ACCIDENTAL, UNPREPARED, AND UNSUPPORTED: THE CLINICAL NURSE'S JOURNEY TO WARD MANAGER

Introduction

Hospitals, nurses, career development, High Performance Human Resources,

Hospitals in most industrialised nations have faced growing challenges in recent years (Degeling, Meaxwell et al. 2003). These challenges include increased costs, per capita decreases in government funding, and technology that delivers both less invasive surgery (consequently a capacity to perform more inpatient procedures) and the capacity to deal with more complex medical interventions. One important area of improving and maintaining service delivery is to better manage the human resource (HR) function. There are multiple paradigms through which people management can be viewed. For this paper, we are utilising the High Performance Work System (HPWS) approach to suggest that there are many potential benefits for hospitals which shift from a 'personnel management' style towards HPWS in the people management spectrum. Furthermore, the career development of line managers is critical factor in the successful implemention of HPWS.

The term HPWS will be used throughout this paper, while the authors note that there are many terms which mean similar, or indeed the same throughout the extant literature, for example, high performance HR, high involvement work practices, strategic HR and so on. Throughout this literature there is a commonly accepted implicit if not explicit assumption that there are clusters or bundles of human resource (HR) practices which lie at the core of the HPWS. The High Performance paradigm is promoted as best practice on the grounds that these bundles of HR practices yield performance levels above those associated with more traditional workplace and employment relations practices (Godard 2004).

Hospitals have many unique performance measures, for example, staff per bed workloads, number of patients treated, patient mortality (West, Borrill et al. 2002; Buchan

2004; West, Guthrie et al. 2006). It is under these unique operating circumstances that the importance of successful human resource management can be magnified. Hospitals *are* different from most organisations in that their effectiveness is often measured through their success in treating illness, avoiding deaths, or in the case of palliative care units, making death as humane as possible.

Central to HPWS are the successful use of complementary HR policies to enhance employee skills and commitment as a means of improving an organisations' performance. Whilst slow to adopt HPWS practices, the healthcare industry appears to be catching on to the potential benefits and many hospitals are placing a greater importance on the management of their people (Hyde, Boaden et al. 2006). A critical component of the implementation of successful HR policies and practices is the person who is most responsible for the delivery of these policies and practices – the line manager and central focus of this paper.

In this paper we focus on nurses, and more specifically, the career development of nurses into managerial positions. Nursing has typically been viewed as a vocation, one which was a career within itself. However, there has been limited scholarly consideration given to career paths of those people who choose a nursing career. It is well accepted that a 'traditional' career is one which "is characterised by linearity and path dependency" (Valcour and Ladge 2008). As the nursing workforce is female dominated, the 'traditional' career path does not provide an adequate explanation of what occurs with nurse careers. Career development can typically be affected by pregnancy, childbirth, family commitments in both time away from the workplace and the perception of reduced commitment (Epstein, Seron et al. 1999). Furthermore, when the career paths of nurses are considered the changing role of nurse managers becomes an important factor for the successful implementation of HPWS.

The formal education of nurses has changed dramatically over recent decades with the shift to university-based undergraduate and post-graduate nursing and speciality courses

(Duckett 2005). Occurring concurrently with the improved clinical education has been a changing role of senior nurses throughout the world. Senior nurses have traditionally undertaken line management responsibilities for example, supervising and organising the work of junior nurses, and ward level training of staff (Bolton 2003; White and Bray 2005). Furthermore, senior nurses have long been recognised for the essential mediating role between strategic levels of management and operational performance (Loan-Clarke 1996; Bolton 2003). Thus nurse management is seen as a "profession of its own with special training and skills" (Sellgren, Ekvall et al. 2006: 349). Managers must be adept at managing within a particular situation, be aware of their own managerial style, understand the system in which they manage and tasks that must be performed by themselves and those they manage (Sellgren, Ekvall et al. 2006).

The National Health Service (NHS) in the United Kingdom has been at the forefront of the changing role of senior nurses in both practice and research. A Department of Health report (1999) described the ward manager as "the backbone of the NHS and the hub of the wider clinical team" (DoH 1999) although Doherty notes that there is "perhaps … little clarity of what this means in practice" (Doherty 2003: 35). An Audit Report in 1991 (cited in Willmot 1998) suggested that charge nurses spend more time developing and managing ward staff rather than having a direct role in patient care. Indeed, the continuing state of change in acute hospitals over recent decades means that there are significant demands on the role of nurse managers in the areas of day-to-day functions and the ability to see both the 'big picture' while building interpersonal relationships (Wallick 2002).

Despite decades of research indicating a changing role for the nurse unit manager or ward manager (WM) to the point that WMs are the key 'people managers' in hospitals (Carpenter 1977; Mark 1994; Duffield and Franks 2001), senior management in hospitals have not adequately managed the career development of nurses identified as potential WMs. In a

sector where other managerial ‘must do’ items such as reducing waiting times and financial management appear constantly in the public eye, workforce issues beyond retention rarely appear at the top of the agenda (Finlayson, Dixon et al. 2002).

Aikin et al (1994; 2000; 2002) have attempted to link the HR function to patient mortality in acute hospitals. Through attracting and retaining good nurses through the HR practices ‘Magnet’ hospitals have lower patient mortality rates. Goode et al (2005) list “14 Forces of Magnetism”, five of which have direct relevance to the administrative and people management function of the ward manager: quality of nursing leadership, participative managerial style, personnel policies that are supportive of nursing, adequate consultation and resources, and professional development. We argue that the last point, professional development, or career development, has historically been neglected. Following this, there has been a failure to adequately develop the competencies required by skilled clinicians to perform the administrative and HR manager role of the ward manager.

This paper presents an analysis of one hospital ‘Mercy Hospital’ (a pseudonym) where the executive team are aiming to shift to a high performance model of HRM. The HPWS places a great emphasis on the line managers (in our study, the ward managers) so we expect to see such staff fully equipped to carry out the new role with support provided from the hospital’s administration.

Literature Review

Training and development (T&D) is an important aspect of a successful organisation’s human resources approach. Certainly, it is an area which has been of much interest to researchers for some decades (McGeehee and Thayer 1961; Moore and Robie 1978; Goldstein and Gessner 1988; Ford and Kraiger 1995; Aguinis and Kraiger 2009). Training and development is important for employers who wish to ensure employees meet the competencies required in their field, the efficiencies and effectiveness of employees in meeting organisational goals (Tharenou 2010), and in some cases, to meet legislated requirements.

Training and development is important to employees as it can have a positive impact on employment duration, continuity of employment, pay and career advancement (Tharenou 1997; Aguinis and Kraiger 2009). In general the training and career development of nurses into the role of ward managers has been a traditional failing of the acute hospital sector but we would expect the impetus of the introduction of HPWS to have lead to this gap being closed.

We note that in all the various models of the HPWS paradigms, training and development of employees plays a critical role (Wright, Gardner et al. 2005; Marchington and Wilkinson 2008). Furthermore, the recent focus of research within the HPHR area places a great importance of understanding the "black box" of firm performance. Specifically, the black box refers to the factors that mediate the link between HRM and performance. That is, the way actual policies are implemented and perceived and the worker attitudes and behavioural responses are essential to understand any causality between HR policies and performance outcomes.

Within the Black Box: The Line Manager

One of the central components of the black box is the role of middle managers .Research suggests that they have faced an increased level ofdevolved responsibility (Guest 1987; Legge 1989; Hyde, Boaden et al. 2006). There is an extensive body of empirical studies that compare the roles of different 'levels' of managers (c.f.Hales 2005) including definitional debates around terminology used for example – middle managers, front-line managers, supervisors (Lowe 1992). These definitions are important for our study as will be discussed later. There are some studies that refer to 'middle managers' as all those who hold positions between 'top strategic management' and 'first level supervisors' (Dopson, Stewart et al. 1992). However, we do not view this as particularly helpful, particularly in the context of our hospital study.

In determining whether a ward manager is more appropriately defined as a supervisor or a line manager, we refer to the work of Child and Partridge (1982). These authors compare a line manager and a supervisor, suggesting that line managers are more likely to:

- have had higher education (modern nurses have),
- undergone management training (ward managers rarely have),
- been recruited directly into management rather than from the 'shopfloor' (ward managers mostly have come from the pool of clinicians on the ward), and
- have opportunities for advancement into 'middle management' (some ward managers do indeed advance).

Hence, Child and Partridge argue that line managers have clear 'management' status and attitudes and orientations more closely aligned with other managers. As our data will suggest, the ward manager in the context of hospitals does not fit well with these definitional criteria.

Throughout the last 100 years the role of the senior nurse has changed significantly throughout the world. The list of tasks performed by nurses at all levels has evolved substantially over the decades, stemming from the 'Nightingale' model where the nurses' role "straddled both the scientific and non-scientific worlds" (Carpenter 1977: 167). However, there was a distinct transference of professional power to the 'Matron' who was commonly recruited from more elevated social backgrounds (Dingwall, Rafferty et al. 1988) and later the 'Charge Nurse' in the latter half of the 19th Century (Carpenter 1977). The proliferation of allied health professionals throughout this time (for example, physiotherapy and occupational therapy), diminished the role of the senior nurse[1] (Southall 1959). Between the hospital management, ward staff, patients and families and allied health professionals, the senior nurse became the central coordinator and decision-maker in a complex network of communications (Runciman 1983). Administrative support staff were introduced to assist the senior nurse, a

[1] We use the term 'senior nurse' to encapsulate all figures who have seniority and primary managerial responsibility in the hospital ward. This could be the Matron, Charge Nurse or Ward Sister depending on the context.

process which expanded to include the removal of catering services, and cleaning etc from the direct responsibility of the senior nurse (Bell 1998).

While ‘middle level managers’ were subject to delayering in many industries throughout the 1980s and 1990s (Balogun and Johnson 2004) hospitals were undergoing their own change towards an expansion of managerial personnel with the development of the ward manager position (Willmot 1998; Bolton 2003; Bolton 2005; Perry and Kulik 2008).The senior nurse manager role has been transformed from the experienced clinician to the ‘ward manager’ who has been promoted to take responsibilities for managing the personnel in the ward, and a range of additional resource management responsibilities (Willmot 1998). The problematic nature of management arises in this industry as in others when a skilled clinician is promoted to a ward manager role and away from the bedside – the precise area where they are experts.

The position of influence line managers hold is important and extant research suggests that to be successful a range of factors are important including unambiguous processes and practices (Currie and Procter 2005); adequacy of training (Cunningham and Hyman 1999); and support from the HR department (Whittaker and Marchington 2003). We also know that employee experiences of HR will be significantly influenced by their direct manager, hence, the importance of studying the employee/line manager relationship (Hyde, Boaden et al. 2006). Equally the line manager is seen as an essential link in the attempt to elicit discretionary effort essential in HPWS (Purcell and Hutchison 2007).

Throughout the 1990s there were three related debates about the changing role of the ‘front-line manager’. Firstly, there was debate about the process and extent to which the functions of the HRM department was ‘returning to the line’. Second, there was research examining the job enlargement of the line manager in adding further people management responsibilities to the traditional supervisory duties. Thirdly, there was a stream of research comparing the distinction between the espoused and enacted HR practices with the gap

explained by the lack of training, interest, motivation, of line managers as well as work overload, conflicting priorities and self-serving behaviours (for references to these three areas see Purcell and Hutchinson, 2007: 5). All of these issues are relevant to the expanded role of the hospital ward manager.

Storey (1992: 26) suggests that the people-management decisions that are made within organisations must not be treated as 'incidental operational matters' or to be left to the HR department. Rather, line managers must understand their role as the link between the strategic direction of the organisation and the management of front-line staff members. As such, they have a 'responsibility' to act accordingly in the way they manage people (Thornhill and Saunders 1998). However, senior nurses in one study have been reported to 'enthusiastically embrace' some aspects of a managerial role, while remaining suspicious and 'distancing themselves' from other areas that might be at odds to their values as 'caring professionals' (Bolton 2003).

Typically, line managers have been directed to take on greater HRM responsibilities because of tensions between the HR departments and the front line managers. For example, tensions that mean policies that are 'fine in theory but hard to put into effect'; or because of the lack of immediacy by HR departments and the requirement of immediacy on the front line. As such, it is argued that being given more explicit responsibility for HRM will increase the line managers 'ownership' over these issues hence, increasing their commitment to integrating organisational 'HR approaches' with workplace 'HR practices' (Marchington and Wilkinson 2008).

Often there is an assumption that line managers will implement policies exactly in the way developed by the HR department or, as Marchington and Grugulis (2000) describe, act as 'robotic conformists'. As HRM is seen as a component of all managerial jobs, it is reasonable to assume that the line manager position is one that sees the actual delivery of HRM to the

greatest number of workers. Employee's perceptions of HR practices are those that are applied by line managers (Purcell and Hutchison 2007). Hence, line managers are critical intermediaries in shaping overall performances (Currie and Procter 2005). Barney and Jordan (2008) suggest that it is the line managers' individual implementation of practices that directly attribute to the AMO performance rubric (Abilities, Motivation, Opportunity).

But we know HR policy and practice are different. Research needs to incorporate the HR architecture and the role of line managers in delivering HRM (Becker and Huselid, 2006; Boxell and Purcell, 2003). While HR issues remain the purview of HR departments, there are many shared responsibilities. Line managers feel they are most heavily involved in motivation and morale of staff, team briefings and communication, health and safety, identifying training needs, employee selection and performance appraisals (Watson, Maxwell et al. 2006). Commonly, a lack of skills is touted by senior managers and HR departments as one of the greatest problems for line managers. Perhaps not surprisingly line managers rarely identify the lack of skill as a problem (Maxwell and Watson, 2006); however an early study into ward managers demonstrated a high level of dissatisfaction in the level of preparation they had before becoming a ward manager (Willmot 1998). Our research looks at both the senior management and WMs' views on the career development of ward managers in the context of a move towards HPWS.

Our study aims to draw some conclusions around four overlapping research propositions:

Proposition 1: People who are working as Ward Managers did not have a managerial or administrative career path in mind when they became nurses.

Proposition 2: Hospitals have developed career planning and training to take account of the changing role of Ward Managers.

Proposition 3: Mercy Hospital has provided organisational support for the nurses when they have been promoted to Ward Managers.

Proposition 4: Ward manager selection criteria have taken account of people and general management skills rather than clinical skills alone .

Case Study Context and Method

Hospitals are funded through a complex mix of sources in Australia. Public sector hospitals are financed and controlled through state and federal governments. Whilst there is political rhetoric around the centralisation of the system to the federal level, state governments currently fund and control their respective public hospitals (National Health and Hospitals Reform Commission, 2009). The private hospital system operates alongside the public system and almost half of Australians (44.7 per cent) are covered by private health insurance to meet the costs of private hospital care and allied health services (PHIAC 2008).

Hospitals have a predominately feminised staff although upper management and professional roles are dominated by men (Willis, Young et al. 2005). It is estimated that almost 220, 000 people are working as nurses in Australian hospitals (AHWI 2008). This is a significant number of people, and hence, significant research attention has been focused on the experience of nurses. Currently, eighty per cent of Mercy Hospital's employees are nurses. However, as we will explore, there is a question of how much has been done by hospital management to develop career paths and competencies for nurses to transition to the ward manager role.

Mercy Hospital operates in Australia through a mix of private and public funding. The incorporated Mercy Healthcare Services is in fact made up of six separate hospitals on the one campus – in many ways as self-operating silos. The 'silo' hospitals include children, women and adult hospitals. Some of the hospitals are 'private' hence, receive income from private health insurers and the patient directly. Some of the hospital are considered 'public' and therefore are funded by the State government. The Chief Executive Office of Mercy, makes the point that he is constantly negotiating with the State government to have the public hospitals

better funded as they currently are funded at 90 per cent. Hence, they are still not completely 'publicly funded' hospitals as are others within the city.

Collectively, these hospitals are referred to within the broader community as 'The Mercy Hospital'. Mercy currently employees more than 6000 employees and has more than 500 beds operating across a multitude of disciplines. Making Mercy unusual, it operates as a 'not for profit' organisation, constantly struggling between the pressures of 'margin and/or mission'. That is, to operate as a successful business and therefore generate profit *margins*, whilst staying committed to the Sisters of Mercy's original *mission* of servicing the health requirements of the community. As a means of achieving this balance, Mercy Hospital uses the profitability of its 'private' hospitals to help ensure its philanthropic ventures. According to the CEO, "a famous visitor to this campus once said, 'Mission and Margin are dance partners, and you have to remember that it is the Mission that is the lead' CEO Mercy Hospital, 7 May).

This case study is part of a larger project investigating the role of HR within Australian hospitals. Within each of our case study organisations we interview upper and middle managers as well as line managers and ward staff. The project has been developed to investigate a number of themes broadly, but to focus intently on one theme at each case study. At Mercy Hospital, the research team established a research protocol that allowed us to investigate HR issues generally, with a heavy focus on the role of the ward managers.

Interviews were the primary data collection method, which allowed us the opportunity to understand contextual issues relevant to the organisation and the ward on which the interviewees worked. In total, over 80 interviews were conducted. This paper draws data from more than 40 of these interviews with senior and middle managers, ward managers and Level 2 nurses. We interviewed 14 ward managers and a similar number of 'Level 2s' to investigate the career development of ward managers. We included the Level 2 nurses in this study because they have a higher level of expertise than registered nurses and are the nurses who, based only

on experience are the people next in line to become ward managers. The interviews with the ward managers and nurses focussed on a number of HR issues, including the role and competencies of ward managers. These interviews lasted around one hour, were recorded, transcribed and analysed using NVivo. All ward level interviews were performed in either the WMs office or other private areas available on the ward.

In addition, we interviewed more than ten middle and senior managers including multiple Directors of Nursing, the Directors of Human Resources and Administrative Services, and Executive Directors (EDs) of People and Learning (P&L), Organisational Development and Mission Development. Two HR business partners were interviewed along with the Chief Executive Officer of Mercy Healthcare Services and the EDs of the various Mercy hospitals. Many of these interviews focussed solely on the critical role of the ward manager in the human resource management function of the hospital while some were more wide ranging in nature. These interviews also lasted about one hour and were also recorded, transcribed and analysed using NVivo. All interviews were conducted by one or more experienced interviewers in the offices of the respondents.

The Changing Role of the Ward Manager

There are a number of interrelated propositions that are under consideration here. The context is one of a move towards HPWS with an increasing emphasis on line/ward managers. Firstly, we examine the issue of whether people who are currently working as nurses had a career path in mind when they became nurses. Secondly, the extent to which hospitals typically have a career planning process for nurses that includes training for the new managerial roles. Thirdly, whether Mercy Hospital has provided adequate support for WMs when they are placed in the managerial role, and finally, whether WM selection is now giving more weight to managerial skills. We will address these issues in order in the following sections.

Of the 14 WMs we interviewed in this hospital, only two confirm that the idea of becoming a WM was part of a conscious career plan neither when they became nurses nor as they progress through their working lives. The remainder indicated a combination of factors ranging from luck, to upper management determining they were appropriate for the role. Typical responses from WMs were that they fell into the role by accident:

> *I was the second in charge and I took over, my boss just couldn't do it anymore, she had her own reasons so she left within two weeks and I took it on as a gatekeeper and no intention of staying in the role because I didn't like what was going on either, but I did stay (Ward Manager, 8 October).*

> *I got here accidentally [laughter]. I have no idea (how I became WM). I transferred from a surgical ward to this department at the request of my DoN (Director of Nursing), and I transferred as a level two nurse, and the next day, and I was to assume a 2IC type role … The next day the nurse manager, well his wife had a baby and he went on paternity leave and basically never came back so I got stuck here. (Ward Manager, 8 October).*

> *…the nurse manager at the time … she kept asking me to do her job for holiday relief, and the last two previous times I had said "no I'm not quite there yet", and she was about to go on five week's leave, but as she was handing over to me, she took a few days to hand over to me which I didn't understand why, and she said "I'm actually resigning in my holidays", and oh my God, I'm stuck in this, this is me, and it was the first time I'd done it (Ward Manager, 7 October).*

This experience is well known amongst upper management, for example, the Executive Director, Organisational Development states:

> *… that group of people, um, more often than not I would probably say have the role imposed on them because somebody is about to leave or because they've opened up a new unit or they've decided to split into teams, whatever, they've acted in the role while someone has been on holidays, so when a position becomes available, a cursory if you like recruitment process takes place, if at all, and that person ends up sitting in the chair whether they genuinely wanted it or not (14 October).*

Current level 2 nurses concur that whilst they might act as WM occasionally, it is with reduced responsibilities and great reticence:

> *Yeah, I did her relief about four weeks ago, yeah it was interesting. I've studied health management at uni, I'm just deciding what to do next, so a possible career for me. It's not my goal, but I could do it for awhile, give it a go. I found it quite interesting, being off the floor, off the clinical side for a while. I mean I don't know I'll see how it goes (Level 2 Clinical Nurse, 22 October).*

> *I don't want the responsibility that goes with it as well … It's changed dramatically in the time that I've been nursing, the WMs role, and even the name of it has changed. It has become a lot more managerial, a lot more HRish than what it used to be. It used to have a higher clinical aspect, but now it is all about rostering, staff satisfaction, patient satisfaction, complaints that sort of stuff (Level 2 Clinical Nurse, 10 October).*

So,the data lends support to our first proposition (People who are currently working as nurses did not have a managerial or administrative career path in mind when they became nurses) . Many current WMs arrived in their managerial positions accidently, and furthermore, many future WMs do not appear to have any greater level of career development planned prior to their WM appointment.

The data we present here is based on one case study. Hence, we cannot generalise about what can be found in hospitals overall. Yet, we can infer from interviewees who have worked at other hospitals, and from our data collected from other hospitals that there are significant similarities between our case and other hospitals within Australia (references to be included post-refereeing). This is most relevant when we explore our second proposition: that hospitals have developed career planning and training to cope with the changing role of Ward Managers.

Our WMs and upper managerial staff concur that the role of WM has changed significantly over the years, a phenomenon that has been documented elsewhere (Willmot 1998; Bolton 2003; Bolton 2005; Perry and Kulik 2008). However, with the changing role and responsibility as a starting point, we fail to find evidence to support the proposition that WM were ready for the role. Indeed the following vignettes indicate that the WMs find themselves 'unprepared' for the role they were required to perform.

> *I am a clinician, when I entered this role I had no preparation whatsoever. (Ward Manager, 10 November)*

> *… I don't know if there has been anything particularly structured* (training and development). *I guess the only structured things have been when new systems have come in place, like new computer systems and I did some training for that. There has certainly*

> *been no financial training, they have done some, over the years done leadership courses, but I was already well into a job by that stage, so there is no sort of formal process … There is no formalised process. (Ward Manager, 10 October).*
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> *… There is nothing in the educational programs here, there used to be, but nothing at the moment, to mentor those girls, to transition them from being an expert clinician into a manger. There's nothing here like that. (Ward Manager, 8 October).*
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> *… it has changed a lot, but no there was no orientation, no real mentoring (when I started) … so it is fly by the seat of your pants stuff. (Ward Manager, 8 October).*
>
> *I had no prep or training, but I'm a doer, like you just, you just, there wasn't, I guess just in my upbringing and training, you just do what you've got to do, like you don't think I can't do this, I don't think I can't do this, I haven't had the training, I think the training would be nice, but you just do what you've got to do…* (but) *I don't think anything would have made the first twelve months easier (Ward Manager, 20 October).*

We can see from this sample of quotes that our second proposition is not supported. Combined with our knowledge of previous studies on the role of the WM, it is clear that while the span of responsibilities has indeed expanded in recent decades to encompass more managerial duties hospitals, including Mercy Hospital have failed to develop career planning and training for WMs accordingly. Furthermore, there is existing evidence (supported in Table 1) that nurses have often been left to develop their own 'unstructured' route of career development through a variety of higher education providers (Foster 2000). This is an approach which leaves many WMs floundering.

Our third proposition is that Mercy Hospital has provided good organisational support for the nurses when they have been promoted to Ward Managers. Often employees develop their own career development if they feel their organisation does not provide enough (Parker, Arthur et al. 2004), something that has been apparent at Mercy Hospital. The various levels of organisational or self driven career development has led to uneven implications for upper management and ward level employees. This has important implications for many day-to-day issues within the hospital including employee satisfaction, delivery of care, employee retention/turnover to name a few. Clearly some nurses may be naturals who absorb the work

and acquire the skills quickly without much formal support. However, others may be left floundering with the new role.

There is a distinct body of research which has developed over the decades to consider and employee's perception of organisational support (Eisenberger, Huntington et al. 1986; Shore and Tetrick 1991; Yoon and Lim 1999). According to Furnham and Taylor (2004) people will join an organisation, however the reasons they leave will be more likely related to the relationship they share with their boss. As such, some recent empirical work has linked the supervisor into studies of perceived support (Eisenberger, Stinghambler et al. 2002; Stinghambler and Vandenberghe 2004; Cole, Bruch et al. 2006; Rhoades Shanock and Eisenberger 2006). In hospitals, supervisors have been seen as a motivating factor in nurses maintaining their employment. With this in mind, it is essential that the hospital employee's 'boss' – most commonly a ward manager, has the necessary skills and competencies for managing their subordinates and work centre. The HPWS literature identifies the line manager as the critical interface between the organisation and the employee and the person who delivers HR. The HPWS also emphasises the importance of developing skills. However, in our case we find the mixture as before:

> *... (training and support)is rarely very structured, so you don't go to university to do a degree in "Ward Manager-ship", you don't have that opportunity. Every institution is different, so the systems are different, so you tend to be self taught (Ward Manager, 3 December).*
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> *...you have to be good at the operational stuff, before you can be visionary, and that is the problem, like Jane, when she started, she couldn't even get into the computer, it was horrendous. How are you supposed to lead that ward? (Ward Manager, 17 October).*
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> *... I virtually do everything just by failing at one thing or another. You are not taught about hours per patient day which is one of the budgetary things, you are not taught about how to manage budgets, you are not taught about how to talk to people, what to say, how to analyse, I've been to about three study days, all of which at varying levels were not very good, um, but otherwise, nothing (Ward Manager, 4 December).*
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> *... finance, logistics management, people management, HR, it has all just been about ... going to somebody that has been doing it for longer than me and saying I can't work out*

> *why I am so spent, you know, go back and have a look at this, this and this, okay where do you find that? So you go to the computer and look for an hour, this is the report that I have to look at, profit/loss, account summaries, many, many pages, I've never had a lesson on how to do this, never, never. Over the last four years, I have learnt by a process of elimination, about how to read it. How to interpret, what it all means, what influences it, and stuff like that, very, very poor higher education study explanation of the job once you get up this high. Once you hit CN, which is clinical nurse, the amount of resources that are available to you from this organisation um, in order to teach you how to do your job, higher than just being a nurse, is very poor, there isn't anything, there is no money (Ward Manager, 4 December).*

The Executive Director, Organisational Development agrees that there has not been adequate support for WMs in the past, and is currently developing processes and systems to address the previously held inadequacies.

> *We have already made quite a few inroads … most of us are non health (and) perceive this to be a terribly slow moving environment, but because of the complexity of the work environment, the history and culture that has existed before it is about building relationship with the Exec level, particularly with the nursing cohort … So rather than picking off things and saying 'well the loudest person that jumps up and down and says we need a course in budget management right now', we are actually at a point in … this organisation where we are able to see there is a much bigger picture we do know that … if we do that first, we might miss the boat on a whole bunch of other stuff, if we do it embedded in a broader program appropriately, we will actually get it to stick ... (this) means there is a long lead in time to a lot of (training and development). There is the Exec leader's program that has started to filter down so those people that are participating in it are actually filtering down some of the processes, theories and ideas, so some of the people at management level are already seeing the models we will be teaching them … We've also learnt to pilot things extensively and test workshops and test case studies, that take a long time, so mid next year, we will probably have the first series of offerings as part of the broader management development program (14 October).*

There is little question that some people come to supervisory positions better prepared than other people. Furthermore, there has been a long held question in practioner circles (not the mention the swarm of 'self-help' books) whether 'managing people' is a skill that can be learned or rather, is simply something which people either have or not (Torrington, Weightman et al. 1989; Torrington 1991). Nevertheless, given ward managers are the conveyors of HR having ward managers in a hospital operating differently is problematic for ward staff, patients, and senior management (Willmot 1998; Townsend, Wilkinson et al. 2009). Numerous upper

management personnel acknowledged that it is the role of the ward manager who can really 'make or break' any initiative from the senior management team through their capacity (and indeed willingness) to adequately convey and implement their managerial duties.

Our fourth and final proposition suggests that the selection criteria for WM will now give greater weight to people and general management skills which are required.to perform as a WM in a HPWS. The ward nurse who has been 'around the longest' and is clinically skilled has typically been provided with first opportunity to take a vacant WM position. While this has been the custom and practice for a long time, it has also been problematic for a long time. Without exception, upper managers agree that this has been an ongoing problem for the years they have been involved in the industry, for example, a Director of Nursing states:

> *I basically worked on the wards for a couple of years, then became a clinical nurse, so was in charge of shifts and whatever, at the time the manager that walked on the ward went into the back and there was no one else to step up so I went from being a clinical person to suddenly managing a ward, and unfortunately in nursing school they don't teach you how to do that, they teach you how to be a nurse, but they don't teach you about budgets, about people management, about anything, so that's been a real deficit … I think I was probably lucky because I had a good mentor, that helped me identify what I needed to work on and without that mentor I wouldn't have gotten to where I am (Director of Nursing, 16 October).*

The Director of Administrative Services had worked in many hospitals throughout the last 30 years and states:

> *Having worked around the hospital and in health for as long as I have, I have friends who have been those WMs and have been thrown into that role, who are great people, great traditions, but absolutely crappy 'people' people. They don't like the whinging, but most people whinge about something, but it is how you deal with that whinging, that is what makes them a manager or a clinician sort of thing. Even from an admin point of view, just because you've been in the department, say outpatients for a long time and you know every process, that doesn't make you the best person to do that management role (Director, Administrative Services, 10 November).*

While there is an acknowledgement that more needs to be done and the move to HPWS have highlighted these gaps progress is slow. The Executive Director, P&L recognises that the

relationships at the ward level are vital, and have typically not been well developed in this, or other hospitals:

> *They say nurses eat their young and that is absolutely right, they have no training, you chuck them in there with no expertise … People treat each other appalling, the behavioural thing is appalling and the managers do nothing about that, there is the um, commercial skills or business skills, pretty lacking they are all level one problem solvers, so they all dive in and solve their problem today, and then there will be the same problem next week and the week after, and they just keep solving it, or they design their own solution that is totally irrelevant to the organisation, so there's no sort of whole organisation systems wide attempt to deal with anything. … I have spent a lot of time researching this, and I have spent a lot of time talking to people who understand this stuff right across the world, and basically in England, America, Australia, New Zealand, this is Health and how they all behave. So I say it is not our fault, it is the way they have been trained really, and nobody has done anything about it. (Executive Director, People and Learning, 6 June)*

The HR Business Partner states that:

> *… what happens is they (the level 2s) may have relieved as a nurse unit manager when they are a Level 2, which is a clinical nurse, midwife, and then they relieve holidays and things, but there isn't a lot of program support to actually help them be really good at doing that, which is a very stressful way of becoming good at something.*

And:

> *… there is a gap (in training), we don't have a Manager's Program which gives (ward) managers that round of skills across strategy, finance and managing your people and managing the mission, um, so at the moment they get it from on the job experience …*

Mercy Hospital has a team of HR personnel who are all from outside the acute hospital sector, and the healthcare industry more broadly. Granted, the external HR personnel have also been required to learn substantially about the peculiarities within the industry which has led to some internal fracas with medically trained staff, some disputes are longer lasting than others. Nevertheless, they bring a particular view to the hospital which can identify potential solutions to systemic industry problems.

> *I find it fascinating that that group generally aspire to be with the patient and that is really their calling, and it's fascinating that they don't usually see beyond that, until they actually arrive in a workplace, they go oh, so there's that job and that job and that job. But the nursing colleges don't actually promote that as a benefit of their positions, whereas in other industries I've worked in it is very much about succession planning and quite often managers had KPIs around the person who was about to step into the senior role, it is a bit of a phenomenon that is lacking in health. Succession planning is a major*

> *part of what we do now. It has been substantially missing.* (HR Business Partner, 13 October)

Table 1 outlines Mercy Hospital's expected qualifications for WMs. As indicated, the only essential qualification is current registration with the Nursing Council. This registration is typical or professional body registration, where qualifications are required (in this case a Bachelors Degree), professional competencies (clearly documented by the Nursing Council and publicly available), and fitness for practice (including health, good standing/reputation, and English language competence). This qualification is determined and met by the individual and the professional body, the organisation's training and development has no explicit role in this process.

Desirable qualifications are also reliant upon the individual's drive for further career development. As indicated in Table 1, the tertiary qualifications in the relevant speciality are developed in conjunction with the professional body, and the cumulative experience is provided through organisational opportunity. Yet both of these require an active level of professional development on the part of the employee. In addition, tertiary management qualifications are also driven solely by the employee's willingness for self-driven professional development. This should be of no surprise. Simply, employees who are more experienced and motivated to go beyond the minimum requirement would be better placed to attain higher level positions. However, when we consider the qualifications in conjunction with the selection criteria documented at Mercy Hospital another aspect of this story unfolds.

INSERT TABLE 1 ABOUT HERE:

The ED, P&L of Mercy Hospital acknowledges that there are selection criteria in place, but they are not being used, at least '*not seriously*' and that subjective judgements continue to be used in judging an applicant's capacity for selection (Interview, 28 May). In the P&L and

HR divisions steps are being taken to develop a solution to this failing in the area of career development for potential ward managers. Currently, there is internal managerial education in the context of training programmes for senior managers. An extension of this is, at the time of this research, is being developed for WMs.

In addition to management education programmes the P&L division at Mercy are working to develop strong performance development processes and procedures. These processes include an intranet-based system for developing, recording and tracking performance development conversations for both existing managers and all levels and employees. This program aims to do a number of things, two of which include ensuring a consistency of performance development measures across the organisation, and to identify clinicians with the skills required to be successful WMs regardless of their current position in the ward level hierarchy. The end goal is that when identified as a potential WM, these nurses can then be provided with adequate training and development to increase their likelihood of success in the role.

Of course we can only present a partial story here as Mercy Hospital is, by the admission of several members of senior management, in the early stages of working towards a HPWS model. Hence, they are recognising the areas where their systems are failing and flawed and working to initiate high performance processes that are currently atypical in hospitals. In relation to recruitment, selection and career development of WMs, the P&L division are aware of what they require to meet a HPWS model of operation. But reality steps in - with the labour market for nurses in chronic undersupply, Mercy simply does not have access to people with the competencies that are required. Hence, senior management are developing simultaneous policies to address the failing. There is a dual focus on both external and internal labour markets – bring in skilled and competent WMs from outside Mercy, and for internal candidates, develop selection criteria and internal training and development that is measurable,

linked to performance, and rewarded accordingly. Regardless, as long as skilled Level 2 clinicians find themselves as WMs 'accidently', 'unprepared', and 'unsupported' all levels of staff at this hospital and others will suffer from the failings of a system to adequately train and develop the right person to have the appropriate skills for the position they are asked to perform. We must recognise that HPWS are not simple to develop and evidence suggests that the skills of the line manager are critical in developing successful HPWS. Senior managers must invest in developing the careers the people *prior* to their appointment as WMs. Through selecting and appropriately developing the skills of nurses before they become ward managers, hospitals will be able to capitalise more significantly on the potential aspects of HPWS.

Conclusion

While increasing pressures face hospitals within Australia and throughout the world, one important area of opportunity for the industry is to improve and better manage the HR function. While many performance measures in hospitals are unique, there has been an increasing interest in the role of HR policies and practices in the field. Unique operating circumstances means that the importance of successful human resource management is be magnified. Hospitals *are* different from most organisations in that their effectiveness is often measured in through their success in treating illness, avoiding deaths, or in the case of palliative care units, making the death as humane as possible.

This paper has presented a case study of one hospital which is actively shifting to a HPHR model of operation. This paper has explored a number of areas of the HPHR 'black box', the training and development, the recruitment, and the organisational support of ward managers once in the role. But it is clear from our data that while HPWS are espoused, WMs, almost without exception find themselves in the line manager role accidently and quite

unprepared for what is required of them. Mercy has not adequately introduced training and development programmes to provide the skills required to manage a hospital ward. Consequently, the industry generally has failed to harness the benefits of ward managers as a pivotal part of the HR system. They are indeed the missing link.

There has long been a failure of senior managers to develop the skills required by employees before they become line managers. The line managers is a critical link in the high performance chain and this case study has demonstrated that senior managers have failed to adequately developed systems of recruiting and training nurses to prepare them for line manager positions. Consequently, hospitals have failed to shift towards HPWS, meaning there is much scope for hospitals to progress and enjoy the potential aspects of HPWS.

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Table 1: Qualifications for Ward Managers at Mercy Hospital

Essential Qualifications	**Professional T&D**	**Organisational T&D**	**Individual T&D**
• Current registration with Nursing Council	✓		✓
Desirable Qualifications			
• Tertiary qualification in relevant specialty	✓		✓
• Minimum 5 years cumulative experience in clinical speciality		✓	✓
• Tertiary management qualifications			✓