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# Releasing Time to Manage

**T**he 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.

It is against this backdrop that a team of researchers at Cranfield School of Management have embarked on an extensive project to investigate the roles, contributions and realities of front-line and middle NHS managers. Funded by the Service Delivery and Organization (SDO) programme, the project is using a combination of interviews, focus groups, and a survey of managers in six NHS Trusts to explore what front line and middle managers contribute to patient outcomes, what motivates them and the barriers they experience when trying to perform their jobs. This article looks at some of the early findings from the project.

We know that middle and front line managers in acute settings within the NHS are highly motivated, particularly when it comes to making a difference for patients. We asked middle and front line managers what motivates them to do their job and found a lot of commonality in their answers.

Managers said they were motivated by the desire to make a difference for patients and to provide a high quality service. However, they want to feel valued and receive recognition and feedback for the work they do. Some managers enjoy developing others, supporting their colleagues and working in a team, while others emphasize self-development. There was also evidence of 'public sector values'. Some of our participants mentioned factors such as pay, job security and terms and conditions; but these were not the primary motivations for working within the NHS. The managers that we spoke to were enthusiastic about 'the buzz of innovation' and 'trying new things'.

The popular stereotype of NHS managers is as costly administrators and bureaucrats who block change. Yet our research shows that middle and front line managers in the NHS are fundamental to implementing service improvements and other organizational changes that make a real difference to patients.

Our research revealed that they contribute to clinical and organizational outcomes in seven main ways (see Figure 1).

Despite the myriad of ways that they can contribute to organizational outcomes, we know that NHS managers are undervalued, overstretched and often underutilized. This experience seems to be true across the Service and is shared by middle and front line managers regardless of their place in the organizational hierarchy – from ward sisters to directorate managers.

Our research has identified seven sets of barriers to middle and front line managers performing their roles effectively. The first is 'money' as the pressure to cut costs and the increasingly complex funding model often make it difficult for managers to be effective. Second is the 'work itself' as issues related to finding the time and headspace to manage effectively and the need for broad shoulders and a thick skin.

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**Figure 1:**  
Seven ways in which NHS managers contribute to clinical and organizational outcomes

1. Identifying, 'selling' and implementing service improvement ideas and opportunities.
2. Translating and implementing ideas from colleagues and external sources.
3. Facilitating change, taking risks, working with clinicians, organizing rapid improvement events.
4. Process and pathway redesign such as the productive ward and lean methods.
5. Developing infrastructure such as new IT systems and physical facilities.
6. Developing skills in others and 'getting people on board'.
7. Leveraging targets to improve performance, through the use of techniques such as dashboards and benchmarking.

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 'external relationships' particularly with primary care trusts. 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. [MF](#)

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