When nurses take the lead in residential care: a qualitative study on the role of HRM frames

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ABSTRACT

The growing importance of the healthcare sector and the ability of HRM to contribute to improved healthcare outcomes has received much attention in the literature. Several external factors like aging population and policy reform fuelled by rising costs, together with some distinctive factors for the healthcare sector, for example the high percentage of operating costs that is dedicated to labour costs and the sector's service oriented nature, create challenges that call for effective management of those working in the healthcare sector. The use of strategic human resource management to tackle these issues, leads to another problem by the name of devolution creating a gap between those intending and those realizing HR, and thus a possible gap between intended and realized HR practices. Several researchers have already shown that this gap exists, however, little research exists exploring the reasons for this gap. The primary objective of this study was to identify the difference between intended and realized HR practices in Dutch healthcare organizations and put forward a reason for this difference. This research argues for influence of HRM frames on the difference between intended and realized HR practices. This was done by the means of a case study in a residential care facility in the Netherlands. It included 7 interviews with an HR manager, two managers and four nurses. The findings of this study indicate a possible influence of organizational members' perception of why the HR manager implemented a certain practice (strategic motivation), and organizational members' perception of who is responsible for a certain HR practice (ownership), on the success of the implementation of HR practices in residential care.

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Actual HR Practices, Realized HR practices, HRM frames, HR implementation, Healthcare, HRM

1. INTRODUCTION

The healthcare sector is complex and its significance is growing for many nations, not only socially, but also politically, culturally and economically (Cooke & Bartram, 2015). In the Netherlands, for example, since 2001, health expenditure per head of the population has grown from €3.241 per year to €5.611 per year in 2014 (Centraal Bureau voor de Statistiek, 2016). Efficient and effective healthcare delivery has been subjected to fierce debate and reform (Bartram & Dowling, 2013). In the field of HRM, its potential to contribute to improved healthcare outcomes for patients and the well-being of staff, has received much attention (e.g. Bartram & Dowling, 2013; West et al, 2006; Arthur, 1994; Hailey, Farndale & Truss, 2005; Harris, Cortvriend & Hyde, 2007; MacDuffie, 1995). Within the healthcare sector, labor costs make up a substantial portion of operating costs, and performance of both care and support workers can greatly affect care outcomes (Cooke & Bartram, 2015). Research shows that the healthcare industry has the highest median percentage of salaries as a percentage of operating expense, at 52% of operational cost, in comparison to other industries (Majesky, Dooney, Williams, & Gray, 2008). Furthermore, several external factors, like the aging population, policy reform fuelled by the rising cost of healthcare and medical advancements create serious challenges for human resource management (HRM) in the healthcare sector (Cooke & Bartram, 2015). These challenges include increasing workload for care staff (Cooke & Bartram, 2015), shortages of care staff (Brunetto et al., 2013) and poor commitment and job satisfaction (Cooke & Bartram, 2015). Finally, healthcare organizations are service organizations, meaning that the quality of experiences and outcomes of service users are almost entirely due to their interactions with workers (DH Workforce Directorate, 2005). To summarize, the turbulent climate of the healthcare sector, consisting of issues related to high labor costs, its service-oriented nature and existing HRM problems, calls for the effective management of those who work in the healthcare sector (Cooke & Bartram, 2015).

One way of dealing with these issues and achieving higher firm performance in healthcare, is adopting a strategic human resource management approach (Rodwell & Teo, 2004). This recent shift from 'regular' human resource management to strategic human resource management means that the HR function has to influence employee and management behaviour in such a way that it enables and achieves the strategic plans of the organization (Boxall & Purcell, 2003). This focus from the HR function on strategy resulted in a shift of responsibilities related to HRM which goes by the name of 'devolution' and entails that operational responsibility for the implementation of HR practices shifts to line managers. Line managers in this research are defined according to Hutchinson and Purcell (2008) as 'those who have direct supervisory responsibility, normally for non-managerial employees, and are placed at the lower levels of the management hierarchy, often the first line level" (p. 10-11). Devolution thus means that HR is only responsible for providing a strategic framework, developing strategic and operational HR practices and providing function and specialist HR expertise, whereas line managers are now responsible for implementing the intended HR practices (Mcdermott, Fitzgerald, Van Gestel, & Keating, 2015).

One of the major challenges of devolution is the difference it creates between those who intend the HR practices and those who implement them. This difference can create problems in the implementation of HR, its importance emphasized by many studies (e.g. Bowen & Ostroff, 2004, Khilji & Wang, 2006, Becker & Huselid, 2006, Woodrow & Guest, 2014). HR implementation is defined in this study as "a process of gaining targeted organizational members' appropriate and committed use of innovations", or in this case, HR practices (Klein & Sorra, 1996, p.1055). Also in healthcare, where devolution can be found as well (Mcdermott et al., 2015), implementation of HR plays an important role. Ang, Bartram, McNeil, Leggat, and Stanton (2013) conducted a multilevel analysis of 193 employees matched to 58 managers in an Australian hospital, revealing that only when management's implementation of High Performance Work Systems (HPWS) is similar to the hospital's espoused HR policy that HPWS is translated into greater engagement, job satisfaction, affective commitment, and reduced intention to leave. Furthermore, Woodrow and Guest (2014) have shown that in the case of workplace bullying in a large NHS acute hospital in London, badly implemented 'best practice policies' resulted in persisting high levels of bullying which negatively affected staff well-being and performance.

In line with the definition of HR implementation by Klein and Sorra (1996), HR implementation is defined to be successful when appropriate and committed use of HR practices by targeted organizational members is gained. This can be accomplished by aligning intended HR practices with realized HR practices (Woodrow and Guest, 2014; Wright and Nishii, 2007). Studies have already shown the existence of a difference between intended and realized HR practices (e.g. Khilji and Wang, 2006; Wright and Nishii, 2007, Hailey et al, 2005). When talking about intended HR practices, I follow the definition by Khilji and Wang (2006) that says that intended HR practices are "the practices formulated by policy-makers (HR managers and senior management)" (p. 1172). When talking about realized HR practices, I mean practices that are actually implemented in organizations by line managers (Khilji & Wang, 2006).

This study aims to identify what the differences are between intended HR practices and realized HR practices and why these differences exist. It answers the following research question: 'What is the difference between intended and realized HR practices in Dutch healthcare organizations and why do these differences exist?'. By answering this research question, this research creates more insight into the nature of the existing gap and its reasons for existence. This not only contributes to the existing literature about HRM implementation, but also helps healthcare organizations gain more awareness and understanding of the HR implementation issue in their particular sector, and in turn help them tackle this problem and create a better implementation process.

2. RESEARCH FRAMEWORK

Figure 1 depicts the research framework that is used throughout this study. It shows the assumption of a difference between intended and realized HR practices, in the environment of the healthcare sector. The concept of HRM frames is used to explain the occurrence of this difference between intended and realized HR practices. The framework suggests that between intended and realized HR, a 'filter' exists in the form of HRM frames of two different groups, "creators" and "users". With creators I mean those who are responsible for the design of intended HR practices, or HR managers, and users are those responsible for the implementation, or the line managers. Differences between the filters of these two groups, or between their HRM frames, can create a difference between intended and realized HR practices.

To answer the research question, this research uncovered intended HR practices and the realized HR practices, using the definitions mentioned above. Furthermore, the different HRM frames of the two groups were researched and compared. Differences between frames and between intended and realized

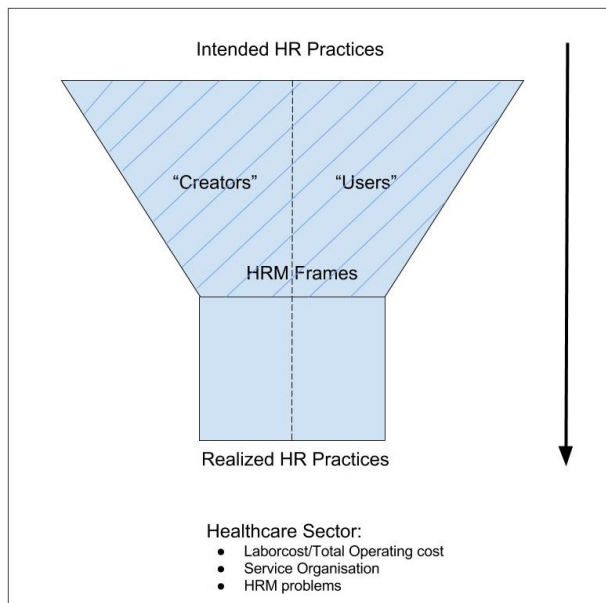could indicate that differences in HRM frames lead to implementation problems.

Image 1 – Research Framework

2.1 Intended and Realized HR Practices

The importance of investigating realized HRM in addition to intended, relates to the fact that employees' behaviour, motivation and satisfaction is influenced more concretely and directly by the HR practices that are actually implemented rather than those intended (Khilji & Wang, 2006). HR implementation has shown to potentially have a greater impact on outcomes than just the existence and content of practices (Guest & Conway, 2011).

In order to answer the research question, both intended and realized HR practices have to be uncovered. Boselie, Dietz, and Boon (2005) identify three different ways in which HR practices can be measured. First, they argue that HR practices can be measured by their presence, meaning whether the HR practice is actually in effect, or implemented. Secondly, another way to measure HR practices is by its coverage, or the proportion of the workforce covered by it. Finally, HR practices can be measured by their intensity. This entails the degree to which an individual employee is exposed to the practice.

This research focuses only on the presence of HR practices. When identifying intended HR practices, looking at the presence in this research involved recognizing which HR practices are present in HR policy, or which are designed by HR.

When identifying realized HR practices, this research uncovered what HR practices are actually present, or which are actually implemented by line managers. This way, any differences between intended and realized HR were easily uncovered.

2.2 HRM Frames

This research focuses not only on identifying the nature of the difference between intended and realized HR practices, but also provides a suggestion for a reason for this difference. One theory that can be linked to the difference in intended and realized HR practices is that of HRM frames.

In order to understand the nature of HRM frames, it is important to understand the more general concept of cognitive frames. Bondarouk, Bos-Nehles, and Hesselink (2016) define cognitive frames as "the individual perceptions that people use to organize and interpret their environment" (p. 3). These cognitive frames arise from differences in expectations, function and background (Kaplan, 2008; Lin & Silva, 2005). The importance of frames, and the congruence or alignment between them is emphasized by many researchers in the past. When I talk about congruent frames, I mean "the alignment of frames on key elements or categories" (Orlikowski & Gash, 1994, p.180). The table below shows ten empirical articles and their findings on congruence or incongruence of frames and its consequences. These articles were selected because of their empirical nature and their focus on shared frames instead of individual frames. From table 1 it becomes clear that incongruent frames seem to lead to negative effects like differences in understanding, process loss and conflict situations. Kaplan (2008), for example, conducted a case study at a multidivisional manufacturer of communication technologies. Data collection included 80 formal unstructured interviews, observations at 33 meetings, and document analysis. This research into the influence of frames, concluded that incongruent frames can lead to different understandings, slower decision making processes and conflict situations. Gallivan (2001) confirmed the negative effects of incongruent frames as his case study at a large utilities company concluded that incongruent frames can lead to sabotage and change initiatives.

Congruent frames, on the other hand, seem to lead to more positive outcomes like improved team performance, better implementation and improved goal attainment. Bechky (2003) conducted an ethnographic research at a semiconductor equipment manufacturing company and found that creating shared or congruent frames helps solve conflict between different job groups. Furthermore, the research by Mazmanian (2013) in the form of an ethnographic research at a footwear manufacturer revealed that developing congruent frames can promote harmony between two job groups without leading to framing contests or attempts to align individual actions.

Table 1 - Research findings on (HRM) frames

Study	Goal & Methods	Findings: Roles of Shared Frames
Bechky (2003) - Sharing Meaning Across Occupational Communities: The Transformation of Understanding on a Production Floor	Goal: study the dynamics of cross-occupational knowledge sharing. Method: year-long ethnographic research using observation, formal and informal interviews and documents.	Creating shared frames helps solve conflicts between different job groups
Bondarouk et al. (2016) - Understanding the congruence of HRM frames in a healthcare organization	Goal: Identify differences and similarities in HRM frames of middle-level managers and HR professionals, uncover roots and contents of (dis) agreements in these HRM frames. Method: explorative case study in Dutch homecare organization using document analysis and semi structured interviews (8 in total).	HR Managers and middle-level managers always express different interpretations about HRM HRM frames are aligned → HR actors act in line → improved goal attainment, smoothened process of HRM change

Bondarouk, Looise, and Lempsink (2009) - Framing the implementation of HRM innovation HR professionals vs line managers in a construction company	Goal: present the concept of human resource management (HRM) frames, identify frame domains, and explore their role in implementing HRM innovation. Method: case study at a construction company using semi-structured interviews (21 in total), observations and document analysis.	When the HRM frames of HR specialists and line managers were incongruent, difficulties and conflicts in HRM innovation implementation were observed.
Gallivan (2001) - Meaning to Change: How Diverse Stakeholders Interpret Organizational Communication About Change Initiatives	Goal: to understand how companies were migrating to client/server development and "reskilling" their IT professionals. Method: Case study at four large communication utilities companies using unstructured interviews (55 in total), material reviews and observations.	Incongruent frames → different understandings, sabotage, change management initiatives
Gibson, Cooper, and Conger (2009) - Do You See What We See? The Complex Effects of Perceptual Distance Between Leaders and Teams	Goal: investigate the effects of perceptual distance on team performance. Method: interviews (107 in total) and surveys (813 resp.) among team members, leaders and customers in five companies from the pharmaceutical and medical products industry.	When distance between frames is smaller, team performance is better.
Kaplan (2008) - Framing Contests: Strategy Making Under Uncertainty	Goal: examining the political processes by which one frame rather than another comes to predominate and the ways these frames influence strategy making Method: unstructured interviews (80 in total), observations and document analysis at a multidivisional manufacturer of communication technologies	Incongruent frames → different understandings, conflict situations, slower decision-making process
Lin and Silva (2005) - The social and political construction of technological frames.	Goal: explore how the stakeholders' beliefs and perceptions of the system influence their attitudes towards the system and how their beliefs and perceptions can be framed and reframed through social interactions Method: Case study at an international bank by means of document analysis (162) of organizational and project documentation; structured, semi-structured and open interviews.	Successful implementation of an information system will be facilitated by achieving congruent technological frames. Reframing is the key to overcoming incongruent frames
Mazmanian (2013) – Avoiding the trap of constant connectivity – when congruent frames allow for heterogeneous practices	Goal: explore how mobile e-mail devices were enacted within and across occupational groups Method: Ethnographic research using semi structured interviews (66), structured email review interviews (19), on-site observation, and open-ended e-mail surveys	Developing congruent frames can promote harmony between two job groups without leading to framing contests or attempts to align individual actions.
Orlikowski and Gash (1994) - Technological Frames: Making Sense of Information Technology in Organizations	Goal: Identify how different actors in the organization made sense of a new technology and how and why they interacted with it. Method: Field study in large, professional consulting firm by means of unstructured interviews (91 in total), material reviews and observations.	Incongruent frames → differences in understandings and interpretations → process loss, misaligned expectations, contradictory actions, resistance and scepticism
Woodrow and Guest (2014) - When good HR gets bad results: exploring the challenge of HR implementation in the case of workplace bullying	Goal of the research: to address the process of HRM implementation and its relationship with employee responses Method: case study at an NHS hospital using material reviews, secondary survey data (491/404 resp.) and interviews (12 in total)	When managers and senior management perceive the practice of HR policy differently issues remain unresolved.

Talking about *HRM* frames I "mean a subset of cognitive frames that people use to understand HRM in organizations" (Bondarouk et al., 2009, p. 475). Hodgkinson (1997) argued that "it is the actors' perceptions of organizational processes, filtered through existing mental frames, which form the basis for the formulation and interpretation of organizational issues (p. 626). Actors' interpretation of organizational issues, or HR practices, are important to understand in order to be able to understand how they interact with it. This interaction entails a sense-making process, developing particular assumptions, expectations and knowledge of HRM, which in turn shapes the actor's interpretation of it (Bondarouk et al., 2009)

Bowen and Ostroff (2004) were one of the first to emphasize the importance of HRM frames specifically. They developed a framework that underlines the assumption that the effective implementation of an HR system depends on employees' perceptions of three main features and nine meta-features. They argue that these features need to be perceived as high, in order to create a strong situation for the HR system, a strong situation being when HRM frames are aligned. The three main features are introduced to be distinctiveness, consistency and consensus. Distinctiveness of the situation is defined by Bowen and Ostroff (2004) as "features that allow it to stand out in the environment, thereby capturing attention and arousing interest" (p. 208). It has four corresponding meta-features namely visibility, understandability, legitimacy of authority and relevance. Consistency of the situation relates to a "a consistent pattern of instrumentalities across HRM practices, time, and employees that link specific events" (Bowen & Ostroff, 2004, p. 210). The three matching meta-features are instrumentality, validity, and consistent HRM messages. Finally, consensus relates to "the agreement among employees in their view of the event-effect relationship" (Bowen & Ostroff, 2004, p.212). Consensus only relates to two meta-features, namely agreement among principal HRM decision makers and fairness.

After the introduction of HRM frames by Bowen and Ostroff (2004), some research has been done on the importance of HRM frames specifically, however it remains a relatively uninvestigated field. An explorative case study in a construction company by Bondarouk et al. (2009) shows that when HRM frames between different actors are aligned, the actors are likely to act in line, which in turn will smoothen the HRM implementation process. They furthermore show that when HRM frames are not aligned among different actors, difficulties in implementing HRM changes can be expected. An explorative case study performed by Bondarouk et al. (2016) at a healthcare organization confirmed these findings. Their research showed that when HR frames are aligned, HR actors are likely act in line and this improves goal attainment and smoothens progress in changing HRM processes.

Different functions play a role in the differences in HRM frames (Kaplan, 2008), therefore I assume that HR professionals and line managers have different HRM frames and thus different perceptions of HRM practices. The implementation of HR by line managers will thus depend on their understanding of the HRM policies and rules, based on their HRM frames (Bondarouk et al., 2009).

3. METHODOLOGY

This study was carried out in the form of a case study at a healthcare organization. I have chosen a case study for several reasons. First, this study focuses on the difference between intended and realized HRM practices and why these differences exist. The best way to discover these differences and their reasons, is to look at practice and not at existing literature. Also not much literature yet exists on the nature of the gap between intended and realized HR. This research, therefore, looks for reasons to explain the existence of the gap. Secondly, it is important to cover contextual conditions in this study because it is impossible to say something about a gap within HRM implementation without considering the context in which this HRM implementation takes place. Finally, it could also occur, that when carrying out this research, boundaries between context and the phenomenon could become blurred and therefore it is important that the context of the healthcare organization is also taken into account.

Furthermore, this study also looked at the HRM frames of the respondents. HRM frames are implicit, meaning that the only way to uncover these frames is using an explorative study. This way I was able to uncover underlying values and beliefs, different understandings and interpretations of HR professionals and line managers and thus identifying any differences between their HRM frames.

3.1 Sample

The research was carried out at a healthcare institution in the Netherlands which, for the purpose of this paper, is referred to as the Fair Care Foundation (FCF). The FCF is a healthcare institution specialized in providing elderly healthcare. It provides care to those living in their two living- and nursing centres, and those living in their sheltered housing. Furthermore, they also provide home care to those in need of it, in three nearby towns. This research will only focus on the residential care provided by the Fair Care Foundation, as the home care branch is a separate part of the organization.

FCF was founded out of the merger of the two care centres that are today still a large and important part of the organization. Their mission is to provide high quality care in an trusting and homely environment.

The Fair Care Foundation is a relatively small organization, composed of more than 300 employees and around 300 volunteers. The foundation has one managing director and a supervisory board. The organization is relatively flat, with only one managerial layer below the managing director. This managerial layer is composed out of two managers, one for each of the two living- and care centres. Below these managers are self-managed teams with no form of hierarchy, no team leader is formally appointed within these teams. Next to the two managers, a business office, an HR department and a department for policy advice operate to support them. A simplified organogram of the organization can be found in appendix I.

Interviews were carried out at two out of the three levels of the organization, but with three different groups of people, namely:

(1) one HR consultant, namely the senior HR consultant. This interview aimed at determining the intended HR practices and identifying her HRM frames.
(2) the two managers of the two living- and care centres. These interviews aimed at identifying both intended and realized HR practices and identifying their HRM frames.
(3) four members of self-managed teams, all nurses, 1 from one living- and care center, 3 from the other. These interviews aimed at identifying the realized HR practices and identifying their HRM frames.

The HR consultant is seen as the "creator" of the HR practices and thus identified intended HR. Both the managers are seen as both "creators" and "users" of the HR practices. This because they have responsibilities regarding implementation of HR practices, but also were involved in the design of some other. It was chosen to include also some members of self-managed teams in the group of "users", because the responsibility of HR implementation is perceived to be spread between the managers and the self-managed teams.

3.2 Data Collection

3.2.1 Intended HR Practices ("Creators")

The first step was to develop an interview guide base on the research framework and theory, which provided a list of questions and topics. This was be used to interview the HR manager to identify policy and practice. In the course of the interview, these questions and topics could be and were changed to fit the matter of the conversation and address aspects that were important to individual participants. This helped gain a better understanding of the research question (Miles & Gilbert, 2005). These interviews were thus semi-structured. The interview guide for intended HR practices, can be found in appendix 2.

3.2.2 Realized HR Practices ("Users")

After confirming policy and practice with HR managers, the next step was to interview the two line managers, and some members of the self-managed teams responsible for the implementation of HR practices. Instead of asking respondents whether they have implemented a certain practice intended by HR, questions related to describing the HR practices they have implemented. The Managers were also asked some questions identifying intended HR, as they were involved in designing some practices. Again, these interviews were semi-structured for the same reasons. These interviews helped uncover the actual implemented HR practices. The interview guide for realized HR practices can be found in appendix 3.

3.2.3 HRM Frames

In order to uncover any differences in HRM frames between the HR manager, managers and team members, few questions were also asked in relation the HRM frames theory to the groups of respondents. These questions were embedded in the course of the conversation and related to the following four domains introduced by Bondarouk et al. (2009). A lot of research around HRM frames uses an edited version of the three domains of Orlikowski and Gash (1994), however the four domains introduced by Bondarouk et al. (2009) are specific for HRM, and were used to explore their role in implementing HRM, exactly the goal of this paper. The domains were slightly altered, since they focused on HRM innovation, and this paper focuses on regular HR practices. The four domains are:

(1) *Strategic motivation* - people's views and interpretations of why their organization had introduced the HRM practice.
(2) *The essence of HRM* - Related to the individuals' general assumptions and understanding of the HRM function.
(3) *HRM-in-practice* - people's knowledge and interpretations of HRM daily activities, a fit between HRM promises and deliverables.
(4) *Ownership* - Referred to people's assumptions and expectations about sharing responsibilities in HRM implementation in the organization.

Bondarouk et al. (2009) do note that these three domains are clearly overlapping and interacting, but by making such a distinction, it becomes easier to highlight the differences between different frames.

The three domains were the main focus when formulating questions regarding HRM frames. When discussing the *Essence of HRM*, questions were asked in relation to what the respondents felt HRM could contribute to the organization and its personnel. Questions regarding *Strategic Motivation* asked about the organization's reasons for implementing them. Questions revealing the respondents view about *HRM-in-practice* related to how these HR practices are used in daily organizational life and the relevance and view of specific HRM practices. Finally, questions related to *Ownership* show the respondent's interpretations about who is responsible for which parts of the implementation.

3.3 Data Analysis

Interviews were taped with permission of the respondents. Transcripts were then made of the interviews and send to respondents for approval. They were told that they could add or change things if they wanted to. Most of the respondents checked the transcripts, but none of them changed anything.

Coding was used to identify the realized and intended HR practices, and the three domains of HRM frames. I made several coding schemes, all focusing on different objects of my research. These different schemes included: 'intended HR', 'realized HR', and 'HRM Frames'. Within the 'intended HR' and 'realized HR' coding schemes, I distinguished between the different subjects of HR, that I discussed during the interviews, these included SOT (self-organizing teams), WS (recruitment), PM (performance management), NS (new system), TCO (training and education) and ZR (self-rostering). Within the 'HRM Frames' scheme, I distinguished between ESS (Essence of HRM), STR (Strategy of HRM), PRA (HRM-in-practice) and OWN (Ownership). Furthermore, I also identified who was the source of the quote, either HRM1 (HR manager), M1,2 (managers) or TM1,2,3,4 (team members). An example of a

coding schemes can be found in appendix 4, together with the list of codes.

A comparison was made between the results of the interviews with HR managers, the managers and self-managed team members in order to uncover any differences. The differences between intended and realized HR practices are an indication of implementation issues between the two levels. Furthermore, differences uncovered between HRM frames are an indication that differences in perception are part of the implementation problem.

4. FINDINGS

This section summarizes the key findings of the interviews carried out at the Fair Care Foundation (FCF). First, I will introduce the HRM system at FCF. Secondly, the key findings related to the difference between intended and realized HR practices are discussed. Thirdly, the findings on the difference of HRM frames between the different groups are discussed. Finally, I will look for a relation between a difference in intended and realized HR and a difference in frames.

4.1 The HRM system at FCF

The last couple of years, a lot has changed in the Netherlands with regards to healthcare. Elderly now have to live at home as long as possible, with support of (family) caregivers. People living in a nursing home are only those that need heavy care. This means that care homes are being lifted and that only nursing homes have rights to exist. The Fair Care Foundation formerly consisted of two care homes, but because of the changes in healthcare, they have been altered to become nursing homes. This came with a lot of changes for the organization.

The Fair Care Foundation is currently going through a reorganization that was started about 2 years ago. Like many other care institutions, the FCF also aimed at removing all the layers in their organization and introducing the concept of self-managed teams. These self-managed teams have more freedom and responsibilities and can therefore act faster and deliver better care to the residents living in the care centres.

Because the FCF is still in the middle of the reorganization, they are in the process of transferring responsibilities from the managers to the teams. This means that the (HR) managers are currently focused on smoothening this process and further developing strategy for the future. This, however, also means that for some aspects of HRM, no policy exists, because the old policy is expired and the new one has not been developed yet. The findings below therefore mainly center around the implementation of the self-managed teams and the recruitment and selection procedures.

4.2 Intended and Realized HR Practices

Several previous studies have already shown that indeed a difference exists between intended and realized HR Practices (e.g. Khilji & Wang, 2006; Hailey et al, 2005). This case study found that within the Fair Care Institution, despite the absence of policies for a lot of basic practices, still a difference exist between some, not all, intended and realized HR practices. Below is explained, for two practices, whether or not this difference exist.

4.2.1 Self-managed Teams

The Fair Care Foundation has recently began the transition to self-managed teams. These teams consist of:

(1) One nurse
(2) Auxiliary Nurses
(3) Residential Assistants

The Fair Care Foundation started by gradually introducing the concept of self-managed teams to their care staff. They took a year to create awareness and realization for this change, and to prepare their staff for the responsibilities that they were going to have to take once they were self-managed. After this year, they started the transition from teams to self-managed teams gradually. Manager 2 explained:

"We assume that this process contains four phases. The first phase is where the manager is still part of the team, then the second phase, she is a little further away from the team. The third phase she is even further away from the team and the final phase, she is completely on the outside."

Currently, some teams are between one/two, and some are a little further, between phase two/three. However, both managers expressed that they feel phase 4 is not going to be attained. Reason for this is that experience has shown that some things are better organized centrally. Things like contact with suppliers, raising money or applying for funding are, according to both managers, best done centrally. This is better for the organization as a whole, and for the connection between teams and departments.

It was argued by the HR manager, and both managers that everyone in the team has the same rank, and that no hierarchy exists. The HR Manager said:

"Within a team, there are no different roles. They are all together responsible for the team. ... Of course within those teams, everyone has a different role, their own expertise and from that you take action. ... But what self-organizing really means is doing it together, and when you can't solve the problem together, you ask advice"

However, all three also expressed that in practice this often turned out differently than intended, and that nurses often felt like they have a supervisory role. Manager 2 explained:

"What you see in practice, is that the nurses are like little managers and that they do something coordinating. That is something we don't want. They are really part of the team. But what you see is that apparently there is the need from the team to have some guidance and steering and that very often the nurse takes the lead"

When talking to the team members, which were all nurses, it became clear that indeed these nurses often took the lead in the team, and acted as a leader to the other team members. They all know that they are not supposed to take the lead, as they all expressed that they do not have a hierarchical function. However, they do all feel like they have a different role than the auxiliary nurses and the residential assistants.

Team member 1 said about this:

"Within the small scale that we now operate in, the nurse has a certain responsibility. NOT a hierarchical responsibility, but a coaching responsibility within your team".

This statement clearly shows that Team member 1 knows that he does not have a hierarchical function, but expresses that there indeed is a difference, and that the nurse has a certain responsibility within the teams. Also, when talking to the nurses about different things than their role in the team, it became clear that they do see themselves as a leader. For example, when talking to team member 1 about absenteeism, and how that is still the responsibility of the manager, he said:

"But it would be great if this responsibility is transferred to the teams. ... And that, as a nurse, you can get started with it, together with the team"

Team member 2 expressed the following, when asking whether she only has a care-related function within the FCF:

"No, it is much more than that. Also organization, managing a team, we do it together but sometimes you need a little guidance."

Team member 3, when talking about who should have the responsibility for performance management, said this:

"I have a team of 15 people, so that would mean.. Well, I would for example have my appraisal with Manager 1. But if I have to have a conversation with all those 14 people once a year, and I have to write those hours.. That has some impact"

And team member 4 said the following, when only introducing herself and her work at the FCF:

"... Yes, what is it that I also do? I, of course, provide care and actually I am also a sort of end responsible for all of that.."

These four statements show that the nurses clearly feel some responsibility towards the team as a leader and a coach and act on this feeling, even though the know that they do not have a hierarchal function. Since both managers and the HR manager expressed they should not have a different role, and that they should not take the lead, this is a difference between intended and realized HR practices.

4.2.2 Recruitment & Selection

For recruitment and selection, no real policy exists. Because of the reorganization, some parts of the policy are now outdated and not used anymore, and recruitment and selection is one of them. The HR manager says:

"We have a very old recruitment and selection policy, but that are all things that have to be changed"

Even though there is no real policy, the process can be described as follows. The teams are responsible for their own roster and they have a tool to help them with this. This tool can show how many hours they can use and how many people they need to cover these hours. So when they do not have enough people to cover the amount of hours, they will have to find a new employee to join their team. They contact the manager of their nursing home and this manager contacts the HR department to set out the vacancy. The HR manager explains:

"At the moment a team needs a new employee, they come to us and we set up the vacancy. Once we think everyone interested responded, we close the vacancy and give everything to the manager. He or she then does the rest together with the teams".

Once the letters are in, sorting through the letters to select individuals for interviews is either carried out solely by the manager or conjoint with his/her team. Because there is no real policy for this, I cannot argue that one of the two is out of line. After the selection, people are invited for a job interview. Manager 1 explains:

"The first job interview with an application, I take together with a nurse or an auxiliary nurse. And when we think the applicant is promising, we do a second job interview, with the colleague (auxiliary) nurse. When we don't think the candidate is promising, I call it off. So the team is always involved."

The decision whether someone is hired, lies with the manager, with or without the team, but some debate exists about this between groups. Again, because no real policy exists on this, I cannot argue which of the two is out of line.

The only thing in the recruitment and selection process that is indeed policy, is that when someone is hired, the first year, three conversations take place with the new employee. Once after

the trial period, one after half a year, and one at the end to determine whether the contract will be renewed or not. This is policy, and is the responsibility of the nurse within the team. The last conversation is together with the manager, since then a contract is offered (or not).

When talking to the nurses, no differences stood out. They all explained this process more or less similar to the one described by both managers and the HR manager. Team member 3 says:

"When you see you have a vacancy, we consult Manager 1 and then the vacancy is put online. When we get reaction to that, we, one or two from the team, are asked to look at these letters. We are also present during the job interviews. ... And in the first year [that someone is hired] you have three conversations. One at the end of the trial period, one halfway through and one with around ten months ."

Because for most of this process, no real policy exists, I cannot argue whether or not something that is actually happening, is out of line with intended HR. However, I can say something about the introduction process for new employees, or the three conversations in the first year, since this is policy. Because all four nurses described these three conversations, as well as the HR manager and two managers, I can argue that there is no difference between intended and realized HR in the case of the introduction process as part of recruitment and selection, in the Fair Care Foundation.

4.3 HRM Frames

4.3.1 Strategic Motivation

Strategic motivation is about the reasons that organizational members thinks a certain HR practice is implemented by the organization (Bondarouk et al., 2009). This was one of the things I discussed when interviewing the different members of the Fair Care Foundation. When we discussed a certain HR practice, I asked them why they though this measure was implemented.

Starting with the self-managed teams, and why organizational members thought that this was implemented. The HR manager said:

"It is about the vision of the organization. We want to arrange the care around the clients better. Because when you have so many protocols and so many layers, that does not benefit the people that just need the care. So because people have more freedom in their acting, they can act faster, because they know what they can and cannot. ... Next to that, of course the budget cuts. That has had its influence as well"

It becomes clear that when asking why the organization implemented the self-managed teams, there is no universal answer. All the respondents mention several reasons, but none of these reasons are mentioned by all the respondents. One of the most mentioned reason was that of shorter lines between teams and other parts of the organization. This was mentioned by four of the six respondents. Manager 2 said about this:

"Because it is good for the clients. Thus decision making is as close as possible to the clients. ... And because of this fast decision making, the care givers will be able to act in the clients best interest"

This quote also mentions the other most stated reason, which is that it improves the care for the clients, stated by four of the six respondents. Other reasons included budget cuts (4), the vision of the organization (3), transferring more responsibility to the teams (2), the rise of ideas when teams work together (2), smaller

living communities (1), maintaining the level of care (1) and reducing the number of high level functions (1).

This variety of reasons shows that there is no universal frame for HRM strategy within nor between groups and that all the respondents have different frames. There are no respondents with the same reasons, nor are there any reasons that everyone mentioned, or that a specific group always mentioned. Some responses are more similar than others, but in general there is no congruent frame for HRM strategy for self-managed teams.

I also asked the respondents about the goal of the one thing in recruitment and selection that was actually policy. I asked them why they thought a new colleague had to have three conversations about his or her progress, in the first year of employment. All the groups, HR manager, managers and nurses, argued that the reason for these conversations was to give the employee feedback. Only team member 1 was not really sure why, but mentioned that is might be to get a better image of the employee and the employee of the team. However the rest of the group agreed on the reason. Two respondents also explained why specifically three conversations, and the goal of each of the three conversations. Because all groups, with the exception of team member 1 in the nurses' group, mentioned the same reason, namely providing feedback, and because not many other reasons were introduced, I will argue that the HRM strategy frames are congruent in the field of recruitment and selection. Only the frame of team member 1 is slightly different than that of the rest of the respondents.

4.3.2 The essence of HRM

The essence of HRM is related to people's images of HRM and their understanding of its capabilities and functionality (Bondarouk et al., 2009). When talking to all the different people within the Fair Care Foundation, I also asked about their opinions about HRM and asked them to talk about what HRM meant to them and the organization.

Starting off with the HR manager itself, it is clear that the HR managers feels that HRM is an important aspect of the organization. The HR manager believes that HR's role should be for about 50-60% advisory. This means that HR's role is supportive towards the other parts of the organization, but also thinks about the strategic side of things. The rest is administrative and other small tasks. When asked whether the HR department will still be necessary once the self-managed teams are performing the way they should, the HR managers was clear that the HR department will still exist in the future, but that the function might be brought down to one person, instead of two.

I discussed the same points with both the managers of the nursing homes. Both managers expressed that they felt the HR department was an important part of their organization. Manager 2 expressed the following:

"Yes [I think HRM is important], I cannot imagine that an HR department would be omitted when it comes to organizations with self-organizing teams. No, I don't believe so. No, the guidance of deadlines, the guidance of vacancies, the policies, only selection already contains a lot. And there is always people that don't function."

This quote reflects what both managers think about HRM. They think that even though the self-managed teams will function properly someday, HRM will still play a role in their organization and never will be fully omitted. Manager 2 recognizes that HRM also has strategic function with regards to policy and the design of the organization, manager 1 does not recognize this. Both do recognize that HR is supporting, advising and administrative.

The nurses were also asked about their opinion on HRM and the importance of the function. Three of the four

expressed the same opinion as the two managers, arguing that they think HRM will still exist once the self-managed teams are done, and that HRM is an important part of the organization. Team members 1 and 4, as Manager 2, expressed the strategic function that HR has within the organization, team member 2 did not. All three do agree about the supporting, advisory role of HRM. Team member 3, however, expressed that she feels that HRM might just disappear once the teams are functioning as planned, and that the responsibilities the HR department now has, might be fully transferred to the managers and teams. She she feels that, at the moment, HRM is still important in administrative and supportive tasks, but that this might be different in the future.

Overall, the Essence of HRM is very much congruent within the organization, and between the three groups. Almost everyone agreed on the importance of HRM, and its ability to stay important in the future. Not everyone recognized the strategic role of the HR department, but that is the only misalignment found between the respondents. Only team member 3 stood out because of the contrasting opinion she expressed, compared to those of his or her colleagues. We can therefore say that for the Essence of HRM, the frame has a slight incongruence on the role of HRM, but is congruent regarding the functions importance and existence in the future.

4.3.3 HRM-in-practice

HRM-in-practice has to do with people's knowledge and interpretations of HRM daily activities, a fit between HRM promises and deliverables (Bondarouk et al., 2009). When interviewing the respondents, I also paid attention to their interpretations on this subject.

Starting with the self-managed teams. The HRM Manager argues that, even though they are on the right track, the process from teams to self-managed teams is not yet completed:

"Yes, I think that we are on the right track to take the right steps towards self-organized team. I really think that, yes. But I don't have the illusion that we are already there."

This idea is shared by all the other respondents, managers and nurses, that I talked to. All of them agree that they are still in the transition to becoming self-managed teams. The two managers even expressed the feeling that they are not sure whether they are ever going to be fully self-managed.

When it comes to whether they think the self-managed teams are a good thing, again, all respondents, and thus all groups, share the same perceptions. They feel that the step towards self-managed teams has been a good one, and that it will benefit the care provided to the clients. Therefore, I will argue that the frames related to self-managed teams are congruent between the groups.

Looking at recruitment and selection, the HRM manager argues that it might be a good idea to involve the team more in this process. Questions were not asked related to this, but three nurses also indicated that they would like to become more involved in the process of recruitment and selection. Both managers did not mention this and neither did one team member. Therefore it can be argued that there might exist some incongruence between the frames on this subject between groups.

However, all the respondents and thus all groups did agree, that the way they handled the three conversations with new employees in their first year, was a good way and that this did not have to be changed. The frames were congruent between groups on this part of the recruitment and selection process, which is the only part that is actually policy.

When asked whether they feel that the three conversations in the first year, with the new employee, are a good, useful practice, all the respondents agreed that it is a valuable tool. Therefore, on this subject, the frames of the groups are congruent.

4.3.4 Ownership

The HRM frame ownership relates to people's assumptions and expectations about sharing responsibilities in HRM implementation in the organization (Bondarouk et al., 2009).

Concerning the ownership for the implementation of self-managed teams, I asked about the responsibilities of the nurses related to the care provided in the team. The HR manager argued that the team is ultimately responsible for the care provided to the clients. However, both the manager group and the nurses group overwhelmingly feel that the nurse is the ultimate responsible for the care provided to the clients.

"Yes, the nurse is the ultimate responsible for the care provided to clients. That's how you should see it. That is his or her role" (Manager 1).

There thus is an incongruence of HRM frames related to ownership between the HR manager and the group of managers and the group of nurses.

When it comes to the ownership of the recruitment and selection, some parts are very clearly attributed to certain persons or groups, and other parts provide some discussion about who is responsible. There was no doubt that the team is responsible for indicating that they need a new employee. Also, all the groups agreed that the HRM department is responsible for writing and putting the vacancy online. There was also no contention about who is responsible for the three conversations with the new employees in their first year. All the groups mentioned that this responsibility lays with the nurse on the team. When it comes to the decision making, who decides which candidate is hired, only the HR manager gave an aberrant answer. She argued that this was the responsibility of the manager, whereas the other groups, managers and nurses, agreed that this decision lies with both the managers and the teams. There was some disagreement, however, about who is involved the letter selection. One of the managers argued that it is the responsibility of both the team and the manager. However, three of the four team members indicate that they think that this responsibility lies with only the manager. The HR manager did not talk about this. Furthermore, there has was some difference in who they thought should be present during the first and second interview with the candidates. Both managers indicated that during the first conversation they themselves would be present with a team member, not specifically a nurse, and that during the second interview they would include another team member. However, the nurses thought that they were the ones that had to be present during this first conversation, and that they would include another team member in the second interview.

There is thus a small incongruence between the ownership frames of these respondents in the field of recruitment and selection. However, on the part of the introduction process of a new employee, the one part of recruitment and selection that is policy, all respondents agreed on the responsibility laying with the nurse. Therefore this part of the frame is congruent.

4.4 HRM Frames and the difference between Intended and Realized HR

Looking at the research framework introduced in Figure 1, it was argued that "creators" and "users" may or may not have different HRM frames, and that these HRM frames act as a filter between intended and realized HRM. This filter of HRM frames, I argued,

could possibly cause a difference between intended and realized HR. When conducting interviews, I treated the subjects of intended/realized HR and HRM frames as separate, but made sure that I covered both of them. When analysing and coding the interviews, however, a few things stood out.

Looking at intended and realized HR, what results from the interviews is that there is a clear difference between the intended and realized HR practice of self-managed teams, thus what goes into the filter is different from what comes out. The HR manager and both managers all indicated that everyone in the team is equal, and that the nurse does not have a different function than the others in the team. However, they all three also recognized that this is actually happening, and that nurses are acting like team leaders instead of team members. When talking to the nurses, this was confirmed. All four nurses I spoke to, indicated that they did not have a hierarchical function, however, they all expressed feelings of having a certain responsibility over their team, whether this was direct or indirect in the matter of the conversation.

There was, however, no difference found between the intended and realized HR practice related to recruitment and selection, thus no difference between what goes into the filter and what comes out. There was only one policy found, namely that of the introduction process in the first year of a new employee. This policy indicated by the HR manager and the other two managers was correctly executed by the nurses, who are responsible for implementation of certain aspects of the recruitment and selection.

Because we have one HR practice that is incorrectly implemented, and one HR practice that is correctly implemented, I can look for differences between the HRM frames related to the self-managed teams and the HRM frames related to recruitment and selection. These HRM frames can act as a filter, causing the difference between intended and realized HR when these filters are different for the two groups. This means looking for differences between strategic motivation, HRM-in-practice and Ownership for the two HR practices. The essence of HRM is a general HRM frame, indicating how people in the organization feel about HRM as a function and how they feel HRM can contribute to the organization. Because the 'essence of HRM' frame domain was congruent between all respondents, we can argue that in the case of the Fair Care Institution, it is likely that this frame domain did not have exclusive influence on the implementation of HRM, because we have one correctly implemented HR practice, and one incorrectly implemented HR practice. I can therefore not argue for the effect of the congruency of the 'essence of HRM' on HRM implementation, thus I cannot prove this frame acts as a filter between the intended and realized HR. Further research will be needed to investigate the effect of the perceptions people have about HRM, on the implementation of HR practices.

What stands out when comparing the HRM frames related to self-managed teams, to that of recruitment and selection, is that there is a clear difference between the two when it comes to the domain strategic motivation, or the reasons that organizational members thinks a certain HR practice is implemented by the organization. For the self-managed teams, respondents had no difficulty in mentioning reasons for the introduction of self-managed teams. However, none of these reasons was mentioned by all respondents, and neither did two or more respondents give the same set of reasons. This let me to conclude that the HRM frames related to strategic motivation are incongruent for the HR practice self-managed teams.

Looking, however, to the HRM frames of the domain strategic motivation for recruitment and selection, it becomes clear that all respondents, except one, could argue for the reasons of implementing three conversations for a new employee in his or her first year. This means that these frames are congruent, and that everyone perceives the reason for implementing this specific HR practice as similar.

Thus, we can see, that for self-managed teams, where intended and realized HR were not the same, the frames of strategic motivation were not congruent. Whereas for recruitment and selection, where intended an realized HR were the same, the frames of strategic motivation were congruent. This leads to indicate that organizational members' perception of why the HR manager implemented a certain practice, or strategic motivation, can possibly influence the successful implementation of that HR practice, and can thus act as a filter. Further research will, however, be needed to confirm this relationship.

For the domain HRM-in-practice, the findings implied that the HRM frames for self-managed teams were congruent. All respondents agreed that the process of transferring to self-managed teams was not yet done, but that this process was a good thing. For recruitment and selection, there was some inconclusiveness related to whether the recruitment and selection process should be transferred more to the teams. Several mentioned that they would like to see this, but others did not talk about this subject. However, all the respondents did agree, that the way they handled the three conversations with new employees in their first year, was a good way and all the respondents agreed about the usefulness and worth of the three conversations with new employees in their first year. Since these conversations are the only real policy in the recruitment and selection process, participants frames on this subject are most important. Therefore I will argue that in general, the frames were congruent for the HRM-in-practice for recruitment and selection.

Since both frames for self-managed teams and recruitment and selection of HRM-in-practice are congruent, whereas the success of the implementation of both is different, this research is not conclusive on the effect of organizational members' perception of daily HRM activities on the successful implementation of HR practices and I cannot argue that this frame acts as a filter between intended and realized HR practices.

Finally, the frames related to ownership for self-managed teams were incongruent whereas those for recruitment and selection were congruent. That of recruitment and selection was composed of several components where some did have congruent frames and others did not. However, since for intended and realized HR, we are only looking at the policy part of recruitment and selection, or the introduction process for new employees, this is the only part of ownership that is relevant in this case. And in the case of the introduction process, all respondents agreed on the responsibility laying with the nurse. Therefore, this part of the ownership frame is congruent. For self-managed teams, there was a incongruency between the HR manager and the groups of managers and nurses. The HR manager argued that the nurse was not the ultimate responsible for the care, whereas the managers and nurses though that the nurse was.

What we thus can see, for self-managed teams, where intended and realized HR were different for the self-managed teams, there was an incongruency between the groups about the ownership. Whereas for the introduction process of recruitment and selection, there was no difference between intended and realized HR, and there was also no incongruency between the groups about ownership of this process. Therefore, this leads me to believe that organizational members' perception of who is responsible for a certain HR practice, can act as a filter and thus

can influence the successful implementation of that HR practice. Further research will, however, be needed to confirm this relationship.

What we thus can conclude from this research, is that both organizational members' perception of why HR manager(s) implemented a certain practice (strategic motivation), and organizational members' perception of who is responsible for a certain HR practice (ownership) can act as a filter between intended and realized HR practices and thus possibly have an influence on the success of the implementation of HR practices in the residential care.

5. DISCUSSION

5.1 Implications

This paper contributes to the existing knowledge in theory and practice in several ways. First, it provides a confirmation for the existence of a gap between intended and realized HR practices.

Furthermore, this study showed that in the case of a difference between intended and realized HR, the HRM frames strategic motivation and ownership were incongruent, whereas in the case of no difference between intended and realized HR, these frames were congruent. This provides evidence of a relationship between the congruency of these HRM frames, and the success of implementation of HR practices. Meaning that that organizational members' perception of why HR manager(s) implemented a certain practice (strategic motivation), and organizational members' perception of who is responsible for a certain HR practice (ownership) can possibly have an influence on the success of the implementation of HR practices in the residential care. This paper thus provides more theoretical insight on the relationship between HRM frames and HRM implementation, and hopefully inspire other researchers to explore this relationship further since the methodology used in this study is not suited to argue for a relationship between the success of HR implementation and HRM frames. It does provide evidence for the existence of this relationship but further research is needed to confirm the existence of this relationship.

Identifying the importance of HRM frames in the success of the implementation process of HR practices is beneficial for organizations in practice because by being aware of this influence, it can help them maximize the effect of their intended HR practices. At first, managers should be aware of the difference between intended and realized HR practices. By being aware of this difference, measures can be taken to decrease or eliminate this difference. This study, however, also provided a possible influence on this difference and highlighted the importance of awareness of HRM Frames, or "a subset of cognitive frames that people use to understand HRM in organizations" (Bondarouk et al., 2009, p.475). The evidence showed a possible influence of the HRM frame domains 'strategic motivation' and 'ownership' on the success of implementation of HR practices. It was shown that when both these frames were incongruent, HR implementation was not successful, whereas when these frames were congruent, HR implementation was successful. Managers can take into account this influence by properly informing their employees about the reasons behind the implementation of a certain HR practice (strategic motivation) and by clearly spelling out and writing down who is responsible for which part of the HR practice (ownership). This can help managers improve the congruence between HRM frames of different groups and possibly also reduce the difference between intended and realized HR, and maximize the effect of the HR practice that was initially intended.

5.2 Limitations and Future Research

This study aimed at determining the gap between intended and realized HR practices, and finding evidence that HRM frames influence this gap. In order to do this, a case study was performed, and semi-structured interviews were conducted. Because of the limited timeframe of this research, only one case-study was conducted, with only a small sample of respondents, meaning that while theoretical generalization is possible, empirical generalization is not. Further research is needed to be able to empirically generalize the results found in this study. This could, for example, include multiple case studies in different settings and different healthcare contexts, or even different industries. If similar results are found, this could increase the generalizability of the findings.

Another way in which this research could be limited, is because respondents were aware that they were being interviewed and were under observation. This could lead them to give socially desirable answers, answers they thought they should give, instead of what is the reality. And even though semi-structured interviews have many benefits, the possibility of socially desirable answers is a disadvantage. Especially in the case of this study, were I identified the difference between intended and realized HR practices, it is important that respondents talk about what they actually do, and not what they think they should be doing. I tried to eliminate this by emphasizing the anonymity of this study. However, this bias can never be fully eliminated.

Furthermore, because this research was only conducted by me, and no other researchers were involved in the coding and analysing of the data, researcher bias could be a limitation. Because I know the goal of my research, and are biased towards an ideal outcome, it could be that I interpreted the findings differently than someone not involved in this research would. This bias is very difficult to eliminate, but I suggest that for future research, multiple researchers work on the coding and interpreting of the interview results, possibly blinded from the research goal in order to eliminate this bias as much as possible.

6. CONCLUSION

To conclude, this research aimed at answering the following research question: *'What is the difference between intended and realized HR practices in Dutch healthcare organizations and why do these differences exist?'*. Results show that the difference between intended and realized HR in this particular Dutch Healthcare organization is a difference related to self-managed teams and the role of the nurse in those teams. Evidence is provided for the proposition that that organizational members' perception of why the HR manager(s) implemented a certain practice (strategic motivation), and organizational members' perception of who is responsible for a certain HR practice (ownership) can possibly have an influence on the success of the implementation of HR practices in residential care.
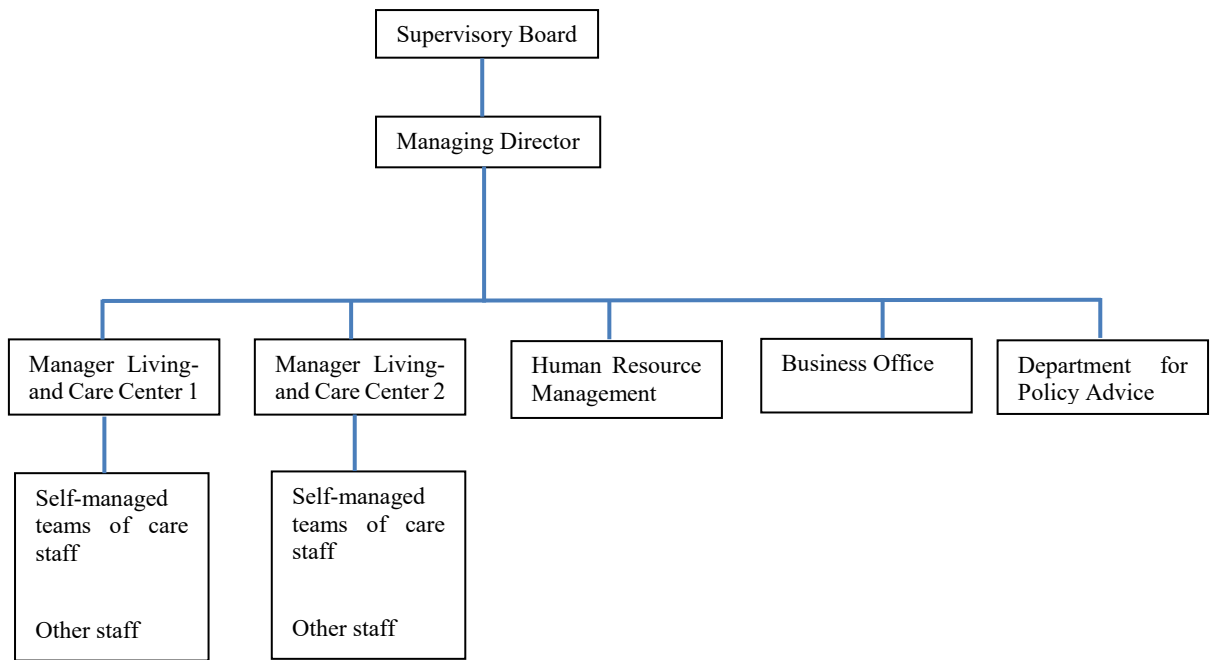
7. ACKNOWLEDGEMENTS

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APPENDIX 1 – ORGANOGRAM FAIR CARE INSTITUTION

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                        ┌─────────────────────┐
                        │  Supervisory Board  │
                        └─────────────────────┘
                        ┌─────────────────────┐
                        │  Managing Director  │
                        └─────────────────────┘
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Manager Living- and Care Center 1	Manager Living- and Care Center 2	Human Resource Management	Business Office	Department for Policy Advice

Self-managed teams of care staff	Self-managed teams of care staff
Other staff	Other staff

APPENDIX 2 – INTERVIEW GUIDE HR MANAGERS

Naam:

Datum:

Introductie:

Ik vertel wat over mijzelf en over het onderzoek.

Dit interview gaat over HRM of personeelsmanagement binnen uw organisatie. De vragen die ik aan u ga stellen hebben betrekking op hoe het personeelsmanagent geregeld is binnen uw organisatie, uw mening hierover, uw visie op HRM in het algemeen, en de verantwoordelijkheden van de personen die HRM/personeelsmanagement binnen uw organisatie moeten implementeren.

Als ik vragen stel over die betrekking hebben op uw mening over iets, dan wil ik graag uw persoonlijke mening horen, en niet die van de organisatie. Er zijn geen goede of foute antwoorden, het gaat vooral over wat u vindt en uw beeld van personeelsmanagement/HRM binnen uw organisatie.

Ik wil graag nog even benadrukken dat alle informatie die u mij geeft, ik zeer vertrouwelijk zal behandelen. Deze informatie zal niet worden doorgegeven aan derden, en de enige andere persoon die deze informatie te zien krijgt is mijn begeleider. Daarnaast zal u in mijn onderzoek niet bij naam worden genoemd, en ook de naam van de organisatie zal niet naar voren komen in het onderzoek. Ik wil graag uw toestemming vragen om het interview op te nemen. Ik zal vervolgens het interview uitwerken en u krijgt hiervan een kopie via de mail toegestuurd. Nadat het interview is uitgewerkt, zal ik de audiobestanden vernietigen.

Algemeen:

1. Kunt u iets over uzelf vertellen?

- Hoe lang bent u al werkzaam binnen ….?

- Wat is uw functie binnen …. en kunt u daar een omschrijving van geven (dagelijkse werkzaamheden)?

- Opleiding / werkervaring

2. Hoe gaat het ontwerpen van nieuwe HRM/personeel procedures in z'n werk?

- Stel u ontdekt een probleem op het gebied van personeel, hoe gaat u te werk om dit op te lossen?

- Wie zijn er allemaal betrokken bij het ontwerpen van HRM procedures?

- Wie is er verantwoordelijk voor de implementatie van de ontworpen procedures?

3. Zijn er recentelijk veranderingen doorgevoerd op het gebied van HRM?

- Hoe zijn die doorgevoerd?

- (Hoe) hebt u die veranderingen gecommuniceerd?

- Wat was het doel van deze veranderingen?

- Wat was uw verantwoordelijkheid hierbinnen?

- Waar lag de verantwoordelijkheid van de line managers hierbinnen?

4. Hoe gaat recruitment / training / performance management / teamwork in z'n werk binnen uw organisatie?

- Wat is het **doel** hiervan, wat willen jullie hiermee bereiken?

- Hoe manifesteert zich dit, hoe uit zich dit?

- Wat zijn uw taken hierbinnen ? Wat is uw rol

- Wie is verantwoordelijk voor wat?

3. Wat zijn volgens u de verantwoordelijkheden van team/manager 1/2/3/…. op het gebied van personeelsmanagement (HRM).

- Hoe gaan ze daar mee om?

4. Kunt u mij iets vertellen over uw persoonlijke visie op HRM?

- Wat is de taak van HRM?

- Hoe werkt het personeelsmanagement/HRM?

5. Denkt u dat er op praktijk niveau genoeg van het HRM beleid terecht komt?

-Wat belemmert volgens u de implementatie van beleid/best practices?

APPENDIX 3 – INTERVIEW GUIDE LINE MANAGERS

Naam:

Datum:

Introductie:

Ik vertel wat over mijzelf en over het onderzoek.

Dit interview gaat over HRM of personeelsmanagement binnen uw organisatie. De vragen die ik aan u ga stellen hebben betrekking op hoe het personeelsmanagent geregeld is binnen uw organisatie, uw mening hierover, uw visie op HRM in het algemeen, en de verantwoordelijkheden die u heeft op het gebied van HRM .

Als ik vragen stel over die betrekking hebben op uw mening over iets, dan wil ik graag uw persoonlijke mening horen, en niet die van de organisatie. Er zijn geen goede of foute antwoorden, het gaat vooral over wat u vindt en uw beeld van personeelsmanagement/HRM binnen uw organisatie.

Ik wil graag nog even benadrukken dat alle informatie die u mij geeft, ik zeer vertrouwelijk zal behandelen. Deze informatie zal niet worden doorgegeven aan derden, en de enige andere persoon die deze informatie te zien krijgt is mijn begeleider. Daarnaast zal u in mijn onderzoek niet bij naam worden genoemd, en ook de naam van de organisatie zal niet naar voren komen in het onderzoek. Ik wil graag uw toestemming vragen om het interview op te nemen. Ik zal vervolgens het interview uitwerken en u krijgt hiervan een kopie via de mail toegestuurd. Nadat het interview is uitgewerkt, zal ik de audiobestanden vernietigen.

Algemeen:

1. Kunt u iets over uzelf vertellen?

- Hoe lang bent u al werkzaam binnen ….?

- Wat is uw functie binnen …. en kunt u daar een omschrijving van geven (dagelijkse werkzaamheden)?

- Wat voor opleiding heeft u gevolgd? Extra opleiding?

- Wat is uw eerdere werkervaring?

2. Wat zijn uw verantwoordelijkheden op het gebied van recruitment / training / performance management / teamwork?

- Wat is het **doel** hiervan, wat wil HRM hiermee bereiken?

- Hoe gaat dat?

- Denkt u dat dit een juiste manier is?

- Wie is verantwoordelijk voor wat?

- Hoe kijkt u hier tegen aan?

3. Zijn er recentelijk veranderingen doorgevoerd op het gebied van HRM?

- Hoe zijn die doorgevoerd?

- (Hoe) zijn deze veranderingen met u gecommuniceerd?

- Wat was het doel van deze veranderingen?

- Wat was uw verantwoordelijkheid hierbinnen?

4. Wat is uw beeld van personeelsmanagement (HRM)?

- wat doet HRM?

- wat is de invloed van HRM?

- wat is het belang van HRM? (of puur administratief?)

- denkt u dat het personeelsbeleid de gewenste resultaten ook daadwerkelijk behaald/kan behalen?

Bedankt het interview. Ik zal dit interview uitwerken en u een kopie hiervan toesturen. Mocht ik nog vragen hebben, kan ik dan contact met u opnemen via telefoon of email?

APPENDIX 4 – EXAMPLE CODING SCHEME + LIST OF CODES

Table 2 – Example of Coding Scheme

HRM 1	WS	"Nee, we hebben nog een heel oud werving en selectie protocol, maar dat zijn allemaal dingen die nog weer veranderd moeten worden."
HRM 1	WS	"En daarin gaat ons systeem ons straks ook ondersteunen, dat we gewoon digitaal alles door kunnen zetten naar de leidinggevende, en die kan dan ook gewoon digitaal de mensen afschrijven dus dan komen we er eigenlijk niet meer zoveel in beeld."
M1	WS	"Verzorgenden, verpleegkundigen [zitten er bij, bij het tweede gesprek]. Meestal wel een verpleegkundige en een verzorgende moet ik zeggen. Dat is wel een beetje de verdeling."
M2	ZR	"Wisselend. [of de verpleegkundige de roostering doet]"
M2	ZR	"Nee, de planning niet. Alleen door middel van uren, dus na de planning en na het gewerkte uren. Dan komt er bij ons een overzicht uit hoeveel uren er zijn ingezet per team, wie hoeveel gewerkt heeft en aan de hand daarvan kunnen wij een aantal dingen zien."

Table 3 – Codes and Meaning

Code:	Meaning
HRM1	HR Manager
M1,2	Managers
TM1,2,3,4	Team Members
SOT	Self-managed teams
WS	Recruitment & Selection
TCO	Training and Education
NS	New System
PM	Performance Management
ZR	Self-Rostering
ESS	Essence of HRM
STR/S	Strategy of HRM / Self-managed teams
STR/R	Strategy of HRM / Recruitment and selection
PRA/S	HRM-in-practice / Self-managed teams
PRA/R	HRM-in-practice / Recruitment and selection
OWN/S	Ownership / Self-managed teams
OWN/R	Ownership / Recruitment and selection