008; Rousseau, 1995).

### **Characteristics and dimensions of Psychological Contracts**

According to a literature review, there are several characteristics that delimit the construct of the Psychological Contract, including being individual and unique (Beyda and Wetzell, 2008; Chambel and Souza, 2007; Rousseau, 1995); liable to changes (Ferreira, 2007; Schein, 1982); imply voluntariness (Ferreira, 2007; Rios, 2007); being subjective (Menegon, 2010); idiosyncratic and informal (Ferreira, 2007); and being mutual and reciprocal with respect to promises (Ferreira, 2007; Rousseau, 1995).

Individuality and uniqueness are related to the fact that the expression and interpretation of contract terms are made in a specific manner (Chambel and Souza, 2007), since it is a one-to-one relationship between employer and employee (Rousseau, 1995). The reality and the interpretation of messages of each person design a unique Psychological Contract (Anbreu and Silva, 2006).

With respect to being liable to changes, Schein (1982) defends that, while organizations change, their needs also change, and so do the workers because as their careers develop, their expectations are transformed.

The characteristic of voluntariness implies a spontaneous attachment (Rios, 2007), which happens through a volunteer agreement (Ferreira, 2007).

Informality, subjectivity, and idiosyncrasy happen due to complex social interactions which present cognitive limits and specific perceptions in each part involved

(Menegon, 2010), filling gaps originated in formal contracts (Ferreira, 2007; Rousseau, 1995).

The reciprocity and mutuality are present in most concepts, which reinforces the importance of these characteristics. Reciprocity refers to expectations and obligations that may be perceived in most contracts. Ferreira (2007) calls attention to the fact that the perception of reciprocity may be more real than the reciprocity itself. Regarding mutuality, it can be controversial since agreements are understood by each person's own structures of references, and expectations may not be as mutual as believed (Rousseau, 1995).

It is worth noticing one aspect regarding power and authority, which characterizes hierarchy and subordination in organizations and, thus, is also a part of Psychological Contract's agreements.

*The decision of participating in a organization implies acceptance of basic rules of this organization's system of authority [...] the person must be willing to accept orders of another person or written rules, and accept limits to her own behavior (Schein, 1982, p.19).*

Finally, it is interesting to notice Guest's (2008) studies, which mention a connection between Human Resources Management and Psychological Contracts, considered as the mediator of workers' attitudes, influencing satisfaction in work, and the balance between personal and professional lives.

By analyzing Psychological Contract's characteristics, which are exposed in this section, some authors (Rousseau, 1995; Sels et al., 2004) built typologies to provide a better understanding of work relationships based on Psychological contracts. However, there is no consensus regarding the elements and the measurements that must be used in these typologies.

The most known typology is from Rousseau (1995). It is based in two dimensions: Tangibility and Temporal Structure. Tangibility is related to the degree in which the terms of the agreement regarding performance are defined. Temporal structure is the time/deadline of duration of a certain contract (Rios, 2007). Using this characteristics in a two-by-two arrangement, this author establishes four types of Psychological Contracts: Transitional, Relational, Transactional, and Balanced (Rousseau, 1995).

Some authors point weaknesses in Rousseau's (1995) typology (Rios, 2007; Sels et al., 2004) related to the stability of arrangements while comparing different samples of empirical studies, and also regarding the exclusion of three important dimensions: Scope, Focus, and Stability.

Janssens et al. (2003), aiming to minimize these weaknesses, researched a representative sample of 1106 workers of different categories to elaborate and validate a new typology. They considered four dimensions which were originated in Rousseau and Mc

**Table 1.** Dimensions of Psychological Contract.

<b>DIMENSIONS</b>	<b>What the employer offers</b>	<b>What the employee offers</b>
<b>Temporal Structure</b> (long or short term) Perceived duration of work relationship	Long-term investment in worker	Loyalty: worker remains in company
<b>Tangibility</b> (Tangible/ intangible) Degree to which performance's terms are clear	Clarity regarding opportunities, assignments, and evaluation criteria	Comprehension of routines and work-related issues
<b>Scope</b> (narrow/wide) Degree to which work and personal life are interconnected	Employee is seen as a person and not as a resource	Personal investment in the organization and its goals
<b>Stability</b> (Stable/Unstable) Degree to which evolution and changes in contracts without renegotiation are limited	Attention to agreements regarding work environment	Flexibility and tolerance regarding organizational changes' processes
<b>Exchange Symmetry</b> (Equal/unequal) Degree to which different exchange relationships, related to hierarchy and inequality, are accepted	Stimulus to career advancement and career plans	Respect of established authority and hierarchy
<b>Contract Level</b> (individual/collective) Degree to which the regulation of contract is perceived as individual or collective	Equal and fair treatment	Flexibility to negotiate

**Source:** Sels et al. (2004) adapted by Rios (2007, p.33 -34).

Lean Parks' work (1993): Tangibility, Scope, Stability, and Temporal Structure. They also include two dimensions originated in Rousseau and Shalk's (2000) cross-national study: Contract Level and Exchange Symmetry. Janssens et al. (2003) examined the influence of these six dimensions in affective commitment and employability. Each dimension can measure elements, as shown in Table 1. It is important to emphasize that this research studied the exchange relationships between employer and employee in each dimension. There is a correspondence among each part's scales, although some dimensions are different (Rios, 2007).

Another way to understand the occurrence of these dimensions is through observation of indicators in organizational practices, as presented by Battist et al (2007):

a) Temporal Structure: indicators of long-term relationships are promotions based on seniority, job security, and little external mobility; the indicator of short-term relationships are high external mobility, and restricting numbers of contracts for undefined time.

b) Tangibility: the indicators are numerous written agreements, specific job descriptions, and explicit performance evaluation criteria; the indicators of intangibility are based on broad definition of functions and strong reliance.

c) Scope: the indicator of narrow scope are related to a low involvement of employee and strict division between personal and professional lives; the indicators of wide scope are whether the employer is interested in employee's personal life or if the latter makes personal sacrifices for the organization.

d) Stability: the indicators are related to a strict application of rules, low tolerance to uncertainties, and low flexibility; the opposite can be indicated by flexibility, greater tolerance to changes and uncertainties, and continuous modification of rules.

e) Exchange Symmetry: indicators of equity demonstrate the existence of respect of orders and hierarchical obedience; indicators of inequity demonstrates disrespect to these elements

f) Contract Level: indicators are collective participation in decision-making processes, equal treatment, and strong

union's role; the indicator of individualization is the possibility of conducting personal negotiations.

Taking advantage of this idea, this research will use the dimensions proposed by these authors based on present research about Psychological Contracts to analyze the healthcare field, specifically health care at home services.

### Considerations about the context and the researched group

The 1990s stand out in Brazilian economy because of the structural changes that generated a competitive adaptation to global market, and started restructuring processes in companies. This restructuring happened primarily through reengineering, outsourcing, and technological modernization which reflected in flexibility of working arrangements (Costa, 2005).

Among the changes introduced in Brazilian work relationships, new forms of salary, working hours, hiring, conflict solution, and decentralization of negotiations stand out (Silva, 2006).

Organizations in healthcare services are also affected by these changes. In addition, they involve work relationships processes characterized by complexity, heterogeneity, and fragmentation due the peculiar characteristics of this market. (Deluiz, 2001). The Brazilian work market in healthcare is guided by the existence of multiple forms of contracts, such as conventional hiring, temporary hiring, outsourcing, autonomous services, cooperative services, among others, all considered as a tendency towards precarious work (Silva, 2006).

These different kinds of contracts can co-exist in the same environment and Rubery et al. (2003) call attention to the possibility of experiencing difficulties while negotiating with workers (including their Psychological Contracts), as well as increased demands and exposition of Human Resources practices.

This fact corroborates with Leiria et al. (2006) opinion that these policies and practices influence the manner by which employees interpret the terms and conditions of their work and of the Psychological Contract. Rousseau (1995) also emphasizes the need for observing these new contractual work relationships, which tend to happen simultaneously, since they can be perceived as expressions of inequity, which could lead to violations of contracts and bad consequences for both parties involved.

Nursing Technicians possess different kinds of work contracts. Most of them are hired traditionally, but some serve through healthcare workers cooperatives.

The company here researched maintains contracts with cooperatives that provide healthcare services when the company's formally contracted employees cannot supply the demand. When there is need for covering days off, vacations, or urgent demands, the company asks the

cooperatives for nursing technicians. There is no employment relationship between the company and the cooperative's members and the technicians are moved from company to company every three months.

For this research both kinds of contracts were addressed, since they reflect the new work relationships that are not limited by traditional models of employment (Lopes and Silva, 2008) and reflect specificities of the healthcare field (Deluiz, 2001).

### METHODOLOGY

According to the literature that addresses Psychological Contracts, the approach most commonly used is the quantitative approach with self-administered questionnaires. Qualitative studies regarding Psychological Contracts can be justified by the lack of knowledge about the theme and by the possibility to conduct a deeper analysis of relevant aspects that may emerge during the research process (Beyda, 2008).

The approach of this study is qualitative since it pursues to interpret meanings attributed to people's experiences (Driessnack et al., 2007), and to deeply analyze facts in the environment where they naturally occur (Silverman, 2009). According to Vergara (1998), this is a case study because it is restricted to analyzing one unit. The case study must be applied when the researcher wants to understand a current phenomenon in its specific context (Neves, 1996). This research is also exploratory, since it studies a context that is not well known; and descriptive, since it exposes features and indicators (Vergara, 1998).

Data was collected through semi-structured interviews, which are oriented by a list of the researcher's points of interest. The researcher makes few direct questions, leaving the interviewees to express themselves spontaneously under the guidance of these topics of interest (GIL, 2008; GIL 2009).

Content Analysis is applied in this study to analyze responses. Categorization based on theoretical models was done, which correlates empirical data, theoretical concepts and chosen categories (Flick, 2009).

The locus of this research is a healthcare company that focuses on health care at home and exists since 1997. It is located in Recife - Brazil. For the present study, the health care at home sector will be analyzed: it is the sector responsible for assisting patients at home who require nursing care 6, 12 or 24 hours a day. Shifts are performed by nursing technicians under the supervision of a nurse supervisor.

The nursing technicians contracted and members of cooperatives (representatives of employees) and the Nurse Supervisors (representatives of the company) were chosen as "contract makers". The choice of nursing technicians to represent workers as a category was due to the fact that they are directly connected to patients/clients, and thus, to the main reason why the company exists. The choice of nurse supervisors as representatives of employers was due to the fact that they are the managers responsible by nursing technicians, and can be considered as 'line managers' (denomination mentioned by several authors: Rousseau, 1995; Guest, 2008; Leiria et al., 2006). The table 2 shows information about the interviewees.

The number of people to be interviewed was chosen based on the criteria of interviews' saturation, since, according to Flick (2009), the decision of ending the data collection process can be made when no additional data is being found, i.e. when the elements mentioned by the researched group are becoming repetitive. In the case of nursing technicians who worked in cooperatives, the decision to stop interviews was based on the lack of accessibility to members of the cooperative. The researchers had access and

**Table 2.** Data regarding the interviewees.

PROFESSION	Number of interviewees	Gender	Seniority
Contracted Nursing technicians	19	16 female; 3 male	They were working in the company from 1 to 9 years;
Nursing technicians in cooperatives	7	All female	They were working in the company from 1,5 to 3 months;
Nurse Supervisors	7	All female	They were working in the company from 1 to 4 years.

Source: the authors.

interviewed all nurse supervisors in this company.

## ANALYSIS

### Technicians' and Company's expectations

The identification of expectations from nursing technicians and from the company was made through the analysis of the interviews. Similar perspectives and expectations presented by nurse supervisors allowed for the verification of what the health care at home company studied expect from its technicians, be them formally contracted or not. The six dimensions proposed by Sels, Janssens, and Van Den Brande (2004) were found independently of the kind of contract.

In the first dimension (Temporal Structure) all comments related to retirement, career, opportunities, attachments, autonomy, and intention to remain or leave the company were considered. It was noticed that there are high expectations regarding the contracted technician (CT), and some of these professionals affirmed the desire to remain and grow in the company until they retire. For the cooperative member (CM), the greater expectation is related to work opportunities and the possibility of a formal contract, as can be seen in the statement bellow:

*Cooperative member (CM) 1: "... I know it is like this, there is a rotation every ninety days.... and I will have to go to another [company]... I wish to stay here!"*

Tolerance regarding other jobs outside the company is common for both professional categories. However, while the company recognizes the employees' need for another job, and thus does not require exclusivity, it still wants loyalty.

*Nurse (N) 07: "... because I really try that they (contracted technicians) stay longer with us and be more loyal to the company. Sometimes we can't bring this loyalty with the salaries, which are not satisfactory, but with friendship and respect".*

For members of cooperatives, the routines that force

them to stay for only three months reinforce short-term expectations; however, an above average technical performance may generate an expectation of staying and of formal hiring, if it is legally possible at the moment.

*N 07: "... we know that there is a rotation (of cooperative members) every three months... but when the technician is really good, really, really good, we ask for his/her curriculum and depending (on legal issues) we hire..."*

The second dimension refers to Tangibility, and all statements related to behavior, attitudes, execution of rules and routines, assistance of patients, development, organization, ability and responsibility, technical specificity, courses, and performance's evaluation were considered for categorization.

It is possible to notice that while the contracted technician (CT) has an expectation that passes through her experience, willing for a greater professional and personal growth together with the company, the cooperative member (CM) is expecting to develop on her own, which characterizes well her condition as independent professional. This is seen in the reports below:

*CT 1: "... we do not have the kind of publicity that big hospitals have, but we can turn into a big company. I believe that we are going to grow and be successful, that we are going to have more professionals, with more tasks and responsibilities. This is important!"*

*CM: "... because I really have to prepare myself to be like this, capable of doing my work, independent of the doctor, my work is totally independent. Thus, I have to embrace everything I learned to do, and really do it... And in this company, as I said, we are like this, well organized."*

The company's expectations regarding contracted technicians' commitment are higher than its expectations regarding members of cooperatives, as can be seen in the statement below:

*N 03 "... the cooperative's members are more*

*complicated because they rotate, do not have a fixed shift. And since they don't have that attachment, they don't give importance to this in the same way a company's employee does..."*

*N 01 "... we know the member of the cooperative is a professional that works as an independent professional, autonomous, he works when he wants [...] Thus, we need to break this through a good relationship, thus, the supervisor, she calls them to convince them to create a kind of attachment, even though there is no employment bond, at least, we must have a good relationship.*

Another expectation they have from technicians is that they do not get involved with the family of the patient and start to follow their orders instead of the company's orders. This may occur since they become very close to the family and are physically distant from the company.

*N 04 "... They must know that at that moment, they are the company inside the residence, they must deal with the family and to be a member of the family, they cannot confuse this"*

The expectations related to the third dimension, Scope, are also higher for formally contracted employees than they are for cooperative's members, as seen in all comments about relationships, treatment, personal efforts, appreciation, dedication, and growth.

The contracted technicians want professional appreciation, adequate treatment, and want to be heard. The cooperative members want the company to understand their limitations, and that allows them to act as independent workers showing a lower degree of involvement.

*CT12 "... because I grew not only as a professional, but as a person. You work, you make efforts, you have to work and show what you know. And this company cares about it, it promotes employees' improvement and learning, it stimulates, it supports... so, it is very good!"*

*CM 1 "... they have to understand our side, and we have to understand their side"*

With respect to the company, dedication is expected, even though a little bit less of it is required from the cooperative's members. The importance given to this expectation is probably due to the fact that it is a professional work that involves assistance to people who need continuous technical care.

*N 05 "... I always expect them to be very dedicated to work, that do all proceedings with love, treating the patient as if he was a member of their family, a relative. I always expect this from them, both members of cooperatives and contracted technicians"*

According to the context of the fourth dimension, Stability, the expectations are: flexibility in changing environments, adaptation, transformation, and changes.

It was common for nursing technicians to expect communication and preparation for changes that may occur in the organization. While the contracted ones perceive changes as consequences of the company's growth, the cooperative members see it as routine processes.

*CT 19 "... I don't expect a lot of changes, no. If they occasionally do something, I think we should be considered... I expect it is going to grow, because it is currently growing, they are investing..."*

*CM 21 "... look, for me, these changes are peaceful, because, I mean, I have already entered the company knowing this changes would occur, right? We already know..."*

According to the company, while expectations regarding changes are similar in both types of employees, difficulties in accepting them are more common among the members of the cooperative:

*N 02 "...They always complain in the beginning [...] And for the members of the cooperative..it is the same thing but.. Sometimes our employees complain, but do what they need to do, and the cooperative ones complain and leave things undone... I see a difference... It is easier to deal with our staff"*

In the fifth category, Exchange Symmetry, all statements related to discrimination, hierarchy, disrespect, and treatment were considered. Perceptions about respect between professionals and clients was similar among members of the cooperative and contracted professionals. It demonstrates that they do not expect serious relationship problems among colleagues, but they do expect difficult, and even embarrassing, situations when dealing with clients/patients. They expect that the managers, in these situations, will intervene to protect them, independently of the established contractual bond.

*CT 19 "... it is hard for us to get into home care, due to our relationship with the family, because they don't treat us as equals. In these interviews, well, there are many stories of humiliation, not with the patient, but with the family... you don't want even to imagine... it is not everyone... but there are some that don't respect you even a little... there are houses that people don't give you even water"*

*CM 23 "... no, the expectation of a improving was better like this, they need to give a speech for families, because they do not give us the needed space to work. There are houses that give us this, but it is rare, normally*

*they suffocate us..."*

In this dimension, according to the company, expectations regarding formally contracted technicians' acceptance, respect, and teamwork were greater than the expectations regarding members of the cooperative.

*N 04 ". . . There is a hierarchy, they are nursing technicians and I am a nurse, and they must respect me and follow orders. It is obvious that this may include a communication, they may agree or not with the attitude, this can be discussed, but I think that respect is necessary and exists with both contracted and cooperative's members. Even though I cannot speak directly with them (the cooperative's members), they must respect me in the same way they respect their cooperative's boss..."*

In the last dimension of expectancy, Contract Level, all statements associated with agreements and accessibility were analyzed. It was verified that contracted members have high expectations of agreements with nurses because they perceive the managers as close and accessible.

The company sees individual agreements as highly expected by contracted technicians because there is a team management process in which nurses try to hear these technicians and help their individual needs.

*N 04 ". . . In the healthcare field, we must be flexible, but we cannot be open with everyone, there is a rule, but every time they look for me, since it is justifiable, and I try to be flexible. It is better that they come and make an agreement than that they miss work. Because by missing work, they leave us without enough technicians, there are problems, and thus, every time I can, since it is agreed between both parties, I try to grant what they ask from me..."*

The members of the cooperative, despite the lack of a formal bond with the company, timidly expect some kind of agreement and closeness with managers. This, however, does not occur due to the lack of a formal bond and due to nurses' inability to directly manage them. In this case, company's expectations are associated to collective agreements with the cooperative.

Finally, it is worth noting that nurses manage different kinds of contracts in the same environment, as demonstrated by their distinct attitudes toward different professionals in similar situations. This corroborates with Rubery et al. (2003) said regarding difficulties of negotiation that exist when there are various kinds of contracts in the same environment.

It is also valid to note that nursing technicians' expectations corroborate with the specificities of work relationships in healthcare field, such as its complexity (Vecina; and Malik, 2007; Deluiz, 2001) and

heterogeneity (Deluiz, 2001), since the existence of different kinds of connections in the same environment may influence their personal expectations.

Besides, as referred by Schein (1982), these expectations may vary due to their dynamic aspect. This is seen in the existence different expectations among workers, which are in accordance to their personal needs and may change over time.

### **Comparing divergences and convergences**

Employees' and employers' expectations were overlapped and, through analysis of the common factors, it was possible to find convergences; the divergences were found by using points which indicated oppositions. Table 3 represents these data.

By inferring about convergent points, it can be noticed that, generally, employer's expectations converge more with those of the formally contracted professionals than with those of the cooperative members, although there is some convergence with this latter category as well.

Regarding formally contracted technicians, the convergences encompass all dimensions, especially with regard to central aspects of each dimension: long-term involvement, clarity of performance, dedication, acceptance of changes, respect, technical differentiation, and personal agreements.

It is worth to emphasize another interesting convergent aspect with regard to the feeling of belonging in the company. During the interviews with contracted employees, an emotive tone was used to express the value of being formally hired, as it was a kind of prize the employees expect to keep.

On the other hand, the members of cooperatives demonstrated the will to belong in the company because that they envision the possibility of being formally hired. This may positively influence their behavior.

*CT 05 ". . . I really appreciate the fact that they formally hired me, because this is my first formal job in my field.[...] just by formally hiring us, it means they appreciate us"*

*CM 21 ". . . if the organization formally hire us, it gives us a greater sense of security, and I am thinking about going to college, and I heard the company give 20 percent of discount in the college I need to attend, you know? I want to go to college. That is why I have to be formally hired..."*

*N 07 ". . . There are technicians (cooperative members) that, I think, just because they know we may contract them, they are struggling more..."*

The company's expectations diverge more from cooperative members' expectations. These divergences embrace all dimensions, except Stability and Exchange

**Table 3.** Comparison of convergences and divergences among employers' and employees' expectations.

Dimensions	Divergences		Convergences	
	Formally Contracted	Cooperative Members	Formally Contracted	Cooperative Members
<b>Temporal Structure</b>		While the company does not expect legal bonds, the worker does.	Both expect a long-term relation, with loyalty, commitment, and career plan. Both comprehend the worker's need to maintain more than one job.	Both comprehend the worker's need to maintain more than one job.
<b>Tangibility</b>		The company expects little presence of workers in training processes, but workers are willing to participate in these activities.	Both expect participation in trainings; improvements in shifts management; and management of processes which involve relationships with clients.	Both expect the occurrence of conflicts in workplace (patient's residence) that may need to be solved.
<b>Scope</b>	The company expects continuity in the assistance of patients, but workers expect that the company deals with difficulties regarding shifts.	The company expects more commitment; the worker expects comprehension regarding their limits.	Both expect dedication to work.	Both expect good work performance in order to assure a formal contract in the future.
<b>Stability</b>			Both expect acceptance of organizational changes.	
<b>Exchange Symmetry</b>			Both expect respect and different incentives according to worker's technical qualifications.	
<b>Contract level</b>		The worker expects accessibility and making individual agreements; the company expects to make only collective agreements.	Both expect to be able to make individual agreements.	

Source. the authors.

### Symmetry.

With regard to formally contracted technicians, the dimension of involvement with work (Scope) appears as a divergent point. This divergence is related to complex shifts in management processes and could serve as an example of the practical application of Psychological Contract's theory through developing a strategic action plan to align expectations.

### CONCLUSION

This analysis found many organizational and individual expectations. By collecting data on both sides of the contractual relationship, this research attempted to fill some gap in literature (Rios, 2007).

In the case of nursing technicians who are members of cooperatives and who work autonomously, it is worth noting that their situation does not preclude the existence of a Psychological Contract, since research has also

verified the existence of expectations in their relationship with the company (Shein, 1982).

Despite the fact that formally contracted employees have a higher number of expectations, their expectations are not necessarily more or less important than the expectations of the members of cooperatives. As the members of cooperatives remain in the company only for a short period (a maximum of three months) and without a formal contract, they may not have time to develop a higher number of expectations.

Generally, the expectations of the contracted employees and the members of cooperatives are similar regarding the will of maintaining a long-term relationship, opportunities for trainings, conflicts with clients, recognition of their work, acceptance of changes, respect, and possibility of making individual agreements.

According the analysis of employer's expectations, there are differences in some dimensions such as the expectations regarding performance, commitment, and compliance of routines, which are higher for contracted

employees than for members of cooperatives. The fact that it is not possible for the company to implement corrective actions against a member of the cooperative in a critical situation (such as absence, tardiness, failure to comply with routines) was mentioned by a Nurse Supervisor as a frustrated expectation, i.e. they want to do this, but they know they cannot. Still, this situation does not configure a lack of appreciation of professionals from cooperatives, since there is the expectation of offering these professionals the opportunity to belong in the company in case they perform better than what is expected given their condition as autonomous professionals.

Convergences were greater between the company's expectations and the expectations of formally contracted professionals because common points were found in all researched dimensions. In the case of technicians from cooperatives, just half of the dimensions were covered by converging topics. Besides, these topics were not so significant in terms of connections to the company, except in the case of maintaining a good performance to be hired latter.

The occurrence of common expectations characterizes mutuality and reciprocity (Ferreira, 2007), in which the same items are perceived by both sides and are understood by each part's own structures of references. This finding may contest Rousseau (1995), who affirms that expectations cannot be as mutual as it is believed.

With concern to divergences, to the nursing technicians from cooperatives most dimensions diverge, except Stability and Exchange Symmetry. The expectations' divergences of formally contracted technicians are related to the dimension of Scope.

In the divergences from members of the cooperatives, some characteristics of mutuality and reciprocity were noticed. Mentioning the example of need for training, the company has the expectation that members of cooperatives will participate little or will not participate in these processes; however, these technicians are willing to participate in these trainings. These are opposed expectations that refer to the same context; they stimulate a deeper evaluation of operational processes related to this issue.

Therefore, specifically in healthcare organizations, a perception based on Psychological Contract's theory would not be in vain. By observing expectations' convergent and divergent issues, it is possible to develop actions to promote mutual satisfaction while keeping in accordance with organizational strategies. Especially in the case of workers from cooperatives, actions that took better advantage of these workers' potential should be developed because they work directly with the client/patient and represent the company for them.

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