



# International Journal of HRM and Organizational Behavior



[www.ijhrmob.com](http://www.ijhrmob.com)

[editor@ijhrmob.com](mailto:editor@ijhrmob.com)

## **HRM ward managers in the NHS are understaffed and overworked** **Swathi M**

The Indian Institute of Management Nagpur

---

### **INTRODUCTION**

Over the last several decades, front-line managers have become more important in running businesses, especially in the realm of human resource management (HRM) (Hales, 2005, 2006/07). Concerns regarding the capacity of these younger managers to carry out their positions successfully have grown as more duties have been added to their already heavy plates, on top of the standard supervisory duties. According to recent studies in management, these supervisors have immense sway on workers' mindsets and actions in regards to performance, and hence the success of their companies (Truss, 2001; Purcell & Hutchinson, 2007). It is remarkable that academics and professionals have paid so little attention to the frontline managers given the important role they play. There is a lack of information regarding how their jobs are defined and experienced, as well as the aspects that may affect their effectiveness in HRM. This essay aims to fill that need.

Junior managers' line management functions and the extent to which they can fulfill such responsibilities depend on the specific situation in which the research is conducted (Currie, 2006). Junior or frontline managers at five acute and two ambulance trusts throughout the NHS are the subject of this article. Our focus is on lower-level managers, known as "ward managers," which might include paramedic supervisors in the ambulance service. These supervisors have the most influence on workers because of their closeness to them and the frequency with which they communicate with them (Becker et al., 1996). Over the last several decades, frontline management in the NHS has expanded to include fiscal oversight, human resource management duties, quality assurance, and policy execution (Bolton, 2005). There is growing evidence that these managers have a significant impact on higher productivity and better patient outcomes against a backdrop of continual service transformation. But there's no denying the difficulty and nuance of their job. This article is laid out as follows. Building on the research of Hales and others, this first section examines how front-line managers' responsibilities have evolved and what this means for HRM and other related fields. We then analyze these managers in the context of the NHS, highlighting the difficult yet crucial work they do. Here is a quick synopsis of the approach used. This article's meat is its findings presentation, which delves into (i) the HRM responsibilities of ward managers and (ii) the positive and negative managerial experiences that contribute to or hinder HRM's efficacy. We also discuss how different senior managers and human resources experts see the position. Discussion of these results and their practical consequences round out the essay.

### **THE CHANGING ROLE OF FRONT LINE MANAGERS**

There is a growing body of evidence (Hutchinson and Purcell, 2003; Hales, 2005, 2006/07) that the role of front-line managers has undergone a significant development over the last few decades, moving from a traditional focus on routine supervision to that of 'mini-general manager' with responsibility for a much broader range of business management activities. Up until the late 1980s, the traditional supervisory model was characterised as 'overseeing work', directing, monitoring and controlling a work area on a day-to-day basis (Hales, 2006/07) with a view to 'keeping production going' (Thurley and Wirdenius, 1973). However, as the 'man in the middle' (Roethlisberger, 1945), the role was beset with problems, as these managers found themselves confronted by divided loyalties, caught between the competing demands of more senior management and the shop floor. In

their classic study on supervisors, Child and Partridge identified them as 'lost managers' (Child and Partridge, 1982) who had been deprived of influence over decision making, suffered tension and stress arising from multiple conflicts, and lacked support from their own managers. They were also managers whose commitment had also been lost.

From the late 1980s onwards, evidence began to emerge that the role was becoming more 'managerial' (Storey, 1992; Lowe, 1993; Cunningham and Hyman, 1995; Hales, 2005, 2006/07), although detailed analysis of the role remains scarce. Managers acquired new business responsibilities such as budget management, cost control, managing quality, people management and managing external relationships with suppliers/clients/customers. In one of the few, detailed, studies of the role, Hales argues that managerial responsibilities have been redistributed, with first-line managers acquiring some of the business tasks formerly associated with middle managers, although their core function still remains one of 'performance orientated supervision' (Hales, 2006/07). This concurs with our own earlier research, which indicates that organisational expectations of the role have increased and that these new responsibilities have been taken on without managers relinquishing their old roles (Hutchinson and Purcell, 2007). Some have also argued that these changes have necessitated a change in management style, with a move away from a traditional command and control style to one of facilitating and leading teams, and greater emphasis on the softer people management skills (Storey, 1992; Cunningham and Hyman, 1995; MacNeil, 2003). Most trusts preferred to give emphasis to less formal training approaches such as coaching and mentoring, although managers also perceived these to be far from adequate. Just under half (43 per cent) were satisfied with the coaching, guidance and mentoring they received. Learning by doing seemed to be the most common approach or 'learning from mistakes', as one manager put it, but this requires a performance culture in which staff can openly admit to errors, something that was notably lacking in some trusts.

Of fundamental importance to these managers was active support from senior management, in terms of providing recognition, time and role clarity. There was also a perceived need for senior managers to act as good role models or champions, to have a more inclusive management style and to communicate and listen. Some felt senior managers to be out of touch with the reality of working on the front line, producing unrealistic targets and goals.

The relationship between HR and the line is critical if managers are to deliver their HRM roles effectively (Perry and Kulik, 2008), yet just over half were dissatisfied with the support they received from the HR function. Criticisms of HR included being slow to respond, bureaucratic, producing volumes of policies (one manager noted how the absence policy was 26 pages long), too distanced from the front line, providing impractical advice and frequently changing their policies. As one manager observed:

It's very difficult to keep up to date with HR policies and procedures and how to apply them – I've not the time to do this. After you have been given the advice the policy changes.

Questioning senior managers about the difficulties these managers faced revealed some similarities but also some striking differences. While none questioned the clinical ability of their ward managers, there was a widespread perception that some lacked the necessary skills and competencies to perform their HRM role effectively. This was largely attributed to inadequate experience and poor training and development. A few also recognised a failure at the selection stage to identify skills and behaviours that were appropriate for good people management. All trusts admitted to selecting managers almost exclusively on their clinical ability and giving 'management' skills a low priority while at the same time recognising that a good clinician does

not necessarily make a successful manager. Although there was awareness of the potential for role conflict, resource constraints and heavy workloads, few questioned the impact this might have on the ability of ward managers to manage effectively. Significantly, what was not referred to in these interviews, but seen as critical by ward managers themselves, was support from the top of the organisation. Senior managers' response to questions about support was to turn to the role of the HR function, which was perceived to offer adequate advice and guidance toward managers in their HRM role.

### DISCUSSION AND IMPLICATIONS

In the pursuit of a more efficient and cost-effective service, the NHS has sought to transform health-care professionals into managers. Our research shows that budget management, purchasing, management of the patient pathway as well as an extensive portfolio of HR duties have been added to the traditional clinical duties, with clear implications for how well these managers are able to deliver their roles effectively. The fact that ward managers were expected by senior management to devote up to 80 per cent of their time to the traditional clinical duties of a charge nurse is indicative of the paradox at the heart of the professionalisation of front-line management. Most ward managers had huge people management responsibilities with exceptionally large spans of controls, particularly when compared with practice in other non-health sectors, some managing multiple teams. Given the increasing evidence of a link between HRM and the quality of patient care, the criticality of their role is evident. The reality was, however, that HRM was afforded a low priority as the more clinical aspects of the role took precedence. Indeed, senior managers believed that clinical work should and did dominate. HRM was also perceived as discretionary by the ward managers, and we found no evidence that it was contained in any formal or informal performance expectations such as job competencies for this grade of manager. As a consequence, 'management' work, including people management, was covered outside normal working hours or simply did not get done. Paradoxically, however, giving precedence to clinical work and allowing the management of people to take second place is likely to be counterproductive to the goal of achieving effective patient care.

### REFERENCES

- Acas (2009). *Front-Line Managers*, advisory booklet, London: Acas.
- Bach, S. and Kessler, I. (2007). 'HRM and new public management', in P. Boxall, J. Purcell and P. Wright (eds), *The Oxford Handbook of Human Resource Management*, Oxford: Oxford University Press.
- Becker, T., Billings, R., Eveleth, D. and Gilbert, N. (1996). 'Foci and bases of employee commitment implications for job performance'. *Academy of Management Journal*, 39: 2, 464–482.
- Boaden, R., Marchington, M., Hyde, P., Harris, C., Sparrow, P., Pass, S., Carroll, M. and Cortvriend, P. (2007). *Improving Health through Human Resource Management: The Process of Engagement and Alignment*, London: CIPD.
- Bolton, S.C. (2005). '“Making up” managers: the case of NHS nurses'. *Work, Employment and Society*, 19: 1, 5–23.
- Borrill, C., West, M.A., Dawson, J.F. and Shapiro, D. (2002). 'Leadership in multidisciplinary teams'. Paper presented at Society for Industrial and Organisational Psychology, Toronto, 13 April.
- Buchanan, D.A., Fitzgerald, L. and Ketley, D. (eds) (2007). *The Sustainability and Spread of Organizational Change*, Abingdon: Routledge.
- Caldwell, R. (2003). 'The changing roles of personnel managers: old ambiguities, new uncertainties'. *Journal of Management Studies*, 40: 4, 983–1004.
- Child, J. and Partridge, B. (1982). *The Most Managers: Supervisors in Industry and Society*, Cambridge: Cambridge University Press.
- Coyle-Shapiro, J., Kessler, I. and Purcell, J. (2004). 'Exploring organisational-directed citizenship behaviour: reciprocity or “It's my job”'. *Journal of Management Studies*, 41: 1, 85–106.
- Cunningham, I. and Hyman, J. (1995). 'Transforming the HRM vision into reality: the role of line managers and supervisor in implementing change'. *Employee Relations*, 17: 8, 5–20.
- Cunningham, I. and Hyman, J. (1999). 'Devolving human resource responsibilities to the line: Beginning of the end or a new beginning for personnel?'. *Personnel Review*, 28: 1/2, 9–27.
- Currie, G. (2006). 'Reluctant but resourceful middle managers: the case of nurses in the NHS'. *Journal of Nursing Management*, 14: 1, 5–12.
- Currie, G. and Procter, G. (2001). 'Exploring the relationship between HR and middle managers'. *Human Resource Management Journal*, 11: 3, 53–69.
- Department of Health (2002). *HR in the NHS Plan. More Staff Working Differently*, Norwich, UK: HMSO.
- Dopson, S. and Fitzgerald, L. (2006). 'The role of middle managers in the implementation of evidence-based health care'. *Journal of Nursing Management*, 14: 1, 43–51.

- Eisenberger, R., Stinglhamber, F., Vanderberge, C., Sucharski, I. and Rhoades, L. (2002). 'Perceived supervisor support: contributions to perceived organisational support and employee retention'. *Journal of Applied Psychology*, 87: 3, 565–573.
- Ferlie, E., Ashburner, L., Fitzgerald, L. and Pettigrew, A. (1996). *The New Public Management in Action*, Oxford: Oxford University Press.
- Floyd, S. and Wooldridge, B. (1997). 'Middle management's strategic influence and organisational performance'. *Journal of Management Studies*, 34: 3, 465–485.
- Forbes, T. and Hallier, J. (2006). 'Social identity and self enactment strategies: adapting to change in professional-manager relationship in the NHS'. *Journal of Nursing Management*, 14: 1, 34–42.
- Francis, F. and Keegan, A. (2006). 'The changing face of HRM: in search of balance'. *Human Resource Management Journal*, 16: 3, 231–249.
- Hales, C. (2005). 'Rooted in supervision, branching into management: continuity and change in the role of first line manager'. *Journal of Management Studies*, 42: 3, 471–506.
- Hales, C. (2006/07). 'Moving down the line? The shifting boundary between middle and first line management'. *Journal of General Management*, 32: 2, 31–55.
- Healthcare Commission (2009). *National NHS Staff Survey 2008: Summary of Key Findings*, London: Healthcare Commission.
- Hope Hailey, V., Farndale, E. and Truss, C. (2005). 'The HR department's role in organisational performance'. *Human Resource Management Journal*, 15: 3, 49–66.
- Hutchinson, S. and Purcell, J. (2003). *Bringing Policies to Life: The Vital Role of Line Managers*, London: CIPD.
- Hutchinson, S. and Purcell, J. (2007). 'The role of line managers in reward, and training, learning and development'. Research Report: CIPD.
- Kersley, B., Alpin, C., Forth, J., Bryson, A., Bewley, H., Dix, G. and Oxenbridge, S. (2006). *Inside the Workplace: Findings from the 2004 Workplace Employment Relations Survey*, London: Department of Trade and Industry.
- Khilji, S.E. and Wang, X. (2006). 'Intended and implemented HRM: the missing linchpin in strategic international human resource management research'. *International Journal of Human Resource Management*, 17: 7, 1171–1189.
- Kottke, J.L. and Sharafinski, C.E. (1988). 'Measuring perceived supervisory and organisational support'. *Educational and Psychological Measurement*, 48: 4, 1075–1079.
- Lowe, J. (1993). 'Manufacturing reform and the changing role of the supervisor; the case of the automobile industry'. *Journal of Management Studies*, 30: 5, 739–758.
- MacLeod, D. and Clarke, N. (2009). *Engaging for Success: Enhancing Performance through Employee Engagement. A Report to Government*, London: Department of Business, Innovation and Skills.
- MacNeil, C. (2003). 'Line managers: facilitators of knowledge sharing in teams'. *Employee Relations*, 25: 3, 294–307.
- Maertz, C.P., Griffeth, R.W., Campbell, N.S. and Allen, D.G. (2007). 'The effects of perceived organizational support and perceived supervisors support on employee turnover'. *Journal of Organizational Behaviour*, 28: 8, 1059–1075.
- Maxwell, G.A. and Watson, S. (2006). 'Perspectives on line managers in HRM: Hilton International's UK hotels'. *International Journal of Human Resource Management*, 17: 6, 1152–1170.
- McBride, A., Cox, A., Mustchin, S., Carroll, M., Hyde, P., Antonacoploulu, E., Walshe, K. and Woolnough, H. (2006). *Developing Skills in the NHS*, Manchester: University of Manchester.
- McGovern, F., Gratton, L., Hope Hailey, V., Stiles, P. and Truss, C. (1997). 'Human resource management on the line?'. *Human Resource Management Journal*, 7: 4, 12–29.