

# **Is Strategic personnel planning; too ‘strategic’ for managers of an intensive care unit?**

**A qualitative case study into the HRM implementation  
process.**

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Budget cuts in healthcare require organisations to be more efficient with their resources. Given the high labour costs in relation to total costs in this industry, and the effect that front line employees have on service quality, it is clear that good human resource management can be seen as critical to the success of every healthcare organisation. However research repeatedly found that a gap exists between what the organisation intended to do and what of this intention is realized. Little research has been done to understand the reasons for the existence of this gap. The objective of this research was to identify this difference between intended and realized HR practices and examine why this exists. The research was conducted at a Dutch hospital’s intensive care unit and had the form of a case study, in which mainly semi-structured interviews were conducted with 4 line managers and 1 HR manager. This paper produces support for the notion that HRM frames are part of the explanation for the difference between intended and realized HR practice. The findings indicate that a possible influence exists between the congruence of perceptions regarding the ownership and execution of an HR practice and the success with which it is implemented at intensive care units in The Netherlands.

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## **Keywords**

Human Resource Management, implementation, healthcare, HR practices, intended HR, realized HR, HRM frames

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## 1. INTRODUCTION

Efficient and effective healthcare has been the subject of intense debate and reform in developed countries (Bartram & Dowling, 2013) including the Netherlands (van Weel, Schers, & Timmermans, 2012). The aging population that is increasingly living at home for much of their retired life (Centraal Bureau voor de Statistiek, 2011) are cited as an important factor contributing to the need for reform (Rubery, Grimshaw, Hebson, & Ugarte, 2015). The increase in grey pressure, expressed as the percentage of people that are older than 65 divided by the total population (Centraal Bureau voor de Statistiek, 2011), is coupled with a relative decline in state funding (Cooke & Bartram, 2015) brought about by austerity (Bartram & Dowling, 2013). In the Netherlands the total spending on healthcare jumped to 8.9% in 2001 compared to 6.9% in 1970 (OECD, 2004). Another reason for the relative decline in state funding is a change in government philosophy towards New Public Management (NPM) which prescribes cost efficiency, a service orientation, and accountability to the public (Martin, 2012). In practice, NPM means moving away from a state sponsored care system towards a market driven and client oriented healthcare system (Cooke & Bartram, 2015). In NPM there is a more central role for health insurance (Cooke & Bartram, 2015; van Weel et al., 2012). This method of financing brings about increased cost sharing by individuals and thus shifts a significant portion of the financial burden from the state to those who are in need of care (Cooke & Bartram, 2015). Individualized financing of healthcare induces consumerism, which often entails raised expectations of services and demands of the medical staff that may be exceedingly difficult to meet (Cooke & Bartram, 2015; Vidler & Clarke, 2005).

Reforms led to decentralization of budgets for healthcare to local level (Martin, 2012), which leads to outsourcing or subcontracting of care work to the lowest bidder (Rubery et al., 2015) as a result of increased pressure to reduce costs stemming from budget deficits (Holland, Allen, & Cooper, 2013) and competitive pressure (Baluch, Salge, & Piening, 2013). Increased regulation is another facet of NPM in the healthcare sector, which frequently increases the workload for practitioners without an increase in budget or staff. The result of which is a ritualistic conformance to regulation that has little meaningful impact on quality of care (Cooke & Bartram, 2015). Frontline workers are often among those most affected by reform programs in the healthcare sector; this is striking giving their critical role in the functioning of the healthcare sector. Frontline workers are key to improve service quality (Rafferty, Clarke, Coles, Ball, James, McKee & Aiken, 2007) that is increasingly demanded by 'healthcare consumers'. The performance of care and support workers greatly affects care outcomes such as client satisfaction (Cooke & Bartram, 2015). Labour cost make up a substantial portion of operating costs within the healthcare sector. Research shows that healthcare is the industry with the highest median percentage of salaries as a percentage of operating expense, at 52% of operational cost in the U.S. (Majesky, Dooney, Williams & Gray, 2008). Reform has had a negative impact on workers' employment benefits (Cooke & Bartram, 2015; Cooke & Zhan, 2013). Most care workers are paid close to minimum wage (Bessa, Forde, Moore, & Stuart, 2013) moreover, they have been subject to work intensification (Cooke & Bartram, 2015). This is partly due to increased regulatory requirements and negative patient experiences (Cooke & Zhan, 2013). This work environment results in high staff turnover (Xerri & Brunetto, 2013; Cooke & Bartram, 2015), which is one of the factors exacerbating the already existing shortage of nurses (Xerri & Brunetto, 2013; Johnson & Morrissey, 2015). Other factors are the aging of the workforce, fewer entrants, presumably because

of the low level of benefits, and raised patient expectations (Xerri & Brunetto, 2013; (Borda & Norman, 1997)). Furthermore, documented poor doctor and nurse commitment and job satisfaction are continuous challenges in ensuring the quality and safety in healthcare institutions (Bartram & Dowling, 2013). The declining job satisfaction and organisational commitment among these workers is problematic as healthcare has need for cohesive interaction to ensure high quality patient care and the effective functioning of the healthcare sector (Cooke & Bartram, 2015). This cohesion is difficult to achieve in practice as medical practitioners have a long history of organizing into professional groups based on areas of specialization (Cooke & Bartram, 2015). These groups tend to have a strong collective identity and a shared understanding of the purpose, values, and culture of medicine (Cooke & Bartram, 2015; Allsop & Mulcahy, 1998). The result of this is overspecialization of workforce input and makes medical practitioners more bound by performance requirements of the external regulatory agencies (e.g. medical colleges) than by internal organisational performance goals (Bartram & Dowling, 2013), thus further complicating coordinated improvement schemes such as human resource management interventions.

The effective management of those who work in the health related care sector plays a crucial role, not only in contributing to the successful reform of the care sector and the well-being of the community and society, but also in building a resilient, productive, and innovative care workforce (Cooke & Bartram, 2015). Many of the challenges outlined above can benefit from human resource as there is growing evidence that healthcare organisations have been unsuccessful in achieving acknowledged best practice in quality of patient care and safety (Chassin, 1998). Research suggests that at the core of the quality challenge lays a lack of appropriate HR practices at local levels (Cooke & Bartram, 2015).

In conclusion, shifts at a macro level brought about pressure on the financing structure of healthcare services. Given the high proportion of labour related costs in the healthcare industry it is inevitable that these will be more closely scrutinized. This happens in a context where nurses are facing increasing work pressure and have lower job satisfaction. Moreover, shortages in staff and turnover are continuous challenges for healthcare organisations. This is a problem given the fact that the performance of care and support workers greatly affects care outcomes such as client and staff satisfaction. In healthcare cohesive interaction between job groups is critical to ensure high quality patient care. Achieving such outcomes may require central improvement initiatives such as those provided by HRM functions.

Recent research points at the quality of implementation processes of HRM initiatives. Ang and her colleagues found that employee perception in healthcare organisation mediated the effectiveness of HRM initiatives (Ang, Bartram, McNeil, Leggat, & Stanton, 2013). The research is part of an academic stream that shows a great shift in focus within HRM literature from the content to the process of HR practices, from mere presence of practices to the intrinsic quality of implementation (Bowen and Ostroff, 2004). HRM traditionally focused on the content, the 'what' of HR practices, which practices (e.g. contingent pay) a firm used, frequently by surveying HR professionals about them, without much regard for the quality of implementation of these practices by line managers, nor the satisfaction of employees with the implementation of HR practices and how these practices will affect the employees and improve organisational performance (Khilji & Wang, 2006; Wright & Nishii, 2007).

Given these drawbacks to traditional HRM research the academic community recognizes that implementation of HR practices is an aspect of HRM deserving special attention (Becker and Huselid 2006; Bondarouk, Bos-Nehles & Hesselink, 2016). The lack of sound implementation of HR practices leads to a gap between Intended and Realized HR practices (Khilji and Wang, 2006; Wright and Nishii, 2007). Understanding the gap between Intended and Realized HR practices is a first step towards resolving it, as persistence of the gap will likely limit the impact of HRM on outcomes (Woodrow and Guest, 2014). The importance of resolution of the gap is underlined by Khilji and Wang (2006) who state “It is crucial that HR departments and managers remain committed and supportive to the development of effective HRM systems by focusing upon actual ‘Implementation’ [of HR practices] within their organisations” (p.1171). The existence of this gap between Intended and Realized HR practices also has serious implications for researchers as “ignoring the quality of implementation of HR practices will not yield valid findings because it fails to explain the real situation in organisations (Khilji and Wang, 2006). In addition, “a greater focus on HR implementation will improve the understanding of the HRM – performance relationship” (Woodrow and Guest, 2014, p. 38). This is because the omission of implementation leads to the impression that HRM tools are in use where they may effectually be absent in an organisation, or implemented poorly, and thus not reaches the full potential contribution to performance it could achieve when implemented well. This research aims to contribute to existing literature by enhancing our understanding of the reasons for the existence of the gap between Intended and Realized HR practices. The research question is thus ‘What is the gap between intended and Realized HR practices in Dutch healthcare organisations and why do these differences exist? Answering this question can aid the understanding of the nature of the gap between Intended and Realized HR practices.

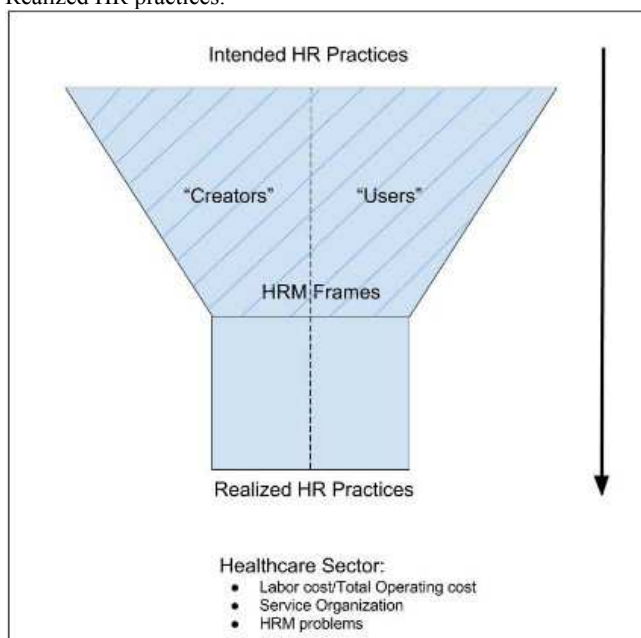


Figure 1. Research Framework

## 2. THEORY

Figure 1 depicts the research framework that was used throughout this study. It assumes the existence of a difference between intended and Realized HR practices, in the context of the healthcare sector. In answering the research question I will focus on what differences exist and why these differences exist.

It is assumed that intended HR practices are filtered by “users”. The use of a persons’ interpretation of Intended HR practice will be the input for action in the workplace and will thus be an imperfect to Realized HR practices. In this case “creators” are those who are responsible for the design of intended HR practices, and “Users” are those responsible for the implementation

### 2.1 Intended and Realized HR Practices

In this research the definition of HR practices by Lepak and colleagues is used, they state “HR practices are specific organisational actions designed to manage employees” (Lepak Liao, Chung & Harden, 2006, p. 221). The most frequently used HR practices in the literature are training and development, contingent pay and reward schemes, performance management, these may reflect the most strategic HR practices (Boselie et. al. 2005). Here they merely serve as examples of what HR practices are. HR implementation will be defined in this study as a process of gaining targeted organisational members’ appropriate and committed use of HR practices, as derived from Klein & Sorra, 1996. For the purpose of this research the definition of intended HR practices by Khilji and Wang (2006) will be used this is as follows: “the practices formulated by policy-makers (HR managers and senior management)” (p. 1172). Realized HR practices are those practices that are actually implemented or acted upon by line managers in the organisation (Khilji & Wang, 2006). The notion of Realized HR practices is based upon the recognition “that not all intended HR practices are actually implemented, and those that are may often be implemented in ways that differ from the initial intention.” (Wright and Nishii ,2007 p.10).

### 2.2 HRM Frames

In order to understand what differences there might be between Intended and Realized HR practices and why these differences exist it is useful to look at HRM frames a concept that is derived from cognitive frames. Bondarouk et al., (2016) define cognitive frames as “the individual perceptions that people use to organize and interpret their environment” (p. 3). HRM frames then refers to “a subset of cognitive frames that people use to understand HRM in organisations” (Bondarouk, Looise, & Lempsink, 2009, p. 475). This implies that interpretation or sense-making is an important part of Realized HR and could potentially explain its deviation from the Intended practices. The interpretation of HR practices by line managers will thus be influenced by HRM frames the managers possess preceding the implementation process. (Bondarouk et al., 2009). The congruence of these frames have been identified as an important factor contributing to a wide variety of desirable outcomes. For the purpose of this paper the definition of frame congruence by Orlikowski & Gash is used: “the alignment of frames on key elements or categories” (Orlikowski & Gash, 1994, p.180). The table below provides an overview of the research on frame congruence and its effect on several desirable and intended organisational outcomes. The literature collected in the table indicates that frame incongruence leads to negative effects like differences in understanding, process loss and conflict situations. For example, Gallivan (2001) found that incongruent frames may lead to different understandings, which in turn results in unsatisfied stakeholders sabotaging change efforts. Bechky (2003) found that created shared congruent frames helped solve conflicts between different job groups. This is supported by Mazmanian (2013) who found evidence that the construction of congruent frames can promote harmony and thus prevent conflict between job groups. Furthermore, Lin and Silva (2005) found that congruent frames had beneficial effects

on the ability of the company to reach consensus on and the successful implementation of IT infrastructure. Reframing of the problem was seen as the key success factor explaining the success of the implementation efforts. Woodrow and Guest (2014) support this notion but specifically explored the concept of HRM frames and its effect on implementation success. A summary of these and other papers on frame congruency can be

found below in Table 1. The papers were selected from a small database pre-filtered for frames and cognitive maps provided by the authors first supervisor. Where these did not suffice Scopus was used using “frames” and “frame congruence” as keywords until the threshold of 10 acceptable papers, for frame congruence between groups, was reached

**Table 1 - Research findings on (HRM) frames**

<i>Study</i>	<i>Goal &amp; Methods</i>	<i>Findings: role of shared frames</i>
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, Bos-Nehles, Hesselink (2006) - Understanding the congruence of HRM frames in a healthcare organisation	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 organisation 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, smoothed process of HRM change
Bondarouk, Looise, Lempink (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 Organisational 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 et al. (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 respondents) among team members, leaders and customers in five companies from the pharmaceutical and medical products industry 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	Incongruent frames → different understandings, conflict situations, slower decision-making process

	total), observations and document analysis at a multidivisional manufacturer of communication technologies	
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 organisational 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 Organisations	Goal: Identify how different actors in the organisation 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 skepticism
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 respondents) and interviews (12 in total)	When managers and senior management perceive the practice of HR policy differently issues remain unresolved.

### 3. METHODOLOGY

For this research a case study methodology was chosen. This is particularly suitable given that it is an explorative study which corresponds to the early stage the research field on the difference between Intended and Realized HR and more specifically on HRM frames is in. Moreover, because frames are implicit, they cannot be observed directly but must be discovered by asking respondents about their underlying values and beliefs in order to make assertions about their HRM frames. The qualitative case study aids process by spending a greater amount of time with the same individual at the same company. Given the implicit nature of constructs under study it can be reasoned that the need to understand underlying beliefs and values amplifies the importance of the context of HRM implementation in which perception is created. This approach also accounted for possible problems with identifying the boundary between context and the phenomena of HRM frames, and the differences between Intended and Realized HR practices.

Semi-structured interviews were chosen as medium of data collection. The reason for choosing this technique was to be best able to deal with the unobservable nature of the phenomenon under study, namely, HRM frames. The goals of the interviews were thus to explore the perceptions, understandings and expectations regarding the HRM implementation process. Interview techniques were aimed at achieving both diversity and consistency of responses. This ensured the researcher understood what was meant as well as allowed for a wide range of issues to be discussed.

#### 3.1 Sample

For the purpose of anonymity the organisation under research shall be called The Medical Center, which is a large hospital active in the Netherlands. The focal department for this research is the adult Intensive Care unit of this hospital. The Intensive Care unit employs roughly 100 nurses, split up in two teams. The Medium Care unit makes up the third team in this department and employs roughly 40 nurses. The nurses receive support from 13 medical specialists called intensivisten, of

whom two are fulfilling the dual role of medical directors (medisch hoofd) of the Intensive Care. The three teams are supervised by four supervisors, called leidinggevenden (LG), which in turn are supervised by a nursing director (verpleegkundig hoofd). Both the medical directors and the nursing director report to the department head. The Intensive Care is part of one of five divisions that make up the hospital. The interviews were conducted with the four supervisors (LG) and the HR manager of the division of which the intensive care is a department.

## 3.2 Data Collection

### 3.2.1 Intended HR practices

To understand the intended HR practices at The Medical Center document analysis was conducted on relevant HR policy documents. This revealed practices and policies that the organisation intended to use. HR policy was then used as the basis on which an interview guide on the topic of intended HR practices conducted with the HR manager of The Medical Center whom is seen as the “creator” of these HR practices. The interviews were semi-structured, during the interview questions and topics were altered in response to the topic at hand or to account for aspects that the individual deemed important. This is conform the method proposed by Miles & Gilbert (2005) and aims to create a better understanding of the research questions. The interview protocol for intended HR practices can be found in appendix 1.

### 3.2.2 Realized HR practices

After having obtained some understanding about the Intended HR practices the next step was to interview the four managers responsible for implementing the Intended HR practices, and thus the creation of Realized HR practices. The basis of the interview was open questions concerning implementation foci without explicitly mentioning the responses obtained from the HR manager, whom are seen as “users” of HR practices.

The interviews were semi-structured conform the method applied for Intended HR practices. The collective of the answers obtained from all respondents gave an impression concerning the frames of both HR managers and line managers and uncover any discrepancies that existed between them. The interview protocol can be found in appendix 2.

The goal of the interviews was to understand the different perceptions, understandings and expectations regarding key HR practices or initiatives that were initiated within The Medical Center. Interviewing techniques were tailored to achieve both consistency and diversity in answers, for example to cross reference what a different individual had said in earlier interviews. The topics of the interviews were the individual’s role and background within the organisation, the role of HRM as a function in the organisation, specific questions regarding HR practices: performance management: the use of HR3P matrix as a tool to aid this process and the implementation of CANMEDS. Also questions were asked regarding Strategic Personnel Planning (SPP), and lastly, the individual’s ideal HR practice within the organisation. In total five interviews were conducted spread in 9 session divided over three days. Each of the five interviews lasted between two and three hours.

## 3.3 Data Analysis

Interviews were taped with permission of the respondents in line with accepted methods for conducting research. This allowed the researcher to focus on the conversation rather than on transcribing on the spot. Transcripts were made and sent to respondents to ensure a fair representation of the conversation is transcribed. Coding was used to identify the intended and

realized practices and thus split between what the HR manager said and what lines managers said. Coding conducted with software program NVivo Plus 11, was subsequently grouped into background information and information indicative of the difference between Intended and Realized HR, or for the HR frame of the individual. Subsequently, the statements were grouped for each topic: Strategic Personnel Planning and performance management. These were then analysed for differences between intended and realized practices. These categories were subsequently analysed in order to uncover HR frame relevant information as a form of second order analysis, the categories for this were: purpose of the instrument, ownership (Bondarouk et al., 2009), execution (Bondarouk et al., 2016) and Ideal HR a construct introduced by the author.

## 4. FINDINGS

This section summarizes the key findings of the interviews and document analysis carried out at The Medical Center and introduces the HRM system of the organisation. In addition, 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 HR manager and the line managers are discussed. Finally, a relation between a difference in intended and realized HR and a difference in frames will be sought to uncover.

### 4.1 HRM at The Medical Center

The Medical Center’s HRM system has had to deal with significant changes recently: the hospital came under increased supervision by the Inspectie voor GezondheidsZorg (IGZ), the regulator of the healthcare sector in the Netherlands. This meant that inspectors of the regulator were allowed to interview all employees and review all documents and mandate improvements across the board in the hospital in term of quality of healthcare, safety and management. This event exacerbated an already existing shortage of specialized nurses that plague the wider area in the Netherlands. Austerity measures that were forced upon the hospital by a dire financial situation meant they had to lay-off a significant portion of staff personnel in the form of HR employees, secretaries and other support personnel. The hospital is also hard on its way to digitalize its documentation processes, which led to reduced production during an implementation period of half a year preceding the time-frame of analysis. This digitalization in combination with lay-offs in support staff devolved a significant portion of the administrative tasks to line managers, who are also dealing with pressure to fill in staff shortage to maintain the quality of care required from patients, insurance companies and various regulatory bodies like IGZ, VMS, several accreditation organisations and increasingly from insurance companies themselves. The next significant change of the hospital is already on the horizon in the form of the MBO/HBO Job design split that is on its way to become national policy through the trade organisation Verpleegende & Verzorgende Nederland (V&VN). Against this backdrop of changes, the organisation aims to implement a number of HR practices the focal point of which shall be performance management and strategic personnel management.

### 4.2 Intended and Realized HR Practices

Previous studies have identified the existence of differences between intended and realized HR Practices (Khilji & Wang, 2006; Wright & Nishii, 2007) This case study found that within The Medical Center differences exist between some of the intended and realized HR practices. Below is explained, for two practices, whether or not these differences exist.

#### 4.2.1 Performance management

The Medical Center recently altered its performance management system. This new system is supported by yearly evaluations, a scoring system called HR3P, which scores employees on growth potential and performance, and new content in the yearly evaluation form called CANMEDS, a model or framework for competences for nurses and doctors.

The Medical Center has been introducing this concept for the past two years to the line managers of the Intensive Care unit. Certain parts of the performance system were tailored specifically for the Intensive Care, for example two of the four line managers of the Intensive Care unit were asked to make a selection from the eight main CANMEDS competencies in terms of applicability and importance, and this resulted in choosing three. More recently the CANMEDS were incorporated in the yearly evaluation form. Also the HR manager of the division presented an overview of the outcome of the HR3P scores of all employees based on the scores that the line managers gave to each employee. As of the time of this writing they are implementing these changes. Seemingly these are a lot of changes in a short time plan the HR manager explains

*“The style is very hands on, and usually a bit too fast, that has the unfortunate downside that you cut a few too many corners, my role in this is to make sure to, together with the line managers, that we think things through and that we are meticulous enough”*

Currently, the implementation of these tools is still in early phases, or sees their first use in the organisation, for example manager 4 has never worked with the CANMEDS in the new yearly evaluation form. Several managers expressed great imperturbability when inquired about the pace of implementation, stating that this is usual as this large, unwieldy organisation. The HR manager offers a different explanation altogether, which can be described as “a lack of perceived benefit or necessity, a lack of support base.”

The HR manager stated that HR had no role in the introduction of CANMEDS up until it was incorporated in the yearly evaluation form, a course of action that was not uncommon, as some of the line manager attested to. When asked what the goal of CANMEDS is the HR manager had to admit not knowing it.

My inquiries about the intended practices of the tools to support performance management quickly revealed discrepancies between policy documents and “working documents”. Particularly the scoring methods are with permission of the HR manager “Iffy”. This notion was supported by three of the line managers. It was not the scoring method that was the chief concern of the line managers, manager 4 stated “I always have fun filling in the matrix but afterwards we don’t do anything with it, we don’t see it as all that valuable” manager 2 adds “the Matrix is the result of what you already know, it graphs what are the high potentials, who are the one that we should scrutinize closely and who are already at the peak of their abilities. In relation to the value of outcome of the matrix manager 2 states that “Nobody ever surprises me “This indicates that the performance management system was not fully or correctly implemented.

#### 4.2.2 Strategic Personnel planning

Strategic personnel planning was touted as a hot topic within The Medical Center. This can be understood in a context where the Intensive Care unit has a shortage in staff of 10 full time equivalents (FTE) and a large outflow of experienced nurses in

the recent past to the ambulance unit, the emergency services and intensive care units of competing hospitals.

For strategic Personnel Planning the policy dictates the following: identifying drivers of needs for increases or reduction of personnel, changes in the quantity but also the quality of personnel and the development of the field, the policy also describes scenarios as desirable. The HR manager says:

*“SPP has the goal to start the conversation, what it means for the personnel, which steps have to be taken”*

When inquiring as to how that goes the HR manager states, in reference to thinking about future needs:

*“They do it in their heads, but they have much more trouble in putting it on paper and to translate it to personnel management”*

Despite contextual factors that one would expect to create momentum for swift implementation the HR manager indicates that the policy document stems from 2013, thus nearly three years ago. As reasons the HR manager offers

*“ They say SPP is a good thing, we should do that, HR develops policy and practices, testbeds are created, a policy letter is circulated, that results in inclusion in the ‘kaderbrief’ (a hospital wide policy and priority document that directs actions of all divisions), in which they dictate that everyone has to create a Strategic Personnel Plan for their unit or division, and then it’s silent, the higher management does not monitor the progress of department heads on this subject so it receives no attention”*

The HR manager relates the lack of monitoring to a financial focus, since *“if you stay within your budget nothing much happens to you”* SPP is also being implemented amongst a shift in philosophy that dictates that employees carry more responsibility for their sustainable employability. Nurses receive a personal development budget; they have access to a career centre that can help them with their career goals. The Intensive Care unit also has a development budget for the whole department. In reference to the career centre the HR manager states *“once every 5 years an employee is allowed to use the career centre, but if every employee would go every 5 years, we would get in trouble, that is why we don’t advertise it too widely.”* “The line managers diverge on quite a bit on this topic manager 1 speaks quite positively about it, whereas manager 2 describes Strategic Personnel as widely inadequate: *“I think that organisations, and in this case The Medical Center do far too little with strategic personnel planning”* this notion is echoed by manager 3, who is not aware that they do anything with it. manager 2 describes a lack of funding for SPP to put this on context manager 2 compares *“every year the department receive the departmental development budget but if you see what that buys, that amounts to no more than one in-service training and a few symposiums”* This gives the strong impression that Strategic Personnel Planning was not implemented correctly or fully.

### 4.3 HRM Frames

#### 4.3.1 Performance management

Performance management refers to all the activities the organisation conducts to assess and improve the performance of its employees. For the purpose of this research performance management focuses on the scoring mechanisms that were recently altered.

#### 4.3.1.1 Purpose of the instrument

The purpose of the instrument is the perceived reason for using an instrument that is created by HR or elsewhere in the organisation

Line managers were well aware of the purpose of the practices performance management although it has to be said that they did not know the content of some of the new tools. This according to the HR manager is because *“it is a distant tangential issue for people that stand next to the bed every day”*. The perceptions with regards to purpose of the instrument are strikingly similar between the line managers and the HR manager. Manager 2: *“[the matrix.] gives a clear overview about the size of the group that is close to retirement, that is an advantage, or the size of the group that have to work for another 40 years, but are already close to the maximum of their specialization, how are we going to make sure that they will remain motivated?”*. This is remarkably close to what the HR manager stated as the objective *“the goal of the instrument is to look at the team at the moment of analysis, what you think of this, to see it in a graph, what you need to maintain this distribution”* Thus for the purpose of the instrument the frames are congruent between line managers and the HR manager

#### 4.3.1.2 Ownership

Ownership refers to people's assumptions and expectations about sharing responsibilities in HRM implementation in the organisation (Bondarouk et al., 2009).

The ownership of the performance management system revealed disagreement between the parties, although to some extent it was agreed that line managers are responsible for both creating the scoring's criteria since *“we know what performance means in our department, I see the people in practice”* manager 1. The HR manager told us that the format was developed by HR and that the Works Council (OR) had to approve the proposed changes. The line managers on the other hand had greater expectations in regards to the responsibilities of the HR manager. Manager 1 states: *“I think that our HR advisor often plays a defining role and helps us with the classification.”* It appears that the line managers are less familiar with the scoring methods than the HR manager anticipated. Also the more practical side of the performance management system that dealt with what was to be done with the scores that were given to employees a confusion of roles seemed to exist. The HR manager expects the managers follow up on the scoring the employees receive and put those that step out of line under increased supervision. The HR manager states: *“those employees that underperform are clearly under scrutiny of their manager, and I also think that they have conversations with [those employees] whether those are any good I don't know, I am not always present for those meetings, I don't know how [those meetings] are perceived, if the people are mature professionals then they should be productive.”* The line managers paint a different image when it comes to the clarity of their roles, manager 4: *“It's tough because we do have a few [employees] that are underperforming, to the extent that we have to do something with this, but what!?, that is not really clear, HR is not supporting us in this regard, they [provide an overview of all nurses individual assessments] and they hand it to us and that's it.”* when it came to evaluating the performance both the HR manager and the line managers emphasized a greater role for the employee, the expectation was that employees prepare and discuss their portfolio, their ambition and their performance as manager 3 puts it *“we are going to give the employees more responsibility to prepare the yearly evaluation and to make sure they get enough feedback to use as input.”* This theme was echoed by all managers including the HR manager. This leads to the conclusion that the frame of

ownership is incongruent between line managers and the HR manager

#### 4.3.1.3 Execution

Execution and processes, which refer to the organisation's members' understandings of how HR is used daily and its consequences (Bondarouk et al., 2016)

The HR manager acknowledges the absence of a shared norm in the scoring of employees *“what we find acceptable as in this person has a 3 and that person a 5, which is something we don't have yet, it is based on feeling or idea.”* The HR manager assumes or expects the managers to have agreed upon a shared standard. The line managers paint a different image. Manager 2 talks about 'personal interpretation', Manager 2 explains *“there is a range from 1 to 5, where 3 is the average. And let's be honest, maybe you will give a 5 but I think why? Is this person always perfect? I don't think you can score a 5 in communication, this makes me much more inclined to give something in-between 2 and 4 and a 1 is such a low score that I will have made special arrangements with those individuals already. This just shows that personal interpretation is always there.”* the lack of consistency is underlined by manager 3 who states *“we don't have a clear distinct scoring system, not for the yearly evaluations. It is pretty subjective I think, actually very subjective now that I think of it. I don't think we have a clear objective scoring measure to apply to the scale of 1 to 5.”* Three of the line managers state or agree with the idea that the scoring is inconsistently applied and leads to arbitrariness in the performance management, which may hamper the motivational effects of the practices. This leads to the conclusion that execution is negatively congruent at best and can be argued to be incongruent, this hampers smooth implementation.

#### 4.3.2 Strategic Personnel Planning

Strategic Personnel Planning for the purpose of this research refers to practices that take the current labour force as a starting point and develop a strategy or strategic options as to what type of labour force might be required in the future. The result of this analysis inspires recruitment, retention and training and development practices to attain the desired future state.

##### 4.3.2.1 Purpose of the instrument

The HR manager introduced the instrument in 2013 with the goal of increasing the sustainable employability of current and future employees although directly asking about strategic personnel planning did not always result in recognition by line managers, they did understand what the purpose of the instrument is. Manager 2 in response to inquiries regarding the own vision on the instrument *“I think that not only the professionalization of the nurse as well as adapting to the changing landscape in healthcare, increased market forces etc. how can you make sure that the nurse is well equipped to be able to keep up with the doctor”* these and comparable statements reflect the understanding of the need to keep up with changes in the profession in the face of uncertainty as to where the field is going to go and recognizes the forces that underlie the pressure to develop the people in the organisation. The purpose of the instrument can be seen as congruent between line managers and the HR manager.

##### 4.3.2.2 Ownership

The ownership with regards to strategic personnel planning was a point of contention between line managers and the HR manager. The HR manager is convinced that the instrument is developed and rolled out and that the managers are the once not picking up the tasks they were assigned.



*“they say about Strategic personnel planning, that is good we should do that, then HR develops policies and practices, trial rounds are conducted, a policy paper spawns out of this, it reaches the Kaderbrief, which states that every department has to have a strategic personnel plan next year and then nothing happens with that, higher management do not hold the line accountable for their [lack off] progress on strategic personnel planning, what is necessary is an interplay [between HR and line managers].”* The HR manager also expresses dissatisfaction with the progress made *“what I personally experience when reading the yearly evaluations is that we are not very specific”*

The line managers contradict this view and point at the HR manager to contribute more of the HR manager’s expertise and devotion to strategic personnel planning. Manager 3 states that: *“[Strategic personnel planning] is not really being guided by HR”* and in response to how that is to be changed manager 3 points at HR to make the next move

*“HR should offer us training on this subject. Manager 3 claims that this has been lacking. Manager 3 goes on to say “we do get support from HR in our department but they don’t make use of strategic personnel planning”.*

Manager 2 describes the role of HR as tangential and claims to be waiting for funding and a clear vision before being able to do anything. There seems to be opposite expectations as to who is to make the next move, managers seem to expect something more from HR, be it more information or expect the HR manager to push the agenda with regard to using the assessment discussed beforehand to develop suggestions for the development of employees. The HR manager on the other hand expects the line managers to push the agenda on strategic personnel planning and observe a lack of “perceived utility or necessity” from the line managers. This means that the Ownership can be seen as incongruent between line managers and the HR manager.

#### 4.3.2.3 Execution

The HR manager is under the impression that they do something with the null measurement, this is something that is contradicted by manager 3 states he doesn’t do anything; manager 4 does not think the personnel planning in use is strategic. In concordance with manager 2 they voice the opinion that development of personnel is scrappy, local or individual in the sense that it is inconsistently applied. Manager 2 *“ it is so local and with that I mean we are a large organisation, with 7000 employees, and the one department grants a master degree for first line managers and the other can’t even get budget for an advanced course for nurses, even though they are dealing with a shortage nation-wide”* manager 4 adds to this notion by stating *“ sometimes you have the advantage that you are in a project team that mandates a certain training, this means that you can do it during working hours and is paid by the organisation. Besides that an X% [of the salary in the form of personal budget] can be used for personal development, it can be used for symposiums, training courses and of course you can also buy an iPad with it”* *“well a lot of Ipads are being bought I think”* the HR manager recognizes the general lack of capacity for the development of employees and gives the example of the career center, where they cannot accommodate every nurse once every five years. This can be characterised as negative congruency between line managers and the HR manager.

#### 4.3.3 Ideal HR

Ideal HR is a construct proposed by the author and refers to a person’s ideal state of Human Resource management in which there is no constraints to resources or compliance with the focal person’s Ideal HR

When comparing the statements from managers about the purpose, ownership and execution of strategic personnel planning and performance management compared by questions regarding their ideal HR, initially used to ask them to describe the difference between the ideal and the real situation to get them to talk about realized HR, a striking similarity was found between the two, leading to the idea to include Ideal HR as a construct for this paper.

Analysis of respondent’s Ideal HR reveals a scattered pattern of overlap and discrepancy even for closed or dichotomous sub-variables. In order to reveal the richness in answers of the respondents each response shall be summarized separately.

Manager 1 described the Ideal HR practices as: *“When everyone enjoys him or herself at work and wants to deliver the best care possible to patients. That you can discuss issues with everyone freely. It would be nice if we could reward those that go the extra mile in the form of a bonus or extra free or development days to show that we appreciate our employees. That could be a stimulus that motivates people. That people that are stuck in terms of their schedule can expect smooth resolution of those problems.* Manager 1 did not favour team based performance pay, but viewed supported the idea of team events and informal social events as essential in solving problems within the team. *“For example when a valued team member leaves I think it is very important to have an informal drink, this I what binds the team together when disaster strikes.”* When inquired about Strategic Personnel Management Manager 1 emphasised that the CANMEDS give direction for the development of nurses, the possibilities of which should be expanded further in the future. Manager 1 added *“I would want The Medical Center to offer a bit more time to nurses, we use the metaphor ‘we have to change the wheels of a moving car’ that is how understaffed and underfunded we are. We need all the hands near the hospital beds; this means that development will have to be shifted to the employee’s free time. We do offer paid training and development, but we have to guard the balance between the two.* A summary of the response can be seen below in table 2.

Manager 2’s ideal HR practice is somewhat congruent with manager 1; they share their view on the role of individual rewards, although manager 2 favours rewarding in the form of development budgets over a straight bonus. Manager 2’s ideal HR is described as *“self-directed team, with a high sense of own responsibility, self-reflecting, employees that see themselves as true professionals and to do personnel planning from that perspective. Then we take a budget of 20k for the department that can be used as a reward for a number of overachievers to use for personal development.”* Manager 2 touted this as the key to achieving and retaining a highly qualified workforce. A summary of the response can be seen below in table 2.

Manager 3’s ideal HR practice is to a large extent contrarian to that of manager 1 and 2. Manager 3 is against contingent rewards of any kind this is because *“we don’t use it because it is not conventional in the hospital. Perhaps in other organisations it is more suitable. I wonder if it is something beneficial. I do not share the opinion that it improves the organisation. It means that you will reward someone for something that you should actually be expecting from this person anyway, that he/she and his/her colleagues do the rewarded behaviour as part of their normal tasks. It could*

follow that an employee figures if he/she is not going to be rewarded for it he/she won't do it anymore. I do not think it is appropriate." Manager 3 is unfamiliar with Strategic Personnel Planning and unable or unwilling to give a personal vision on the subject, other than expressing the need for a nil measure and a vision to work towards. The core of the Ideal HR practice is the provision of challenging roles such as Senior or Nurse Practitioner, very specialized roles as well as secondary activities in form of quality committees etc. Another key element for manager 3 is "diversity in the team in terms of age categories, different specialisations, qualities, personalities, it is important that the quality of the team as a team is high. This requires an attractive working environment with interesting and diverse patient to look after, where the team can learn a lot, that is important I think a dynamic environment, that is what characterizes the Intensive Care nurse". A summary of the response can be seen below in table 2.

Manager 4's ideal HR practice is partly congruent with manager 2. Both managers favour individual rewards to be directed at development budgets. Both manager mention increased employee responsibility and development as key themes in their vision of ideal HR. Manager 4 mentions: "I think that there is an opportunity here: people what to go to the ambulance or the emergency room, many people like the intensive care but miss the acute, emergency aspect, an intensive care is acute for a little while, after that patients spend weeks in intensive care to disaccustom from artificial respiration, there is nothing acute about it anymore. I think it would be very nice if we could create a dual job between emergency room or ambulance and the intensive care." Manager 4 makes a point out of explaining the difficulty with

which an underperforming employee can be fired at The Medical Center. This finds its way into manager 4's Ideal HR: *if someone is demonstrably underperforming and we have documentation of this fact, then this person should be suspended, will get X amount of time to find a different job within or outside of The Medical Center with guidance of a career coach from the organisation. If that proofs unsuccessful, then we sign the letter of dismissal, pay compensation if necessary and then it's finite, that would be great.*" Manager 4 expresses the importance of being stimulated to develop oneself and that this should be a riveting and smooth experience and not something employees have to do.

The HR manager's ideal HR practice is congruent with that of line managers the HR manager states the ideal HR: *"when line managers ask me to create the instrument, then there is a support base from which to start, and you don't have to develop that first. Then I will create a wonderful instrument with input from employees. The scoring system is worked out; it is clear when someone receive a bonus or other rewards. Everybody is enthusiastic and sees the advantage and necessity of the instrument, which makes it that much easier to implement.* The optimal contingent reward system for the HR manager is a combination of individual and team rewards, to balance out the negative effect of too much emphasis on either. To this the HR manager adds: *"At the end of the day the key to a good system is the quality of the cycle: reaching specific agreements and following up on those agreements. This should be more specific here, it should be more clear what is expected both from the employee as from the manager. If you would receive a target here it is much more about behaviour and development. This should be tailored to the individual.*

**Table 2 a summary of the Ideal HR of the 4 line managers and the HR manager individually.**

Ideal HR	Emphasis in ideal HR	Contingent reward	Straight bonus or development budget	Individual or team based rewards	Key to performance management	Strategic Personnel planning
Manager 1	Creating the best healthcare through employee happiness	Yes	Both	Individual	Improve team spirit	CANMEDS, more development during working hours, individualised development
Manager 2	Professionalization and personnel development	Yes	Development budget	Individual	Providing a desirable outcome for high performers (a reason to perform)	Invest in professionalization, increase develop budget of high potentials
Manager 3	Increased responsibility for the employee, providing a challenging job	No	Neither	Neither	A dynamic environment, diversity in cases and colleagues	Do a nil measure, create a vision
Manager 4	Actively stimulate and give time to develop employees	Depends	Development budget	Individual	A smooth dismissal process	Duo jobs IC combined with ambulance or ER
HR manager	A support base, perceived benefits and necessity	Yes	Both	A mix of both	A good evaluation cycle, individualised performance, employee responsibility	Scenario's developed by and for individual departments for which HR practices are development

The idea is that possibly the reason for deviation from the intended HR practices is that line managers have a different picture of what HR practices should be, even though they have no specialized knowledge on the subject, nor are they explicitly trying to sabotage the organisation. Perhaps they don't even intend to change the HR practices at all. Because their frame of

the ideal HR differs the lens through which they perceive Intended HR differs and therefore the Realized HR differs. This is an assertion that requires further research to establish Ideal HR as a mediator between Intended and Realized HR. But it is the author's believe that Ideal HR is at the core of HRM Frames because it captures "a subset of cognitive frames that people use

to understand HRM in organisations” (Bondarouk et al., 2009 p. 475) Indeed what is perceived to be good or fitting HRM is directly affected by what the focal person perceives as ‘good or fitting’ HRM. For example manager 3 is against contingent rewards because it is seen as inappropriate in healthcare, whereas the other managers see it as a desirable practice if given the resources to do so. Assuming managers will have discretion to decide whether or not such a tool is used, in this case bonuses to be issued a difference in frame will lead to a difference in realized practice.

## 5. DISCUSSION

### 5.1 Implications

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

Strategic personnel planning is characterised by congruency on domain of purpose of the instrument, but incongruency on ownership. The HR manager states it is not on the line manager’s priority list, the line managers state they don’t know how to use the instrument and expect HR to create policy on the matter. Furthermore negative congruence on execution was found, the HR manager has greater expectations as to what is being done compared to the line managers. The result of this is that the implementation is by admission of all parties still not complete.

Performance management is characterized by congruency on the domain of purpose of the instrument, but incongruent on ownership and negative congruency concerning execution, both the HR manager and the line managers had similar frames regarding the execution of performance management, unfortunately the frame content was negative, this hampers the implementation process. The result is that the implementation did not go well but more of it is implemented than is Strategic Personnel Planning, even though parts of the new performance management system were introduced much later.

The author offers an additional construct of Ideal HR as a possible explanation of some of the differences between Intended and Realized HR practices; in this case it may explain why performance management seemed to be implemented slightly more successfully than strategic personnel planning. The author hypothesizes that particularly when the implementation process is weak, managers seem to resort to scrappy or intuition-based HR practice, which I hypothesize might just be a bit closer to what the focal line manager thinks is the way to do it in an ideal world. This will need further research to provide empirical support for the notion of Ideal HR.

### 5.2 Limitations and Future Research

This study shed light on the differences between intended and Realized HR, examining incongruence of HRM frames between, or sometimes even within social groups as a possible explanation. The method to do this is a case study with heavy emphasis on semi-structured interviews. The limited time frame dictated a single case study was to be conducted. This sample size is insufficient to allow for any empirical generalization of the findings. The interviews itself were subject to various degrees of reactivity, observed from the assertion that some managers (in this case 2 and 4) were more willing to say things that seemed politically incorrect, unpopular, socially

undesirable, and lacking of nuance. Also respondents varied greatly in their willingness to express their own opinion. Given the fact that the interview sessions were conducted on a total of three days within a short time span it is likely that some of the responses reflect recent events. Given this short time span and limited amount of visits, the mood of the respondents is likely to play a significant role in the nature of his or her responses. This may lead to the assertion that some of the questions measure nothing more than the moment. For example, the first interview with manager 4 was interrupted by a nurse staff meeting and a meeting that the manager characterized as a “difficult conversation” after which it appeared to the researcher that the respondent was relativizing some of the comments that were made before the interruption. In addition to respondent induced limitations the fact that a single researcher the author is possibly/likely to be a source of bias as well. The fact that the author knows the goal of the research may obscure even a well-intended and thought through coding process, since it may reflect what the researcher wants to see, rather than objective reality.

Many of these limitations can be overcome in future research. Single case studies in comparable firms can shed light on the generalizability of the findings presented here. The option of multiple case studies in the sector may be an attractive option for future research with a longer time frame. Furthermore, future researcher can account for the limitations of interviews by supplementing or complementing these for observational research. Whichever path is chosen it is advisable to use multiple researchers for coding and interpreting the data, if possible blinded from the research goal, if at all practical.

## 6. CONCLUSION

This research answered the following research question: ‘*What is the difference between intended and realized HR practices in Dutch healthcare organisations and why do these differences exist?*’ findings show that differences exist between intended and realized HR for the HR practices strategic personnel planning and performance management at The Medical Center. Furthermore, support was lent for the idea that the frame domains of *ownership* and *execution* hamper the implementation process when they are not positively congruent. Lastly Ideal HR was introduced as a possible reason why realized HR practices differ from intended practices under conditions of weak implementation. This is proposed to be because managers resort to intuition-based HRM in these circumstances.

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## APPENDIX 1 – 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 personeelsmanagement 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. kunt u mij iets vertellen over de veranderingen die recentelijk zijn doorgevoerd op het gebied van: E-HRM, CANMEDS, MBO/HBO job design splitsing, performance management (HR3P & jaargesprek) Strategisch Personeel Planning (SPP)

- 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 E-HRM, CANMEDS, MBO/HBO job design splitsing, performance management (HR3P & jaargesprek) 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 de lijnmanagers op het gebied van personeelsmanagement (HRM).

- Hoe gaan ze daar mee om?

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

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 2 – 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 personeelsmanagement 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 : E-HRM, CANMEDS, MBO/HBO job design splitsing, performance management (HR3P & jaargesprek) en Strategisch Personeel Planning (SPP) - 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?

- 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?