

**National Institute for Health Research  
Service Delivery and Organisation Programme**

# **Roles and Behaviours of Middle and Junior Managers: Managing New Organizational Forms of Healthcare**

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Dr P Hyde<sup>1</sup>, Dr E Granter<sup>1</sup>, Professor J Hassard<sup>1</sup>, Dr L McCann<sup>1</sup>,  
and Professor J Morris<sup>2</sup>

<sup>1</sup> Manchester Business School, The University of Manchester

<sup>2</sup> Cardiff Business School, Cardiff University



***National Institute for  
Health Research***

This report contains transcripts of interviews conducted in the course of the research and contains language which may offend some readers.

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**Address for correspondence:**

Dr Paula Hyde  
Room E30, Manchester Business School East  
The University of Manchester  
Booth Street West  
Manchester  
M15 6PB

Email: paula.hyde@mbs.ac.uk

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National Institute for Health Research  
Evaluation, Trials and Studies Coordinating Centre  
University of Southampton  
Alpha House, Enterprise Road  
Southampton SO16 7NS

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### **Contributions of authors**

Dr Paula Hyde was the Principal Investigator who led the project team. She was involved in the project design; data collection and analysis; and writing this report.

Dr Edward Granter carried out a literature review and was involved with data collection and analysis; and writing this report.

Professor John Hassard was involved with the project design; data collection and analysis; and writing this report.

Dr Leo McCann was involved with the project design; data collection and analysis; and writing this report.

Professor Jonathan Morris was involved with the project design and review of this report.

# ***Executive summary***

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## **Background**

The NHS has undergone significant changes in recent years. Reforms have taken place against a backcloth of major restructuring of large organizations, public and private, across OECD nations, with organizations typically attempting to adapt in the face of major performance and cost pressures. We relate developments in the management of health care to what has become known as New Public Management or NPM. New Public Management, which emerged during the 1980s, is the term associated with the wholesale reforms introduced by policymakers in an attempt to make public services more 'efficient.' A key focus then, was on efficient use of resources, which was to be achieved by the introduction of more flexible and dynamic private sector management systems. In such systems, performance measurement is a fundamental element. Previous studies of managerial work have tended to focus on senior managers while less is known about middle and junior managers. Recent research has noted the contribution of middle managers to organizational performance, nevertheless they often form one of the less contentious targets for cost reductions. This is no less the case in the NHS, where the need for cost savings has been further accelerated by government austerity measures. Research in other organizations has shown that restructuring has had significant impacts in terms of roles and responsibilities, careers and quality of middle management working life. In light of associated organizational changes, this project is dedicated to producing detailed ethnographic accounts of the contemporary realities of working life for middle and junior managers in UK health care organizations.

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## **Aims**

The study focused around one overarching question: 'What are the effects of the New Public Management ethos on middle and junior management roles?' Consequently, the aim of the study was to investigate the work life, roles and behaviours of middle and junior managers in health care organizations.

Specifically, we sought to:

1. Examine the realities of managerial life for middle and junior managers in healthcare organizations.
2. Understand and compare the various roles and behaviours of middle and junior managers in respect of competing organizational forms of governance.

3. Explore the interactions between middle/junior managers and frontline staff and their effects on service delivery.
4. Build knowledge relevant to the practice of managers in healthcare organizations.

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## Methods

Following a detailed review of the literature relating to the roles and behaviours of middle and junior managers, the research approach was framed by the theory and practice of Critical Action Theory, a hybrid approach developed from Action Theory and Critical Theory. The study involved an in-depth ethnographic study of the realities of working life for middle and junior NHS managers in four organizations in overlapping health economies and included four healthcare organizations: 1. An Acute Foundation Trust, 2. A Mental Health Foundation Trust, 3. An Ambulance Trust, and 4. A Primary Care Trust.

In terms of fieldwork, qualitative research techniques were used; interviewing and observation. In total, over 250 managers were involved in the study during 319 hours of fieldwork. The study design included tracking features of the lived experience of managers (what managers do in different types of health organization). Within each organization, case studies saw managers from purposively selected sub-units invited to take part. Data were analysed as the project progressed allowing insights to be explored in on-going interviews and extended observation sessions. Cross case analysis occurred following examination of trust specific data and emergent themes were discussed and refined through several iterations at regular team meetings. The main outcome of this study is an inter-related series of detailed ethnographic accounts of the contemporary realities of working life for middle and junior managers under various organizational forms of governance in UK healthcare organizations.

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## Results

Overall the study indicates that, far from being static, middle and junior managerial roles are changing rapidly and significantly as a result of wholesale and far reaching reforms, in part, associated with New Public Management.

1. The literature review identified a number of important issues relating to the roles and behaviours of middle and junior managers; organizational trends across OECD nations (private and public sector) have moved away from the traditions of tall chains of command and small spans of control, and towards flatter, less hierarchical organizational forms. These changes have tended to expose middle managers to redundancy, and have increased the span of control for surviving middle managers. Workloads have grown, but managers have also experienced devolved authority, which has made their working lives more interesting, and

possibly allowed for more autonomy. While many middle managers have been made redundant by change, those who survive have become more important to their organizations than before.

2. Middle management roles in our four NHS trusts replicated many of the issues identified in existing work (see point 1 above), although obviously the details reflect the nature of the healthcare industry and norms of public sector governance. NHS junior and middle managers roles included:
  - a. handling staff issues (scheduling shift rotas, managing performance, handling grievances, disciplinaries, investigations)
  - b. attending and running training events about new policies, restructuring, and reforms within their trust and in the NHS more widely
  - c. implementing NHS and trust policies at local levels, such as patient safety initiatives, efficiency measures, or ensuring all staff are trained about new clinical guidelines
  - d. dealing with large and increasing demands for internal and external reporting (of organizational performance, hitting and missing of targets, patient outcomes, patient safety, etc)
  - e. seeking and attempting to implement cost savings and efficiency gains on a daily basis
3. Work of managers, generally, was often 'messy', unpredictable, and non-stop and 'came in' to managers from all angles, from staff they supervise, from senior managers above, and from unpredictable sources, such as patient complaints or medical emergencies. Managers attended numerous meetings on a daily basis, where they had to assimilate and interpret vast amounts of internal and external information relating to them and to the wider business of their trusts. Managers were increasingly aware of what went on outside of their direct business unit. This often included knowledge of national policy changes and changes at other trusts that affected their work. Managers formed a committed workforce and often played critical roles in the day-to-day organization and delivery of healthcare plugging any gaps as they became apparent.
4. Managers' behaviours varied considerably according to their roles. Many spoke of their pride for working for the NHS and of the central importance of patient care. Indeed, many experienced competing managerial identities; struggling to juggle the competing needs of patients and of business/financial pressures. Some spoke of exhaustion, having to put in long working hours (over fifty hours in many cases), taking work home, checking emails and phone messages at evenings, weekends, and even on holidays. Many were weary of organizational (often resource-based) conflicts that arose between managers and clinicians and between managers of various areas within trusts. Problems of stress, burnout and sickness absence were reported, which

compounded the already-large workload for managers who had to cover for absences. Morale was low among many junior and middle managers.

5. The most obvious change to managers' roles was the considerable expansion of their spans of control and the increasing scope of their roles. Managers were increasingly being expected to understand the business of their trust and of the NHS, and were discouraged from simply sitting in their historic silos. In some trusts, this entailed managers working across traditional boundaries, often in cross-functional teams or projects. More broadly, the organizational hierarchies of all four trusts were relatively flat, meaning that middle and junior managers' roles spanned from near – or on – the healthcare frontline and upwards into relatively senior managerial work, close to the leadership of their trust areas. Thus, managers' range of responsibilities had expanded vertically as well as horizontally.
6. All of the above points were, to a greater or lesser extent, visible in all four of the trusts that participated in this study. While there was a considerable amount of diversity within and across trusts as regards everyday organizational and working arrangements, the five trends discussed above clearly describe the broad movements as regards the structuring and change of middle and junior management roles.

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## Key contributions

- Multi-site ethnography of the lived experience of middle and junior managers
- Novel theoretical approach – Critical Action Theory
- Examination of how NHS management roles and behaviours are changing
- New epistemological framework – the Paradigm Domains Model
- Analysis of how the effects of the New Public Management ethos is enacted within NHS organisations

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## Conclusions

The roles of middle and junior managers in NHS organizations are changing rapidly. As further changes to NHS service organization and delivery are implemented, these findings offer some insights which may be of value to those responsible. These include;

- NHS organizations are increasingly operating like businesses, adopting commercial organizational forms, taking a robust approach to cost control, increasing their efforts at managing external relations, and operating with very limited spare capacity

- Attitudes to business are entrepreneurial, with NHS Trusts increasingly encouraged to bid to win contracts for new or different services.
- Middle and junior managers are experiencing work intensification, increasing demands and increased spans of control as a result of headcount reduction, upskilling and flattened hierarchies
- Managerial responsibilities are changing rapidly with occasional gaps in experience and ability
- NHS middle and junior managers play a vital and, at times, neglected role in their organizations. They have a wider understanding of the entire 'business' of their trust and beyond, and their engagement is essential in the everyday running of trusts, plus in the form of 'plugging gaps', where possible, in service provision regardless of whether it is formally part of their role.
- NHS managers are not obstructive or wasteful. Rather they are committed employees, who strongly identify with the NHS and with patient care. They play vitally important roles in keeping NHS trusts functioning and evolving. They reported being on the receiving end of unfair criticism and having a lack of avenues for advocacy and representation for their interests.

Further research is suggested in the following areas:

- The use of extended periods of contact with managers provided rich data and deep understanding about the realities of managerial work, and we would strongly advocate the continued use of such methods if we are to fully understand and articulate the life-world of managers in a changing NHS.
- Whilst this study used cross case comparisons to arrive at common findings, further studies could usefully examine specific roles and behaviours in more depth by organisation type or management group.
- This study has highlighted the impact of increasing demands for monitoring information from middle managers. The extent to which this continues and is affected by organizational change could be usefully explored.

On the one hand, the richness and depth of data collected is a strength of this study. On the other hand, the results cannot be easily generalised. However, whilst the findings here may not be exhaustive, they do provide an important account of middle and junior managerial roles immediately prior to and during a period of increasing financial pressure. As these pressures look set to continue, the findings are likely to be of relevance and

importance to other health service organizations and indeed to other public service organizations.