The constant flow of government policy initiatives, pressure to meet targets and high profile concerns about patient safety and ward cleanliness have combined to make the National Health Service (NHS) a complicated and stressful environment in which to work.

Although they are responsible for the vital job of managing the delivery of patient care, and often get the blame when things go wrong, surprisingly little is known about the work and experiences of front line and middle managers in the NHS.

Releasing Time to Manage
Despite the myriad of ways that they can contribute to organizational outcomes, we know that NHS managers are undervalued, overstretched and often underutilized.

Third, managers told us that the demands relating to ‘compliance’ make their jobs difficult as they constantly have to service the regulators and are under pressure to avoid breaches. Fourth, managers reported that they have a number of issues relating to the ‘systems and processes’, such as dated IT, information gaps, and are constantly fighting systems that don’t work. Fifth, our interviewees spoke about difficulties with ‘internal relationships’ particularly with primary care partners. Sixth, difficulties are caused by the constant demands for ‘change’ coupled with the slow rate of change. Finally, managers experienced other issues around staff shortages, recruitment problems and learning from serious incidents.

This paints a picture of a problematic environment with potentially more barriers and blockages than facilitators for middle and front line managers trying to make a difference for patients and to their organizations.

Managers told us that they felt like “hamsters on a wheel”, that middle and front line managers only ever get “beaten up” and that “it doesn’t matter what we do, it is never good enough”. We can see then that the organizational environment surrounding middle and front line managers doesn’t necessarily support their contributions and that they often lack the resources, authority, external support and, in particular, the time to be able to drive and implement new ideas.

Middle and front line managers are not always allowed to ‘punch their weight’ in terms of contributing to service improvement and clinical outcomes. Some simple cost-neutral steps would enable them to make a greater impact. For instance, middle and frontline managers should be empowered to decide, within their budgets, how their areas are run and be provided with timely and understandable financial information. At a divisional level, the clinical director and directorate manager make a powerful team if they collaborate effectively. Rapid improvement events give staff time to reflect and to develop innovative approaches. More ‘office days’ and fewer meetings would also help.

Finally, at a personal level, middle and front line managers should be visible, walk the floor and talk to people and not be driven by email. They should be allowed to create space for reflection and for exchanging ideas with colleagues.

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