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Examining hybrid middle managers as strategic change agents: Comparative dimensions of identity transition in healthcare organisations

Abstract:

Drawing upon the example of nurses and doctors, the research note compares identity transition towards a hybrid middle manager role of two professional groups experiencing similar policy pressures, but with different organisational status. Sociology of work literature raises analytical dimensions about professional organisation and identity transition relevant to the case of hybrid middle managers. However, it tends to take a micro-level view of transition. Integrating sociology of work and organisation studies literatures is likely to generate greater understanding of variegated professional responses towards such identity transition, which takes account of status differentials. This is crucial to understanding the effects of policy in healthcare organisations, which relies on efforts of hybrid middle managers, drawn from ranks of both doctors and nurses, for strategic change.

Key words: doctors, hybrid managers, identity, nurses

Introduction

Hybrid middle managers, those discharging professional responsibilities alongside a managerial role (Llewellyn, 2001), are crucial drivers of policy led change in public services organisations, such as healthcare, particularly in countries where New Public Management holds sway (Ferlie et al, 2013). Research highlights professionals' response to enactment of such roles varies. This research note contends such variation can be explained through examining identity transition, which allows for both diversity and agency (Thomas and Linstead, 2002). The research note seeks to compare differences across high and low status professions, to consider dimensions of professional organisation, as well as policy, which impact identity transition towards hybrid middle manager roles (Thomas and Davies, 2005).

Two contrasting views, positive and negative, on the 'state' of middle management are evident in literature (Thomas and Linstead, 2002). Focusing more at the micro-level of analysis, sociology of work (SoW) literature tends to disparage middle managers (both generalist and hybrid) because they converge with senior manager

interests, or drive change in ways unwanted by other employees (Redman et al, 1997). Nevertheless, germane to this research note, SoW literature highlights that the notion of middle management is profoundly ambiguous, which is of great significance for those individuals enacting hybrid middle manager roles in healthcare (Bolton, 2001, 2005; Bolton et al, 2011; Cooke, 2006; Kirkpatrick et al, 2009, 2011).

Meanwhile organisation studies (OS) literature takes a more macro-level viewpoint, but seems locked in an overly positivist misconception of the role of hybrid middle managers as agents for strategic change (Thomas and Linstead, 2002). For example, Floyd and Wooldridge (1997), one of the most cited studies in this area, developed a typology of strategic roles enacted by middle managers (both hybrid and general), with consideration of the contingencies that frame their roles. As such, OS literature may downplay middle managers' resistance towards expectations that they act as strategic agents, and ignore the voice of lower status professional groups and issues of power. Again, there are some notable exceptions; for example, the analysis of resistance of hybrid middle managers towards policy demands (Thomas and Davies, 2005). However, in general, OS accounts of hybrid middle managers deny "difference, context, history and agency" (Thomas and Linstead, 2002: 89). Given different tendencies of SoW and OS literatures, their integration is likely to engender a more balanced and less monolithic view of hybrid middle managers, which accounts for variety in role enactment.

The research note extends SoW literature that studies hybrid middle managers (Bolton 2001, 2005; Bolton et al, 2011; Cooke, 2006; Kirkpatrick et al, 2009, 2011) and responds to Strangleman's call for SoW to engage with disciplines such as OS, so as to avoid marginalisation within the epistemic community of sociology (Strangleman, 2005). At the same time, the research note recognises travel of ideas from OS to SoW

is not a 'one way street'. Many of the ideas that OS scholars 'peddle' have their roots in sociological analysis, such as sociology of professions literature (Abbott, 1988; Freidson, 1984, 1994). Drawing upon sociology of professions literature is particularly relevant for OS scholars studying hybrid middle managers, rendered different from their more generalist counterparts in that they are orientated as much, if not more, towards their professional peers, rather than towards senior managers. Aligning with SoW also allows OS scholars to avoid marginalisation within their own epistemic domain, which has shown increasingly positivist and less critical tendencies (Grey, 2010).

The case of nurses and doctors moving into hybrid middle manager roles provides an interesting comparison. Commonly, doctors perform clinical duties as a 'day job', accommodating managerial duties within this. They are elite actors within healthcare settings and so might be assumed 'natural' managers by themselves and others (Abbott, 1988; Gjerberg and Kjølørød, 2001; Ham and Dickson, 2008). Nurses, meanwhile, enjoy less power and status, and have been described as subordinate to doctors. Despite relinquishing some or all clinical duties when taking up a hybrid middle manager role, nurses are commonly assumed by themselves and others to be unsuitable for management, specifically where influence is expected to extend beyond their own ranks (Apeso-Varano, 2007; Author, 2013; Diefenbach and Sillince, 2011; Nugus et al., 2010). In comparing nurses and doctors moving into hybrid middle managers, antecedents

related to professional organisation, are evident. In the analysis that follows, how these antecedents impact identity transition by professionals towards managerial roles is explicated further. However, first, the hybrid middle manager is carefully defined in the next section of the research note.

Hybrid Middle Manager as Unit of Analysis

Llewellyn (2001) describes the hybrid concept using the metaphor, ‘two-way window’. In healthcare, hybrid middle managers act as ‘mediating persons’ working through sets of ideas belonging to management and clinical practice. Hybrid managers constitute a large proportion of middle management ranks in any English healthcare organisation, up to 30 per cent, compared to their generalist counterparts, around 3 per cent (Walshe and Smith, 2011). Hybrid middle managers are positioned in organisational hierarchy so at least two levels of staff are below them. They are not executive level staff reporting into the CEO (Smith, 1990), which excludes medical or nursing directors sitting on executive boards, but nevertheless the ranks of hybrid middle managers encompass a broad swathe of management, from ward managers to clinical directors. Finally, hybrid middle managers have different professional backgrounds. Research about hybrid middle managers tends to focus upon doctors (Denis et al, 2001; Doolin, 2002; Fitzgerald and Ferlie, 2000; Iedema et al, 2004; Kitchener, 2000; Llewellyn, 2001; Montgomery, 1990). Yet there are a wide range of hybrids enacting strategic management roles in healthcare, in particular nurses (Walshe and Smith, 2011).

To understand why hybrid middle managers may be unwilling, as well as unable, to enact a more strategic role (Authors, 2013), it is necessary to highlight the genealogy of policy reforms, with specific reference to healthcare organisations (HCOs). Up to the 1980s, HCOs can be seen as Weberian bureaucracy, with a standard administrative hierarchy from national government, through regional or more local government, to operating units. The stance of management was neutral, with a well-defined administrative cadre, which “valued probity, stability and due process” (Ferlie et al., 2013: 6), characterised as a ‘diplomat’ role (Giaino, 2002). This was

manifested in 'professional bureaucracy' arrangements (Mintzberg, 1979). Powerful clinicians, particularly doctors, developed strategy in a bottom-up, decentralised or emergent way, in isolation from wider considerations or even neighbouring professional segments. Under New Public Management (NPM) in the 1980s, which was prevalent in systems historically under UK influence, such arrangements were challenged as ineffective and inefficient, and markets, general management and performance measurement introduced within policy reforms (Ferlie et al., 2013).

Pre-NPM, clinicians would emerge as 'first amongst equals' in taking up a managerial role. Commonly, regarded as the 'senior' professional by their peers, they would manage colleagues, as a representative that buffered them from external intrusion. In contrast, under the NPM doctrine, clinicians in hybrid managerial roles were expected to proactively manage their colleagues towards organisational aims (Ferlie et al., 2013; Thomas and Linstead, 2002). Rather than control professionals through managers, the policy intent was to convert professionals into managers and reconstitute clinicians' subjectivities through their co-option into such roles, in a way that represented governing them at a distance (Martin and Learmonth, 2012). NPM is fundamentally about encouraging identity transition (du Gay, 1996; Thomas and Linstead, 2005). However, managers have not simply gained power from professionals, as hybrids have drawn upon professional and caring values to drive managerial actions, enhancing their control and influence over key budgetary decisions. The hybrid manager represents both the professional agenda, and its disciplining by a managerial one, although it is clear some hybrid managers lack credibility with their professional peers (Ferlie et al, 2013).

To emphasise, hybrid middle managers' experiences of identity transition towards a strategic role are likely to be varied. Whether professionals are willing to enact the

new hybrid middle manager role represents a crucial consideration. Identity transition thus represents a focal point for analysis of policy effect upon professional work organisation in relation to the development of hybrid middle managers. This is a research issue into which SoW provides considerable insight (Baldry and Barnes, 2012; Bolton, 2005; Collins et al, 2009; Cooke, 2006; Pritchard and Symon, 2011; Thursfield, 2012).

Identity transition: Literature within Sociology of Work

SoW literature has focused upon the relationship between work and identity (Bain, 2005; Doherty, 2009; Lee and Lin, 2011) and professional identity (Baldry and Barnes, 2012; Bolton, 2005; Collins et al, 2009; Cooke, 2006; Pritchard and Symon, 2011; Thursfield, 2012). However it has taken a largely micro-level perspective, with less consideration of antecedents to identity transition.

Bolton (2005) empirically examines hybrid nurse managers, conceptualising development of hybrid roles as normative control by senior management over professionals. She illustrates how aspects of the hybrid managerial role are rejected, such as an entrepreneurial orientation, even as role holders accommodate other aspects. In earlier work, Bolton (2001) explains nurses are so adept at moving between different 'faces' of projected identities, they encounter little difficulty in embracing certain aspects of a role, whilst distancing themselves from others. However, whilst policy-driven structural change is considered in both papers, theoretically her analysis of identity transition focuses upon micro-level emotional work to mediate transition, and less so on antecedents to the enactment of hybrid middle manager roles. Further, the tone regarding the response of nurses transitioning into hybrid managerial roles is one of resistance. Yet, there are

significant numbers of nurses in hybrid middle manager roles (Walshe and Smith, 2011), and their potential importance to service improvement, as well as operational management, suggests nurses may embrace their managerial role in line with organisational, as well as professional, interest.

Meanwhile, Cooke (2006) characterises development of hybrid nurse managers as work intensification, which increases managerial control over mainstream nursing to engender distrust and cynicism about ‘seagull’ managers. Whilst Cooke considers how the competing discourses of NPM create tensions for hybrid nurse roles, there is little attempt to explain *why* these tensions are faced most acutely amongst nurses. Conclusions drawn from existing work into other professions, in the financial sector (Collins et al, 2009), trade unions (Thursfield, 2012), or call centres (Pritchard and Symon, 2011), suggest that nursing is an area which struggles more than most when attempting to take on hybrid roles, but there is little explanation within SoW for this.

Later work by Bolton et al (2011) focuses on hybrid medical managers, examining how medical identity is influenced by socialisation and training. Meanwhile, drawing upon sociology of professions literature (Abbott, 1988; Freidson, 1994), Kirkpatrick and colleagues examine the transition of doctors into hybrid manager roles (Kirkpatrick et al, 2011; Kirkpatrick et al, 2009). Taking a comparative approach internationally (rather than professionally) between doctors in Denmark and England, Kirkpatrick et al (2009; 2011) consider the interplay between management and doctors from the perspective of the division of labour amongst professions. They conclude that doctors continue to exert substantial dominance, even within the managerialised healthcare context. Other papers also take an international perspective in considering the influence of doctors and their willingness to take on managerial roles and conform to managerial priorities or demands (Degeling et al, 2006).

However, these studies do not consider potential transition of professionals into managerial roles from an identity perspective.

In summary, SoW does examine identity, but tends to emphasise that established professions condition and socialise their members in powerful ways, increasing probability of resistance to managerial co-option (Crompton, 1990). Further, micro-level analysis tends to dominate SoW, in relation to identity transition. Linked to this, despite longstanding concern with power, SoW literature lacks comparative analysis of the experiences of different professionals, of higher or lower status, moving into hybrid managerial roles. The next section of the research note highlights OS literature that might prove helpful in an analysis comparing the experiences of nurses and doctors moving into hybrid middle manager roles.

Identity Transition: Literature within Organisation Studies

Bolton (2005) concludes ‘It is a little more surprising, perhaps, to note that 48 per cent of nurses who are now senior managers express discomfort with managerial values... they feel the role of the nurse and manager are in conflict’ (p. 17). Reflecting on this, OS literature may offer explanations and further insight into these findings. Bolton’s quote suggests variation in enactment of hybrid middle manager roles, *within* a professional group, which is a consequence of identity transition. This is likely to prove an even more significant issue *across* professional groups. To explore this further, this research note compares different professional groups, faced with similar circumstances, specifically doctors and nurses transitioning towards hybrid middle manager roles.

OS literature identifies medical hybrid managers as an elite group within global healthcare systems (Denis et al, 2001; Doolin, 2002; Iedema et al, 2004; Llewellyn,

2001; Montgomery, 1990). Doctors in these roles hold influence over their peers, and other managers, as they combine their professional identity, values and ethics with the achievement of management initiatives (Ferlie et al, 2013). On the one hand, by combining their strong professional identity with a managerial role, doctors retain credibility amongst their professional group, whilst also enjoying influence in the management of the organisation (Kitchener, 2000; Nugus et al, 2010). The ability of doctors to overcome potential conflicts in their hybrid role comes from their pre-existing social influence within the organisational structure, and the relative compatibility of their role with managerial demands. On the other hand, doctors moving into management may be characterised as defecting to the ‘dark side’ (Ham et al, 2011; Sveningsson and Alvesson, 2003). There is resultant variation in willingness of doctors to take on hybrid roles. Some doctors are reluctant to perform manager-professional roles, whilst others actively choose it (Doolin, 2002; Hallier and Forbes, 2004; Kitchener, 2000). In short, there may be intra-professional variation in identity transition and subsequent enactment of hybrid medical manager roles.

Thus, doctors, when placed in a hybrid middle manager role, may protect or ‘buffer’ their professional interests (Fitzgerald and Ferlie, 2000; Noordegraaf, 2011). Commentators within OS highlight that professionals may less be ‘disciplined’ (Brown and Lewis, 2011) by, and more co-opt, managerial systems to bolster professionalism, as found with patient safety systems (Author, 2009) and medical appraisal (McGivern and Ferlie, 2007). They may represent their peers, whilst simultaneously enhancing their position as a managerial ‘elite’ compared to their peers (Author, 2013; Battilana, 2011). This exemplifies the dynamics of professional hierarchy and on-going (re)stratification (Freidson, 1994). However, such analysis is based upon the empirical case of doctors, who enjoy high status in inter-professional

hierarchies, and such a response may not be available to other professionals with lower inter-professional status, such as nurses. Thus, some comparison across professions is necessary, since they are differentially arranged regarding status, and this is likely to impact their agency in any identity transition towards hybrid managerial roles.

Turning to the case of hybrid nursing managers, OS literature highlights their sphere of managerial influence and identity is shaped by subordination to doctors. Prior to NPM, nurses secured occupational control by creating their own managerial hierarchies, which the introduction of NPM general management structures challenged. Now, advancing beyond 'ward sister' may entail a shift away from professional practice towards a role of linking pin between nursing staff and senior nursing managers. Further, the 'ward sister' role has been increasingly defined in managerial terms, as a non-practising professional (Authors, 2013). Consequently, there exists a discrepancy between professional and managerial identities of nurses (Diefenbach and Sillince, 2011).

Comparisons with the nursing profession offer an interesting contrast to doctors. NPM policy has been described as 'gendered', which generates particular challenges for those within more 'feminine' occupations moving into hybrid managerial roles (Thomas and Davies, 2002). Managerial behaviours are seen as masculine, directive and authoritative (Keller, 1999), whilst nursing is seen as 'women's work', reflected in media images and social expectations of nurses (Davies, 2003). Images of Florence Nightingale, encouraging feminine ideals of obedient, altruistic and passive caring, dominate the symbols of the nursing profession (Goodrick and Reay, 2010). It is not merely the high proportion of women to men within nursing that cause problems for those taking on hybrid roles, but the continuing adherence to a professional identity

stereotype encouraging a protective stance from nurses towards feminised ideals and behaviours. They are often praised for caring and altruistic work, but the dirty and intimate nature of that work can lead to undermining of the profession by a Western, sanitised society who value technical skills and do not highly regard work which is intrinsically feminine or 'dirty'. This continues to shape identity for nurses, despite increasing technical skills, academic education and management roles required by modern nurses (Apesoa-Varano, 2007; Ashforth and Kreiner, 1999). and further complicates identity transition, and the willingness of nurses to take on hybrid middle manager roles.

Conclusion

This research note sets out insights gained by combining SoW and OS literatures. The research note calls for rebalance in critique of hybrid middle managers, by considering the challenges they face in taking on these roles due to identity transition. Through examples of hybrids with medical or nursing backgrounds, insightful work of Bolton (2005) and Cooke (2006) has been extended by demonstrating that it is not necessarily the ability of professionals to take on middle management roles which limit them, but the impact on their professional identity that reduces their willingness to enact these roles.

Thus, research needs to take a micro-level viewpoint to examine enactment of hybrid manager roles in practice across professions. At the same time, research needs to consider more fully the social structures that frame this. Further, it should not be accepted that professionals are necessarily resistant to taking on hybrid middle manager roles. There is variation in response of professionals moving into hybrid middle manager roles, which is worthy of further investigation.

Returning to the earlier quote from Bolton's (2005) work, her surprise that senior hybrid nurse managers reported a sense of conflict between their managerial and professional identities is perhaps not so surprising when existing OS literature is considered. Taking account of competing tensions between professional and managerial organisation that clinicians in hybrid managerial roles face, it is clear nurses struggle more than doctors in mediating identity transition. Subsequently, whilst Bolton (2005) suggests that her work, focused upon nurses, can be transferred to hybrid medical managers, the research note questions this, due to the distinct differences in the way these professionals experience identity transition within the same organisational context.

SoW researchers might undertake comparative analysis across professions, of antecedents associated with identity transition for hybrid middle managers within healthcare. Further, such comparative analysis might take place across other contexts. Professionals are increasingly moving into hybrid middle manager roles across public sector organisations globally, in local government (Morgan et al, 1996), secondary schools (Busher and Harris, 1999) further education (Gleeson and Shain, 1991), higher education (Parker and Jary, 1995), social work (Jones, 1999), and the civil service (Thomas and Dunkerley, 1999). Thus, research might examine how hybrid middle managers in other professionalised public services settings transition towards different identities, with concern for antecedents that relate to professional organisation. Hybrid manager-professionals are evident in professional services settings too, such as law (Ackroyd and Muzio, 2007) and accounting (Suddaby et al, 2009). Research examining the identity transition of manager-lawyers and manager-accountants would establish whether analysis is also generalisable in private sector settings.

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