

Are self-managed teams autonomous in the residential care?

Results of a qualitative analysis into HRM implementation

Author: Liesbeth Kroeze
University of Twente
P.O. Box 217, 7500AE Enschede
The Netherlands

ABSTRACT

This study draws on HRM implementation and HRM frames. The main objective is to investigate what the difference is between intended and realized HR practices and then with the help of HRM frames explore if incongruence in HRM frames can explain this difference. The proposition is made that implementation of HR practices can be deemed successful when the intended HR practice is aligned with the realized HR practice. This research is situated in the Dutch healthcare sector with all its accompanying challenges for the organization as a whole but also challenges for the HRM function specifically. The research is done in a healthcare organization operating in the Netherlands and specifically in the division of residential care. Semi-structured interviews were held with the director, two coaches, and one HRM advisor and of two teams each three employees. In the interviews questions were asked to uncover different HR practices and how people looked at and felt about these practices. Transcripts were analyzed for differences in intended and realized practices, and for the different HRM frame domains belonging to the HRM frame of different social groups. The results of the study suggest that there is a difference when it comes to the decision-making authority of the self-managed teams. The role of an incongruent HRM frame came forward as a possible explanation for the difference in the intended and realized HR practice.

**Supervisors: Prof. Dr. T. Bondarouk
J. van Mierlo, MSc**

Keywords

Human Resource Management, Implementation, Intended HR Practices, Realized HR Practices, HRM Frames, Healthcare

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1. INTRODUCTION

In 2004 Bowen and Ostroff published their article about the strength of the HRM system. After this article there has been a shift from content HRM to process HRM. The main focus no longer lies on which HR practices are present in the organizations to achieve organizational goals, but on how HR practices lead to the desired organizational outcomes. This shift led to a focus on HRM implementation. Implementation of HRM is seen as a process. In the literature different meanings are assigned to the term implementation, but it is also seen as an implicit term that does not need to be defined (Bondarouk, Looise, & Lempink, 2009). A definition for implementation that is specific to this research based on a definition from Klein and Sorra (1996) is: a process of gaining targeted organizational members' appropriate and committed use of HR practices. Bos-Nehles & Guest (2013) present an analytical framework in which to consider HRM implementation. The framework proposes four stages; decision to introduce HR practices, quality of HR practices, implementation of HR practices and quality of implementation. These four stages have primary implementers and primary evaluators and are situated within a specific internal and external context. This analytical framework is developed to analyze and improve the understanding of factors shaping effective implementation of HRM. Bos-Nehles & Guest (2013) recognize in this framework that there can be a difference between the intended HR practices and the implemented HR practices. This difference between intended and realized HR practices was also recognized by other researchers (Khilji and Wang, 2006; Wright and Nishii, 2013). In this research the focus also lays on the difference between intended HR practices and realized HR practices and why these differences might exist. Intended HR practices can be defined as "practices formulated by policy-makers (HR managers and senior management)" (Khilji & Wang, 2006). The realized HR practices are defined as practices that are actually operationalized in the organization (Khilji & Wang, 2006). It is important to focus on this difference because previously researchers failed to find conclusive findings on the relationship between HRM systems and organizational performance due to not making a distinction between intended and actually implemented HR practices (Khilji & Wang, 2006). They also state that it is crucial for HR departments and managers to focus on actual implementation if they hope to improve organizational performance. Moreover, they find that HR practices that are implemented influence the behavior, motivation and satisfaction of employees more than intended HR practices.

This research is situated in the healthcare sector. Previous research related to HRM in the Healthcare sector presented different reasons for doing so. In Baluch, Salge & Piening (2013) improving quality while having to reduce costs, together with a shortage of clinical staff who deal with work intensification are presented as the main issues. The healthcare sectors all around the world are faced with the pressure to cut costs and improving quality of the care, resulting in increasing pressure to manage the workforce more effectively (Baluch et al., 2013; Cooke & Bartram, 2015). To deal with these issues practitioners and scholars have turned to HRM with the conception that HRM enables healthcare organizations hospitals to better deal with these issues (Michie & West, 2004; Bartram, Stanton, Leggat, Casimir, & Fraser, 2007). HR practices and specifically when they are part of a strong HRM system can have beneficial effects on performance. Several researchers provide evidence for the positive HRM performance link within the healthcare sector. For example, HRM has been found to lead to lower mortality rates (Chuang, Dill, Morgan, & Konrad,

2012; West, Guthrie, Dawson, Borrill, & Carter, 2006). These previous researches show the importance of HRM in the healthcare sector.

In this paper the focus is on three main points chosen to represent the context in which the Dutch healthcare sector is positioned. The first point of attention is the one of 'Total cost/Total operating cost. In the healthcare sector operating costs consist largely of labor costs (Cooke & Bartram, 2015). In 2012 the labor costs in the healthcare sector made up 67 percent of operational costs in the Netherlands (Intrakoop, 2013). The same report shows that in hospitals this percentage is the lowest of the different sectors, it is only 59 percent. In the disabled care this is 69 percent. In the combined sector of 'VVT' (residential care, home care and maternity care) this percentage is 71 percent. The highest percentage of labor cost is in the sector of mental care. The total health spending in the Netherlands as a percentage of GDP was in 2013 11.1 percent (OECD, 2015). This is second highest of all the 34 OECD countries and well above the average of 8.9 percent. This indicates the importance for the Netherlands to control their costs well, since such a large percentage is spent on healthcare and needs to be spent effectively. To deal with the pressure of reducing costs healthcare organizations have employed different cost reduction strategies. According to Leatt, Baker, Halverson, & Aird (1997) these strategies are downsizing, reengineering and restructuring. Although these strategies were not always successful, they found agreement in literature that cost cutting strategies continue to be necessary. However, they also state that most successful organizations saw cost cutting not as a necessary reaction to the changing environment, but they saw it as an opportunity to do better. In the Netherlands the growth rate from 2012 to 2013 was the lowest growth rate of healthcare expenditure in fifteen years (Centraal Bureau voor de Statistiek, 2014). This is supported by the OECD who state that the trend of stagnation of expenditures in Netherlands is in contrast with the trend in other OECD countries (OECD, 2015). This indicates that healthcare organizations in the Netherlands are working effectively on reducing costs.

The second point is the one of 'service organization'. The healthcare sector is one based on services. The quality of the experiences and outcomes is to a big part determined by interactions with employees (Cooke & Bartram, 2015; DH Workforce Directorate, 2005). Schneider & Bowen (1993) put forward the idea that HRM is crucial for a service organization. They state that "when employees see their organization as having a strong service orientation, customers report more positive service experiences" (Schneider & Bowen, 1993). To reach a coherent view of the service organization, as part of a strong HR system, the steps that come before employee reaction in the model of Wright and Nishii (2013) need to be done right. This is based on the view of Bos-Nehles & Guest (2013) that the effectiveness of each step in the process depends on the previous. Among the steps before employee reaction are the steps of intended HR practices and realized HR practices. This supports the view presented here that it is of importance to look at the successful implementation of HR practices in the healthcare sector.

The third point is the one of 'HRM problems'. HRM in the healthcare sector faces a lot of challenges, some of them mentioned earlier. Due to competitive pressures and austerity health care organizations are confronted with the two sided challenge of cost reduction while improving quality (Baluch et al., 2013). This is also due to an aging population and rising cost for healthcare (Cooke & Bartram, 2015). Some other challenges recognized by Benson and Dundis (2003) are mergers, reorganizations, changing workforce and rapid

technological changes. There are many challenges for HRM that are a result of the changing environment. The care staff is confronted with work intensification (Baluch et al., 2013; Cooke & Bartram, 2015), while also having to deal with a shortage of staff due to higher employee turnover (Townsend & Wilkinson, 2010). This goes together with the fact that staff gets paid low wages (Bessa, Forde, Moore, & Stuart, 2013) and that they are poorly committed to their job and that they are not satisfied with it (Cooke & Bartram, 2015). Empirical evidence has shown that a strong HRM system can help to attain desirable attitudinal and behavioral outcomes such as employee retention and job satisfaction (Baluch et al., 2013). This is another reason why HRM is of importance in the healthcare sector, because it has shown previously that it can help achieve the desired outcomes that the healthcare sector needs solved. The healthcare organizations in general can further be characterized as having ambiguous and conflicting goals and tasks, and having a lack of internal coordination (Bondarouk, Bos-Nehles & Hesselink, 2016). These aspects can lead to ambiguous and conflicting policy rules (Bondarouk et al., 2016), which can be encountered in the intended HR practices and possibly lead to implementation problems.

Thus, this research will focus on the healthcare sector and specifically the one in the Netherlands to expand on the limited research done in this field. The Labor costs/total operating costs, service organization and HRM problems are taken as central points that make up the Dutch healthcare sector in which this research takes place. Special attention will be paid to the implementation process. The aim is to look at the intended HR practices and the realized HR practices and to make conclusions about why differences exist between them. This leads to the following research question: What is the difference between intended and realized HR practices in Dutch healthcare organizations and why do these differences exist?

2. THEORETICAL BACKGROUND

2.1 Intended and Realized HR Practices

Intended and realized HR practices can be measured in three different ways according to Boselie, Dietz, and Boon (2005). The first way is by its coverage, which entails the proportion of the workforce covered by the HR practice. The second is by its intensity, which is the degree to which an individual employee is exposed to the practice. The third way is by its presence, this is whether the HR practice is actually in effect or not. This study will use the presence measurement. For intended HR practices the HR policy and policy makers dictate what HR practices are originally envisioned for the organization, these people can be defined as the 'creators'. For realized HR practices the answer can be found with employees responsible for implementing HR practices, which are actually in effect in the organization. These employees can be defined as 'users'. That there can be a difference between intended and realized HR practices is already recognized by several researchers (Khilji & Wang, 2006; Woodrow and Guest, 2014; Wright and Nishii 2013). The focus of this research is on why these differences between intended and realized HR practices exist.

Different researchers have put forward ideas about why the gap exists and how to minimize the gap. Bos-Nehles & Guest (2013) state in their research that line managers have the responsibility for the actual implementation of the HR practices that are envisioned by senior management. These line managers can have their own values and priorities which may or may not align with the HR values implied in the practice. Therefore, the line managers may choose to not implement a certain practice because they feel that it is irrelevant. This thus leads to a difference between the intended and realized HR practices.

Mintzberg (1978) found that there could be a difference due to several factors, they could be political, institutional or rational (Found in Wright and Nishii, 2013, p102.). Khilji and Wang (2006) identified four factors that potentially contribute to minimizing the difference between intended and realized HR practices. These four factors are: "incorporating the use of cultural and structural changes in developing effective HRM systems, ensuring employee involvement, developing employee-friendly policies and making HR departments accessible, and providing management support and commitment in implementing changes throughout the organization" (Khilji and Wang, 2006). In this research the focus is on HRM frames and if they can explain the difference between the intended and realized HR practices. This lays closely to the explanation given by Bos-Nehles & Guest (2013).

2.2 HRM Frames

A reason for the differences between intended and realized HR practices can be uncovered by looking at the influence of cognitive frames. Cognitive frames can be described as "the individual perceptions that people use to organize and interpret their environment" (Bondarouk et al., 2016, p. 3). These frames can also be specific to HRM. HRM frames can be defined as "a subset of cognitive frames that people use to understand HRM in organizations" (Bondarouk et al., 2009, p. 475). These frames are focused on the individual but there are also frames that are common across a social group, called shared frames. According to Bondarouk et al. (2016) frames are shared when individuals interact and/or negotiate when cognitive elements like assumptions, knowledge and expectations are similar. These can be similar due to having for example the same education, career history, responsibilities and firm context (Bondarouk et al., 2016). If social groups do not share common ground and thus have different shared frames they can perceive the same thing differently. These incongruent frames lead to less desirable conditions within the organization. Therefore it is of importance to have congruent frames within the organization. Congruent frames have been found to have beneficial outcomes for the organization. Congruent frames exist when frames of different groups align on key elements or categories (Orlikowski & Gash, 1994). The importance of congruent frames and the downsides of incongruent frames are investigated by means of an empirical literature review (see Table 1).

In the table multiple papers about frames have been summarized. Only two out of the ten papers is about HRM frames specifically and no other papers could be found. This indicates the necessity to explore the concept of HRM frames in further research. The earliest research from this table is the one from Orlikowski and Gash (1994). They focus their research on technological frames. They examine the underlying assumptions, expectations and knowledge that employees have about technology. In their paper it is suggested that the technological frames of different key groups can be significantly different. These key groups can be for example managers and users. If the frames of these key groups are significantly different, they have differences in understanding and interpretations. These can lead to process loss, misaligned expectations, contradictory actions, resistance and skepticism. These and other drawbacks of incongruent frames are also found in the papers of Gallivan (2001) and Kaplan (2008) for example. Gallivan (2001) also focused on technological frames in relation to change initiatives. He found that when frames where incongruent, employees had different understandings and this led to a sabotage of the change management initiatives. Kaplan (2008) focusses on the political processes by which one frame rather than another becomes predominant and how this

influences strategy making. She also found that incongruent frames lead to people having different understandings and that can result in conflict situations. She adds the aspect that incongruent frames can slow the decisions making process. These papers show that there are indeed downsides to having incongruent frames.

Having shown that incongruent frames are better to be avoided or resolved, the beneficial aspects of congruent frames still needs to be explored. According to Bechky (2003) a beneficial aspect of shared frames is that it can help to solve conflicts between different job groups. In this paper the job groups were engineers, technicians and assemblers who are characterized by having differences in language, the locus of their practice and their conceptualization of the product. When the job groups try to create a common ground between them, they can change the understanding of other job groups and together create an even more complete understanding of the product they work on and the problems they face. The findings of Mazmanian (2013) complement this. She found that congruent frames can promote harmony between job groups. Lin and Silva (2005) state that the successful implementation of an information system is supported by having congruent frames. These congruent frames can be created by reframing. In this specific situation this was done by a banks technical team who influenced the frames of the users of this information system, not only on the work floor but also from top management. Another beneficial effect of

congruent frames is found by Gibson et al., they found that when the distance between the frames of leader and team are smaller, team performance is better.

The paper of Woodrow and Guest (2014) does not mention the concept of HRM frames specifically but it does put forward information about this. They found that when managers and senior management perceive the practice of HR policy differently issues remain unresolved. This was also found in the papers previously discussed who are not about HRM frames specifically. The papers of Bondarouk et al. (2009) and Bondarouk et al. (2016) do specifically mention HRM frames. When HRM frames were found to be congruent there was improved goal attainment and the process of HRM change went smoother (Bondarouk, & Bos-Nehles, 2016). When frames where incongruent difficulties and conflicts were observed when implementing an HRM innovation (Bondarouk et al., 2009). The findings from HRM frames correspond to the findings from research into other frames. This shows that there are clearly benefits from having or gaining congruent frames in an organization. When congruent frames are present in the healthcare organization a smaller or no difference will be expected when it comes to the gap between intended and realized HR practices. When frames are incongruent it is expected that (great) differences will be found between the intended and realized HR practices.

Table 1. Empirical evidence about shared frames

Study	Goal & Methods	Findings: roles of shared frames.
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 91 unstructured interviews, material reviews and observations.	Incongruent frames → differences understandings and interpretations → process loss, misaligned expectations, contradictory actions, resistance and skepticism.
Gallivan (2001); Meaning to Change: How Diverse Stakeholders Interpret Organizational Communication About Change Initiatives.	Goal of research: to understand how companies were migrating to client/server development and “reskilling” their IT professionals. Method: Case study in a large communication utilities company. By means of 55 unstructured interviews, material reviews and observations.	Incongruent frames → different understandings sabotage change management initiatives.
Bechky (2003); Sharing Meaning Across Occupational Communities: The Transformation of Understanding on a Production Floor.	Goal: To study the dynamics of cross-occupational knowledge sharing. Method: By means of ethnographic research that lasted a year, formal and informal interviews and document analysis.	Creating shared frames helped solve conflicts between different job groups.
Lin and Silva (2005); The social and political construction of technological frames.	Goal: To 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 162 documents 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

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: 80 unstructured interviews, observations and document analysis at a multidivisional manufacturer of communication technologies.	Incongruent frames → different understandings, conflict situations, slows decision-making process,
Bondarouk, Looise, Lempink (2009); Framing the implementation of HRM innovation HR professionals vs line managers in a construction company.	Goal: To explore the role of HRM frames and specifically frame domains in implementing HRM innovation. Method: An explorative case study in a construction company using 21 semi structured interviews, 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.
Gibson, Cooper and Conger (2009); Do You See What We See? The Complex Effects of Perceptual Distance Between Leaders and Teams.	Goal: To investigate the effects of perceptual distance on team performance. This is done by looking at how leader-team interactions can influence cognitive group process and ultimately affect team performance. Method: 107 Interviews and 813 respondents to the surveys, among team members, leaders and customers in five companies from the pharmaceutical and medical products industry.	When distance of frames is smaller, team performance is better.
Mazmanian (2013); Avoiding the trap of constant connectivity: congruent frames allow for heterogeneous practices.	Goal: To explore how mobile e-mail devices were enacted within and across occupational groups. Method: Ethnographic research using 66 semi-structured interviews, 19 structured email review interviews, 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.
Woodrow and Guest (2014); When good HR gets bad results: exploring the challenge of HR implementation in the case of workplace bullying.	Goal: To address the process of HRM implementation and its relationship with employee responses. Method: By means of a case study at an NHS hospital using material reviews, secondary survey data from which 404 of the 491 responded and 12 interviews.	When managers and senior management perceive the practice of HR policy differently issues remain unresolved.
Bondarouk, Bos-Nehles, Hesselink (2016); Understanding the congruence of HRM frames in a healthcare organization.	Goal: Identify the differences and similarities in the HRM frames of middle-level managers and HR professionals, and to uncover the roots and contents of (dis)agreements in the HRM frames among HR professionals and middle-level managers. Method: An explorative case study in a Dutch homecare organization using document analysis and 8 semi structured interviews.	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

2.3 Research Framework

The research framework that guides this research is displayed below (see Figure 1). The framework displays the idea that intended HR practices are ‘filtered’ through the HRM frames of different groups. These groups then have their own ideas and perceptions of the intended HR practice, and this will influence

the HR practices that are actually realized. The groups that are displayed here are the ‘creators’ and ‘users’. This framework is placed in the Dutch healthcare sector with its specific challenges.

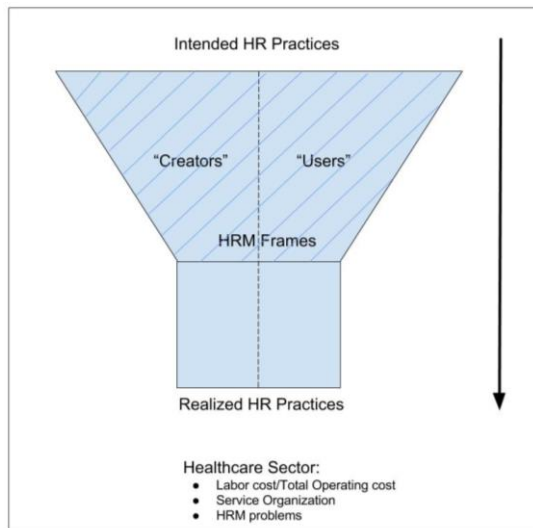


Figure 1. Research Framework

3. METHODOLOGY

To conduct this research information is gathered by means of a single case study. The case study approach is chosen to ensure that the full picture of intended and realized HR practices and their differences are well explored. The research is not expected to have a clear single set of outcomes, therefore an exploratory case study can be used (Baxter & Jack, 2008). This case study takes place in a Dutch healthcare organization. A data collection method that fits with a case study is interviewing (Baxter & Jack, 2008). With an interview in depth questions can be asked but also follow up questions to uncover more information. These interviews are conducted to uncover the intended and realized HR practices and why these might differ. One reason why these differences exist can be because of HRM frames. HRM frames are based on elements like assumptions, knowledge and expectations. An interview is a good method to uncover these aspects since they are implicit.

3.1 Sample

3.1.1 TakeCare's background

This study was conducted in a healthcare organization that for the purpose of the paper is called TakeCare. It has about 2200 employees and 1200 volunteers. The organization is divided in two big focus areas. These areas are home care and residential care. Under home care there are about 3000 clients and residential care has place for 600 clients divided over 14 locations. They operate with a budget of approximately 80 million. In 2010 the organization started with a big reform plan. Until then the organization consisted of several hierarchical layers in both home care and residential care. This was changed in a step wise approach to reach a flat organizational structure. They now only have one board member, below that three directors and below that the self-managing teams. The self-managing teams are supported by coaches and HRM advisors. This reform took place due to amongst others high overhead, financial problems and employees and clients who were dissatisfied. In the reform the client became a central focus point. This is of great importance in a service organization. They took the opportunity of not only reducing cost, but also doing better. In this reform process the role of HRM changed significantly. The old habits of prescribing practices had to be forgotten and a new culture of supporting and coaching had to be adopted by HRM employees. The only person to set out guidelines is the director and decisions are left up to team. The reform brought about a reduction of 20 percent in overhead and

client and employee satisfaction were increased (TakeCare Documents). According to these organizational documents TakeCare was portrayed as one of the leading organizations that where part of a benchmark in 2012. It scored really well on the perspectives of clients, employee satisfaction and conduct of business. This would indicate that the changes that were made are successful. This makes TakeCare an interesting organization to look at as it is one of the organizations that is a frontrunner in implementing the flat organizational structure with the self-managed teams. It is of importance to look at this new organizational structure that is more and more emerging in the Netherlands as way of running healthcare organizations. This research can give a deeper understanding of this emerging structure.

This case study will take place in the part of the organization that is only focused on residential care. This is done because the directors of residential care and home care both set out different guidelines for their division in the organization. The self-managing teams have to follow and implement the guidelines presented by the director of their own division.

3.1.2 Sample information

To measure the intended HR practices direct contact was sought with the director of residential care. The director agreed to be interviewed and was involved in contacting the employees that were required to obtain the necessary information for this research.

In order to reach the HRM advisors and the coaches to gain a deeper understanding of the realized HR practices, personal e-mails were sent to them by the director. Emails were sent to four coaches and two HRM advisors who make up the whole support group of the residential care teams. If they wanted to participate they were suggested to contact me directly. Two coaches and one HRM advisor were willing to participate. These were all women.

To gain information about the realized HR practices employees were contacted. The employees were reached by means of an announcement on the organizations platform (WeLinked). This announcement was placed by the secretary of the director which could be seen by all residential care employees. There were no immediate responses within one week and therefore the decision was made to meet with employees face to face and discuss the research with them. Contact was made with one team in order to discuss the research with them. They said that they had not received or had not seen the announcement on WeLinked. Together with the team it was discussed who were willing and suited to participate. Three employees with different backgrounds were selected on the basis of the team's knowledge. Two males and one female from different ages were selected and were willing to participate. This team provided contact information from other care teams in other locations. One other team was contacted but declined due to time pressure from coming vacations. They also had not seen the announcement on WeLinked. The next team that was contacted were willing to participate, but indicated that they also had not seen the announcement on WeLinked. The research was discussed with two employees who were present. They again with their knowledge chose three people with different backgrounds and scheduled the appointments in their timetable. These were three women again from different ages and with different contracts. After these appointments were made, two responses were received as a result of the WeLinked announcement out of approximately a thousand employees working under residential care.

These interviews took place at different sites were the director, coaches, HRM advisor and employees were situated. These

were care facilities with regards to the employees and one coach. The other sites were office buildings where the director, a coach and the HRM advisor were interviewed. The interviews took place over a time period of two weeks. The 10 interviews lasted from 32 minutes till an hour and 10 minutes. The total length of the interviews amounted to approximately 9 hours and 35 minutes.

3.2 Measurement

3.2.1 Creators

Before the interviews takes place documents that contain information about the HR policy of the organization and other documents are analyzed. Information obtained from the documents dictates what is asked about in the interviews and from that a semi-structured interview guide was developed. Firstly, the director of residential care is interviewed to further deepen the understanding of the intended HR practices, the directors HRM frame and the director's position in the organization. The director of residential care is solely responsible for setting out guidelines that the employees have to implement and follow. The director therefore makes the decisions about HR policy and is the only person who can be interviewed for the creators group. The semi-structured interview for the creator can be found in appendix 1. The interview is aimed at uncovering what is important for the director and the interview was in the process adjusted to fit the conversation.

3.2.2 Users

Within the Users group a distinction is made between the supportive user group and the implementing user group.

The HRM advisor is responsible for helping the self-managed teams when it comes to HR practices. The HRM advisor was a former HRM employee in charge of designing and prescribing the HR policy. After the delayering of TakeCare the P&O coordinator received the task of supporting. It is about waiting on questions from the employees and not about prescribing what they should do beforehand. The HRM advisor can help implement certain practices, therefore the HRM advisor is interviewed to gain a better understanding of the realized practices. What do the employee struggle with, and seek your help with and why? This will uncover more of what the function of HRM advisor entails and how they may perhaps influence the employees. Another position within TakeCare that is focused on supporting the teams is a coach. The coach can be called upon when teams need guidance or to solve problems. This coach has the knowledge about what problems teams have and why they may occur. In what way do the coaches lead employees in handling the practices? This information might be the answer to the question why some differences exist between intended and realized HR practices. Both the HRM advisor and two coaches will be asked questions to uncover their HRM frames. This group of people is called the supportive user group.

Within the self-managing teams employees are responsible for operationalizing the HR practices. Therefore, employees are interviewed in order to gain information on the realized HR practices and their HRM frames. The group of employees is called the implementing user group. The aim was to uncover which practices they use in their work and why. Other practices that came forward in the creator interview and document analysis were brought to attention to uncover why or why they weren't used by employees. The semi-structured interviews that were used for the user groups can be found in appendix 2.

3.3 Data Analysis

The interviews are recorded when given permission by the participant. Transcripts of the interviews are sent to the

participants to get permission for usage and potential feedback. Between the different transcripts of the creator and user groups possible differences between intended and realized HR practices are explored. Transcripts are also analyzed to uncover frame domains for the creator and user groups. The frame domains as proposed by Bondarouk et al. (2009) are used with slight adjustments to fit with this research. This is done because the research of Bondarouk et al. (2009) focusses on HRM frames when it comes to the implementation of HRM innovations. This research the focus is on the implementation of HR practices. These are the adjusted frame domains:

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

The next step is to look at the congruence or incongruence of the frame domains between the groups. When the frame domains differ and different groups thus have different shared frames, this can be found to be a reason why intended HR practices might not be realized.

4. RESEARCH FINDINGS

4.1 Situational Setting TakeCare

As presented in the framework there were three main points chosen with which the healthcare sector has to deal with. In the case of TakeCare these were also present. TakeCare has to deal with rising costs and a political pressure of decreasing the care expenditures. In 2016 there is less budget available for the residential care due to a discount rate. They also need to reduce the number of beds by 70 which again results in shrinkage of personnel. This makes it even more important for TakeCare to focus on expenses and reducing non-attendance. In 2014 there was a big reorganization where TakeCare again reduced staff but also managers. At this point there were only self-managed teams left next to the small management and support groups. Bringing the hierarchical structure down to a flat organizational structure led to a big decrease in labor costs. Their labor costs made up approximately 76 percent of their operating costs in 2014. The transition to self-managed teams was also done with an aim on the client. This transition was used to put the client as central focus and provide personal care, which is of importance in a service organization. According to organizational document TakeCare had the highest score on client satisfaction, employee satisfaction and conduct of business in 2012 and 2015 in a benchmark for healthcare organizations. (TakeCare Documents). The fact that employee satisfaction had such a good score is an interesting point since the literature claims that employees in the healthcare are not satisfied with their jobs in general (Cooke & Betram, 2015). From several interviews also came forward that the employees perceive to be under the pressures of work intensification.

4.2 Intended vs Realized HR Practices

Working in teams, and in this case working with self-managed teams brings a lot of challenges and responsibilities with it. Other HR practices as defined by Boselie et al. (2005) seem to be ascribed to the aspect of self-managed teams. Working in self-managed teams is amongst others about direct participation

e.g. empowerment, job design e.g. job enrichment, autonomy and decentralized decision making, and recruitment and selection. It can therefore be seen as a special form of team working and collaboration. For this research the main issue of self-managed teams is brought down to the fact they can make their own decisions in all these practices. Therefore the focus within self-managed teams will be on autonomy and decentralized decision making. Everything is about the freedom of employees to do their own thing and decide for themselves what to do within the guidelines set by the director. This is a big aspect that all interviewees mentioned in one way or another. The exact meaning of the codes used below can be found in appendix 3.

4.2.1 Self-managed Teams

We have no team leaders, no team manager, no control, we believe in trust and that a team in principle is capable of organizing their own job (D1).

The director has personally led the transition to self-managed teams. In the self-managed teams it is all about consensus and teams making their own decisions within the limits of the guidelines given. All team members are viewed as equal and no one can have to power to say what will happen on their own. However, the director does recognize that this might happen within some teams. And when teams run into trouble or just want someone to discuss their problems with, they can call upon a coach who will try to help them out. There are also HRM advisors who can support the teams with that.

HRM advisors advise teams specifically on staff, hiring, support in recruitment and selection. There is some overlap between the coach and HRM advisor, but it is mostly about collaboration (D1).

The coach and HRM advisor thus make up the support team for the self-managed teams. The HRM advisors are seen to possess the knowledge of their trait and the coach is there to coach, provide advice and support and they are trained in that. Their advice is however only an advice and should not be binding.

In the end the team itself makes the decision we are going to do this, in this way (C2).

The problem of being too directing in the role of coach is an issue recognized by coach 1. Sometimes teams or people do not seem to manage on their own. The role of the coach can then sometimes be too much on the directive side, taking over things when the team member or team actually has to do these tasks and decide for themselves. When it comes to equality in teams the supportive user group sees different things. Some teams treat each other as equal but in some there is a person who takes the lead.

When it comes to making their own decisions team 1 felt that this was not always the case. They felt that they were being hold back in being a self-managed team.

Sometimes we have the feeling; are we really a self-managed team? Which decisions can we make on our own and which decisions are we controlled in because we have the feeling that we get called back once in a while. While we think that was our own decision that we were justified to make (T1E3).

This feeling is shared by all employees from team 1. This is also more or less shared by team 2. They do feel that they can make their own decisions in general working life, but they do feel that their opinion about certain things is not taken into account. When it comes to an activity for example that was planned but where the team was opposed to or saw a better solution for, the decision was just put through. This gave them

the feeling that they had no choice and that this went in against their role as a self-managed team.

It just has to be done, it is just obliged. And there is nothing we can do with that. (...) There is no discussion possible. So that, that is a thing I find regrettable (T2E1).

This point was however also shared by all members of team 1. The point where almost all the employees from both teams agreed on was that everybody in the team was seen as equal. Only from employee 3, team 2 there was a slightly other opinion:

Well you always have people in the team who have a frontrunner role. But well, it is supposed to be like that, or supposed to be, you still have that.

However, making decisions and doing tasks is said to go on a good equal basis.

When looking at the role of the coach team 1 found that the role of their coach was similar to the role of the manager in the previous organizational structure. The manager in the old organizational structure became a coach in the new one.

What you see is that people still respond out of their role as manager. What I also see is that colleague's, which I also include myself under, do not seem to break free from the role pattern. They view the coach too much as their manager (T1E1).

This results in coaches giving too much direction and people feeling this needs to be done as an order. The coach is also brought in for permission or to solve issues way too early before the team can even discuss it themselves.

You get yourself stuck then. You inhibit yourself in your own thinking (T1E2).

The realized HR practice of giving employees empowerment and decentralized decision making was not realized completely by the teams for several reasons. These have to do with external factors e.g. guidelines, but also the way they take on their new role. This only seems to be the problem in team 1. That teams are still in the role of subordinate employee with the coach acting as a manager.

4.3 Frame Domains

4.3.1 Strategic motivation

The director said that the reason for changing to self-managed teams was all about the vision.

I believe a great deal in the 'Rijnlandsmodel' in which you go back to the client, they are the most important of all.

This means making it as simple as possible with shorter lines in the organization and as little as possible rules. People did not have to think before, everything was in the rules or directed by managers. The employees were only doing and complaining about things went, so that is why the employees needed more room. Teams can make their own decisions now in consent with the whole team. They need to solve problems, divide the work and recruit and select people with their team.

The supportive users group had different opinions on why the self-managed teams were implemented.

People felt up for it, they wanted to do it. The level of care was not at its best and in home care satisfaction rates of clients went up. It was not financially driven. It was good motivation and inspiration to do it (C1).

To give employees the room they need to practice their profession. Employees had such good ideas and now they can execute them. They felled contained by orders coming from

above. So job satisfaction. And the money that is saved can be invested in hand on the bed (C2).

The HRM advisor however had a different opinion. *It is politically and financially driven. If it is client driven has to be seen but that is the intention.*

The employees thought the main reason that the self-managed teams were introduced was for cost savings. Only one thought it was because it was a trend now in the Netherland. Another employee thought because they wanted to give the team more responsibility and to give them more tasks. But in all answer the financial pressure was seen as the main reason.

This clearly shows a difference in strategic motivation of the director and the supportive user group versus the implementing user group. From the director and the supportive user group most of the reactions related to beneficial employee benefits and mostly about higher client satisfaction. The implementing user group thought it was mostly financially. Therefore, the frame domain of strategic motivation is seen as incongruent.

4.3.2 The essence of HRM

Questions regarding the essence of HRM are asked but during the interviews it became apparent that this frame might not be suited to judge the implementation on. In other research papers this frame is used based on the assumption that HRM holds a central position in the organization from which the HR policy and practices stem. In this specific situation HRM is only seen as an advisory position by all groups and is indeed so. The connection between HRM and the HR practices is not recognized by employees. Some do not even seem to know what HRM in their organization actually does and do not contact them at all. The director of residential care now sets out the HRM policy and practices, with only an advisory position of HRM and the coaches. This makes it an incomplete aspect to look at.

4.3.3 HR practices in use

The director recognizes that the teams do not always do what they are advised to do but if they can justify it and the director agrees with it, it is fine. They for example do not always switch tasks, reflect and follow the advice from coaches or HRM advisors. This is in their right as a self-managed team, they have the decision-making rights to do so. These are however mostly advisory things. The most important things like the formation and recruitment and selection are done right. These are however rules that employees must follow and have almost no decision power in.

In general I think that employees just want to do things right. With this intention I feel that the most things are done.

The general assumption is that the clients are happy, the employees are happy and the organization is financially healthy. Then you are doing a good job as an organization. The director views the self-managed teams as successful.

It is going right. It just very well put together. Really. I am only proud of that.

When it comes to the supportive user group they say that there are differences in teams and therefore differences in how they function, but in general they view the self-managed teams as a good thing. Some teams need their help more than others.

Teams do seek the help of coaches, they are familiar and are in the teams more often (C1).

Coach 1 also recognized that the function of coach can sometimes be too directing and thus limit the team in their decision-making power. Coach 2 had this problem, but feels this is not a problem anymore. Being too directive is for

example the case with non-attendance and occasions where teams do not seem to manage with regards to altering formations. Non-attendance and the steering role the coach plays within that is a point of attention at the moment. Both coaches, but also the director and HRM advisor have discussed this point. Coaches must be too directing in this and thus a solution for this is sought at the moment. The HRM advisor also sees the issue of coaches being too directive in their advices sometimes.

When it comes to equality of decision making in teams coach 1 sees a shift in approach.

Now you see that people who took the lead in the uncertain situation in the beginning are being corrected. Teams do not want that anymore. People take on more responsibilities.

The coaches recognize that the process of self-managed teams and therein the process of decision making is getting better. The HRM advisor sees that there can be leaders in a team, but they are not at the expense of the decision-making power of others. The HRM advisor also states that the role of practically pushing surplus employees in teams is limiting their decision power. Even a coach can be responsible for this and helps to guide the team with accepting the surplus employee. However in other instances the HRM advisor does not think her advice is binding. In one instance she recommended a person as most suitable candidate for the function, but the team chose to do otherwise.

The views of the employees largely coincide with the previous presented points. Teams often find themselves limited in decision making without knowing why they could not make that decision for themselves. Most responses of where employees felt limited and not as a self-managed team were instances where they operated outside the guidelines or had to follow them. These were for example people they needed to hire due to the surplus of employees or restrictions on vacancies that were put in place by the director. But in the eyes of the team these were limitations to their functioning as a self-managed team with decision-making power.

The supportive creators did all see the value in the self-managed team structure with the accompanying decision power.

I definitely see the benefits of self-managed teams because it is just really fun to manage your own home (C2).

In team 1 all employees said that some employees were still behaving in the former manager subordinate role. They also felt that the coach fell too often in the role of manager. And even when the coach gave not binding advice, this felt as an instruction. In this team they were also less satisfied with the change to self-managed teams. They indicated that their communication was flawed and that they need to work on that. They have also got that advice from their coach, but have chosen to ignore it due to work pressure and having no time for it. One employee did not see the value of self-managed teams but the others did. However, they do not see the benefits of it now because they feel the self-managed teams are limited in their performing by external e.g. guidelines and cooperation factors.

I believe this is the solution that did the least harm to the clients (TIE2).

If you look at the theory that is attributed to the self-managed teams, if that really would be imbedded, it would have positive effects for the clients. But right now I see that this is not the case (TIE1).

In team 2 the view is somewhat different. They also feel limited in their decision making sometimes but this was mostly due to having to follow guidelines. They do not see the influence of

the coach in their team. They feel that the function of the self-managed team is fine and they do not see the coach often. There is however a new aspect brought forward by employee 3 from team 2. When wanting to replace three employees, the director and advisory user group forget to consult the teams about possible solutions. They wanted to do it their way, but the team came up with a far more practical approach. This employee feels that sometimes the good ideas that teams had were overlooked and were not recognized as a decision making power.

There is general overlap in the frames that most of the different groups have. They see that employees have decision making power but within limits. These limits can restrict them in their sense of being self-managed teams. However, overall they feel that the decision-making power within self-managed teams is a good thing. They work closest to the clients and know what is best. But the frame of team 1 of the implementing user group differs from the rest. They do not necessarily see that the self-managed team with the accompanying decision making power is a good thing for them or the clients at the moment. Therefore, the frame domain of HR practice in use is seen as incongruent.

4.3.4 Ownership

The director, supportive user group and implementing user group felt that teams were accountable for the decisions that were made in the self-managed teams. Teams need to report to the director on how things are going and why they have done the things they have done.

Every team has to justify their actions to me. Every month I receive a report about things going well or not so well. If it went not so well an explanation why not. This is what we have done about that. That is good. Then I know how it is going with a team (D1).

If they can justify their actions to the director I am fine with it. I am letting it go. It is not up to me (C1).

One employee (T1E2) added that they also had to justify their actions to the coaches besides the director. The employees also said they have to report to the director once in a while.

When it comes to responsibilities of teams and team members all groups said the same. Teams in theory should make the decisions themselves, solve team problems, schedule work and recruit and select people et cetera. Every member has their own tasks in a team.

If you do not have to spend much time on a task you spend more time on the clients. That is proportionate. I feel that it is not the case that somebody does more or less than somebody else (T1E2).

The coaches and HRM advisors should only be supportive to the teams and can help guide teams with these tasks and help to solve problems according to all groups.

With all groups agreeing on responsibilities and who they have to justify to, the frame domain of ownership can be seen as congruent.

4.4 Self-managed teams vs HRM Frames

The research framework as proposed under theoretical background portrays the idea that HRM frames might act as filter between intended and realized HR practices. Having concluded on frame congruence and whether the intended HR practice is indeed realized now the link between them can further be explored. These links show if frame differences can be a possible explanation for the implementation gap and thus if the frames act as a filter through which the intended HR practices are filtered into realized HR practices.

The conclusion was made that the intended HR practice was not fully realized. This is mostly because of team 1 stating that they quite often feel that their decisions made as a self-managed team are wrong and being changed. They did not feel like they were a self-managing team that makes their own decisions. Team 2 also said in some instances that they did not feel like they could make the decisions they wanted. This was mostly due to restrictions from guidelines. One member also felt that the organization did not treat them as a self-managed team that can come up with their own ideas about an issue. This led to the conclusion that the intended HR practice of having good functioning self-managed team who can make their own decisions was not realized to the full extent.

Now the comparison between the HRM frames and the HR practice is made. Leaving out the essence of HRM due to the before mentioned reasons, there are only three frame domains left. These are strategic motivation, HR practice in use and ownership. A table summarizing what is said concerning the frame domains by every group and their (in)congruence can be found in appendix 4.

Starting with the frame domain of strategic motivation it was concluded that there was in incongruence between the frame domains of the different groups. The creator and supportive user group seem to agree in big lines why the implementation to self-managed teams with decision-making power was done. The supportive group serves an advising function to the creator group. This makes it seem logical that the two groups would think alike. The group of implementing users had a completely different view of why it was implemented. They felt this was far most for financial reasons. Not for reasons that would benefit employees and clients. That was only thought by one employee together with financial reasons. Only looking at this frame it could be concluded that this difference in frame domain might have led to the difference between the intended and realized HR practice.

The same goes for the next frame of HR practice in use. The frames of HR practice in use were also found to be incongruent. This was mostly due to team 1 who experience the most difficulties when implementing the practice. They feel that they cannot make their own decisions and that the self-managed team structure does not benefit employee or clients. Added to this is that they also report on having collaboration problems with regards to communication within the team and beyond that. They do not seem to get the full extent of the guidelines and why they are in place. Team 2 reported also issues when it comes to guidelines and decisions prohibiting their decision power as self-managed team. They do not seem to realize why some things cannot be done. They thus feel limited in decision making due to several factors. They feel the director limits them with rules, sometimes obliged by law and by decisions/alterations that are made. The coach can sometimes be limiting. Also having not enough knowledge about what can or cannot be done and why makes the teams feel inhibited in their autonomy. Again the conclusion from only this point is that incongruence in frame domain might lead to the difference between the intended and realized HR practice.

However the last frame domain is in congruence. Ownership is by all groups seen as the task of the team and the team has to justify its actions to the director. Putting the decisions with the team makes that the team is responsible and feels responsible for their actions. This would lead to the conclusion that having a congruent frame might have led to the difference between the intended and realized HR practice but this is contrary to the literature found on frames. The other conclusion is that

ownership has no influence on this or the influence is not visible due to the other two incongruent frame domains.

Having a closer look at the three domains a common denominator became apparent between the two incongruent domain frames. In both strategic vision and HR practice in use teams did not seem to understand why things were done or had different views about it. This might indicate that teams do not fully grasp why things are done and which rules they exactly have to follow for what reasons. This makes it a possible issue of communication between the creator group (director) and the employees since the director is responsible for communications to the employees. This link between the two frames of strategic motivation and HR practice in use gives more evidence in the direction that these two frame domains might lead to differences in intended and realized HR practices. They seem to be acting as filter through which the intended HR practice is seen and why there is a difference with the realized HR practice. Also outweighing the fact that it is two incongruent frames against one congruent one, making the frame overall an incongruent frame.

5. DISCUSSION

5.1 Implications

This research has tried to contribute to the literature about gaps between intended and realized HR practices. It has brought forward that indeed there was a gap between the intended and realized HR practice. Going further in this research the reasons why this difference might exist is explored. This is done by the concept of HRM frames. Two out of the three HRM frames domains were incongruent and those seem to influence the difference between the intended and realized HR practice the most and lead to an incongruent frame. This is based on the literature review that showed that incongruent frames led to implementation problems and this is supported by the findings. An observation was made that the two incongruent frames domains were linked by the aspect of communication. In this case it seemed to be of importance that employees know the reasons why things are done or can't be done. This research thus contributes to the literature about incongruent frames in their relation to successful implementation of HRM.

This research also contributes in this area because previous literature investigated the HRM frame congruencies between professional HR staff and line managers. In the Dutch healthcare however there has been a trend for organizations to move to self-managed teams. It is also of importance for them to gain a deeper understanding of how they can get the self-managed teams to gain appropriate and committed use of HR practices by aligning intended and realized HR practices. In this research the observation came forward that this can be gained by communication the reasons for why a certain HR practice is implemented. This is in order to align the HRM frame of strategic motivation. And also about communicating where the limitations of the HR practice lie. This was seen to be a factor in the HR practice in use frame. In this instance it is about informing why some decisions were flawed and the reasons behind this. In most cases this had to do with keeping to guidelines but also about communicating and educating that people have to act according to their new role now. They were overstepping role boundaries.

5.2 Limitations and Future Research

The research that was conducted for this paper was in the form of a single case study. The case study was done in an organization with only a small number of respondents. This was the aim from the beginning also due to time limitations. The results can be generalized to this specific setting in the

residential care and can help to construct theory with regards to HRM implementation and HRM frames. To make it empirically generalizable further research is necessary. Further research needs to be done in for example multiple healthcare organizations with the same structure in order to make generalized assumptions.

When looking at the frame domains one domain was left out. This is because in other research papers HRM played a central role in the organization and was in charge of the policy and practices. In this study this was not the case. HRM was only a support function. The director was in charge of the policy and practices and HRM and the coaches served as advising positions for the director. Only looking at the essence of HRM would have given an incomplete picture was felt in this case. Further research could be done with relation to this. Does the HRM essence have an influence on the implementation when it is only a support function or has it the same influence when HRM is a central function?

Another limitation can be the response desirability. Respondents could give the answers that they think they should give or that I want them to give. This could give a distorted picture of what in reality actually is happening. This can be because of the fact that they feel that their interviews will be viewed by somebody of the organization or that will be discovered by others that they have participated. They do not want to be held accountable by the organization for answers that they gave. This is tried to be resolved by emphasizing that no names will be used in the report and no others than me and my supervisors will view the transcripts.

This is however not the only bias that can occur. Experimenter bias can be in place when I place too much focus on one viewpoint losing my impartiality. This can occur because I might have in image in my head what I am looking for. Other people might not see it this way. This can be resolved by doing the research with multiple researchers and letting them all analyze the transcripts.

6. CONCLUSION

To conclude, this research was designed to answer the following research question: *What is the difference between intended and realized HR practices in Dutch healthcare organizations and why do these differences exist?* The difference in this research is the intention of the creator group to put the decision-making power at the self-managed teams. This is however not completely realized. The teams felt they were restricted in their autonomy by guidelines, decisions and sometimes coaches took over this responsibility. This is thus a gap between the intended and realized HR practice. The results that are analyzed seem to indicate that in this case incongruent frames negatively affect the implementation of the autonomous self-managed teams in the residential care. This provides evidence that incongruent frames can be a reason why this difference between the intended and realized HR practice exists.

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APPENDIX 1: INTERVIEW CREATOR GROUP

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. 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 het HRM personeel hierbinnen?

4. Hoe gaat bijvoorbeeld recruitment / training / performance management / teamwork in zijn 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?
- Wat zijn volgens u de verantwoordelijkheden van team/coach/P&O adviseur 1/2/3/.... op het gebied van personeelsmanagement (HRM).
- Hoe gaan ze daar mee om?

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

- Wat is de taak van HRM?
- Hoe werkt het personeelsmanagement/HRM?

6. 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 FOR USER GROUPS

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. 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?

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

- Wat is het doel hiervan, wat wil HRM hiermee bereiken?
- Hoe manifesteert zich dit, hoe uit zich dit?
- Denkt u dat dit een juiste manier is?
- Wat zijn uw taken hierbinnen ? Wat is uw rol?
- Wie is verantwoordelijk voor wat? (team/directeur/P&O/coach)

4. Wat zijn uw verantwoordelijkheid op het gebied van personeelsmanagement (HRM)?

- Hoe gaat dat?
- Hoe kijkt u daar tegenaan?

5. 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 3: CODING OF INTERVIEWEES

Table 2. Codes used and their meaning

Code	Function	User group
D1	Director	Creator
C1, 2	Coach 1 and 2	Supportive user
HRMA	HRM advisor	Supportive user
T1E1, 2, 3	Team 1, employee 1, 2 and 3	Implementing user
T2E1, 2, 3	Team 1, employee 1, 2, and 3	Implementing user

APPENDIX 4: HRM FRAME DOMAIN SUMMARY

Table 3. Congruencies in HRM frame domains for creator and user groups

HRM frame domains	Creator (Director) (N=1)	Supportive user group (N=3)	Implementing user group (N=6)	Congruency of frame domain between groups
Strategic motivation: People’s views and interpretations of why the organization had introduced the HR practice.	Internally consistent Vision: client is the most important. Team can make their own decisions, they know better.	Internally inconsistent People were motivated to change. Not financially driven. Room for employees to practice profession. Higher job satisfaction. Politically and financially driven.	Internally consistent Financial reasons; cost savings (N=6). Trend (N=1). More responsibilities and more tasks (N=1).	Incongruent The implementing users’ perceptions differ from the supportive user and director.
HR practices in use: People’s knowledge and interpretations of HRM daily activities, a fit between promises and deliverables	Internally consistent Do not always follow advise, if it can be justified it is fine. Hard guidelines/rules are followed by employees. Clients are happy, employees are happy. Employees are equal in teams. Self-managed teams are a success. Involved in decision making.	Internally consistent Differences in teams and how they function. Self-managed teams are a good thing. Coaches can be too directing (non-attendance, altering formations). Team members are equal. There can be team leaders, not at the expense of others. Surplus employees have to be adopted in teams, this can be perceived as power limiting.	Internally inconsistent Employees in a team are equal. Sometimes limited in decision making power (surplus employees, rules and guidelines, coach too directive, activity for clients). Decisions are made for the team. Not a part in decision making. Self-managed teams are a good thing. Happy with the self-managed teams and greater decision making. It does not function as it should at this moment (due too environmental restrictions and role patterns).	Incongruent Implementing user group perceptions differ. Due to team one’s perceptions about how the self-managed team is functioning at this moment and team two feeling limited in their decision making power and value other than in daily functioning decisions.

			<p>Not a good thing for employees or client at this moment.</p> <p>It enhances satisfaction, it is going well at his moment (closer to the client, they know best).</p>	
<p>Ownership: Referred to people's assumptions and expectations about sharing responsibilities in HRM implementation in the organization.</p>	<p>Internally consistent</p> <p>Teams report to director.</p> <p>Teams make their own decisions, solve problems themselves, and divide the work and recruit and select people themselves.</p> <p>Coach and HRM as advisors.</p> <p>Team member is employee and team player.</p>	<p>Internally consistent</p> <p>Teams make their own decisions.</p> <p>Can ask supportive user group for advice</p> <p>Teams have to report and justify their decisions to director.</p> <p>Team member has own tasks to perform for the team.</p>	<p>Internally consistent</p> <p>Teams should be making all the decisions.</p> <p>Everybody has their own tasks in a team.</p> <p>Have to report to director once a month.</p> <p>Sometimes controlled by coach (N=1).</p>	<p>Congruent</p> <p>The assumptions and expectations about sharing responsibilities when it comes to autonomy are congruent across all groups.</p>