Exploration of how the five factors defined by Bos-Nehles work in the healthcare sector

HRM implementation in the Healthcare sector

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ABSTRACT

The understanding in the way how healthcare organization operates reveals fundamental problems in the infrastructure and synergy of processes which hinders healthcare organizations to achieve an unprecedented performance in high quality of care. HRM is determined as a key asset to integrate efficient operations by having line managers implementing HR practices in its intended way. Despite the efforts to achieve an alignment throughout the organizational levels, the study of Bos-Nehles (2010) reveals five main factors that are responsible for major discrepancies in the real implementation of HR practices with incisive effects on the efficiency of the practices in the private sector.

This study contributes to the problem by analysing in detail the five main reasons stated by Bos-Nehles for the differences in the implementation process of HR practices particularly in the healthcare sector. The research focuses on a hospital over a period of 30th May to 11th June 2016, using three semi-structured interviews conducted with a HR manager and two line managers and analysed by a specific coding scheme.

This methodology enables to elaborate the effect of the five factors on the day-to day implementation process of line managers and the difficulties to its intended execution. The outcome of the study shows the lack of capacity and clarity in policies and procedures as the major factors that impact the implementation process of line managers, while some lack in desire of the line managers and support by HR are determined as valid but less important factors.

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Keywords

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1. INTRODUCTION

HRM adds value to the organizational structure and performance by aligning working processes to the needs of its environment and building organizational capabilities to execute the business strategy and goals (Hults, 2011). It is assumed that the value creation is achieved through people in the organization that daily implement HR activities (Vermeeren, 2014). Following the definition of Van Mierlo and Bondarouk (2015) HRM implementation is defined as "the transposition process in which HR practices are incorporated into daily organizational life by HR professionals, targeted managers and employees, through the design, introduction, application, enforcement, experience and perception, but also the subsequent evaluation, redesign and reintroduction of the HR practices" (p. 7). One stream in HRM implementation is the research focusing on the intended and realized HRM where "a frequent discrepancy between the intention and practice" (Truss, 2001, p. 1) does exist. While the design, development and introduction of the implementation are executed by HR management in line with top management, the realized implementation process is performed by line managers who take care of efficient day-to day HRM implementation by bringing the HR practices to life. Therefore, line managers become the key player in this HRM stream (Gratton & Truss, 2003; Purcell & Hutchinson , 2007).

Line managers work on the operational level of the management hierarchy and possess "supervisory responsibility normally for non-managerial employees" (Purcell & Hutchinson, 2007, p. 10) which implies managing and supervising employees that work on the operational level. With an increase in the level of authority in decision-making, the role of the line manager turned from a supervisor into a more guiding role of team-leaders or even a business unit managers (Bos-Nehles, 2010; Cascón-Pereira & Valverde, 2014). In this guiding position, line managers have the ability to manage their employees, financial and physical resources of their business unit. With directing all resources of the business unit, line managers can synergize the use and interaction of the resources in pursuit of profits on the operational level which vests the role and responsibilities of HRM into the new guiding role of line management (Bos-Nehles, 2010). Looking at the HR activities that line managers perform, the activities are related to (1) delegation of responsibility, such as team production and task distribution; (2) knowledge incentives, such as profit sharing and individual incentives; (3) internal communication, encouraged for instance by practices related to knowledge sharing or job rotation; (4) employee training, implying internal and external training and development possibilities ; and (5) recruitment and retention, such as internal promotion policies or dismissal of employees (Cascón-Pereira & Valverde, 2014; Laursen & Foss, 2012). By performing those HR activities daily on the operational floor, the line managers are responsible for having HR practices implemented in the way how HR designed it. However, due to several factors line managers create consciously and or unconsciously a gap between the intended and realized HRM by performing the activities differently than designed by HR which harms the effectiveness of the practices (Bos-Nehles, 2010).

To effectively implement HR activities and actually avoid the gap, the research of Bos-Nehles (2010) has examined five factors in the technical market, which are desire, capacity, competences, support and policies and procedures. The research examined the impact of these factors on the implementation process of line managers and its effects. In the technical market, Bos-Nehles (2010) proved that all factors except of desire create obstacles for line managers to execute HR activities, which harms the organizational effectiveness. This research has been influential in the field of HRM as the article inspires many other studies in the field that is shown by *Google Scholar* that reveals 101 articles related to this topic and almost 50 direct citations used from the research of Bos-Nehles (2010) until June 2016. However, in the first scan it becomes obvious that this research has been mostly applied in the private sector and in some public organizations, but hardly in central governmental industries such as military or healthcare which completely differ in their structural and operational form from other public or particularly private industries. The healthcare sector as such is a unique sector that is characterized by radical reforms and essential process changes such as altering organizational structures or financing arrangements that increase the destabilization of the work environment (Bao, Bhalla, & Benett, 2015). Besides of the structural differences, this sector operationally lacks of fundamental infrastructures, coordination and processes that are not positioned well. This leads to a destabilized work environment and makes this industry in special need of synergy in processes where more attention need to be paid to (Bondarouk & Bos-Nehles, 2015; Merrild, 2015). Having those structural and operational differences in a central governmental industry such as healthcare, the knowledge of the research of Bos-Nehles cannot be simply applied to healthcare organizations although the alignment and synergy in processes is desperately needed there. In order to be able to improve the organizational effectiveness in the healthcare sector, the effect of the five factors of research of Bos-Nehles need to be examined in the environment of healthcare organizations. Therefore, the aim of the paper is *to explore how the five factors work in the healthcare sector*.

2. LITERATURE REVIEW

2.1.The reasons for differences in implementing HR practices

Summarizing the main reasons named in the devolution literature which generally deals with the transfer of HR activities from HR managers to line managers and its execution, it claims that the main reason lies at the ability of the line managers to perform HR activities as they are not efficiently trained for the implementation of the operational HRM activities and hence, face limitations in designing, developing and implementing HR practices (Bos-Nehles, Riemsdjk, Kok, & Looise, 2006; Hall & Torrington, 1998; McGovern, Gratton, Hope-Hailey, Stiles, & Truss, 1997; Renwick, Line Managers involvement in HRM:an inside view, 2002). Besides of the possible lack of skills, line managers do face problems such as lack of time or autonomy speaking of healthcare organizations (Cascón-Pereira & Valverde, 2014). Other studies performed in the private sector show that problems in the implementation process derive from not having enough time for the implementation or putting enough effort and interest into it (Francis & Keegan, 2006; Harris, Douthy, & Kirk, 2002). Purcell and Hutchinson (2007) states that the "lack of training, lack of interest, work overload, conflicting priorities and self-serving behaviour" are actual reasons that line managers do not implement the HR practices as intended. Those reasons are supported by the studies of Whittaker and Marchington (2003) as well. After evaluation of all the devolution literature Bos-Nehles (2010) elaborated the five key factors that hinder line managers in the implementation process on a daily basis. The factors are desire, capacity, competencies, support and policy and procedures. In the first scan of the devolution literature there is no study found about how the five factors are present in healthcare organizations.

2.1.1 Desire

Firstly, desire can be translated in (not) having enough interest in performing additional HR responsibilities that have been shifted from the HR department, or not seeing the benefits of the daily

implementation (Brewster & Larsen, 2000). Many line managers are not enthusiastic about their HR responsibilities for their group of employees although some show more interest in their HR role than others.

The interest of the line manager relates to his motivation in the HR role. The motivation of a line manager depends on the degree of satisfaction of reaching the motives and goals that a line manager defined for himself. The motives such as safety and job security are classified as motives and goals leading for the satisfaction of the basic needs that are mainly stimulated by institutional incentives (Franco, Bennett, & Kanfer, 2002). So, if the job security of a line manager depends partly on is performance in the HR role, the motivation and therefore the interest in the HR role would be given. However, McGovern et al (1997) found out that HR activities are generally not included in the performance measurement system of the line managers, hence the HR role is not a goal line managers are measured on. Thus, the lack of the institutional incentives affects the desire of the line managers in performing HR activities and let them mainly focus on the operational goals to reach their motives rather than managing people well (Harris, Douthy, & Kirk, 2002; Whittaker & Marchington, 2003).

While the prioritization of organizational goals highlights that line managers only have limited interest in performing additional HR tasks, some studies prove that there are managers that put effort in developing and implementing HR practices (Whittaker & Marchington, 2003). Renwick (2002) shows in his study that was conducted at three large organizations in the UK, two private multinational firms and one public authority company, that there are line managers that "were relatively happy in completing some HR work" and "want […] to take a leading role in HR initiatives" (p. 267). This is supported by Hutchinson and Tailby (2011) who found out that "the majority [is] satisfied in [their involvement] in HR activities" (p. 12). As this study is based on the participation of 617 managers working in the one public organization, interest in the HR role is equally shown in the private as well as public sector. Looking at the study of Bos-Nehles (2010) that was performed in a technical company, a lack of desire has not been expressed in any of the 30 line managers; hence, desire does not seem to be a reason for not implementing HR practices well in this industry sector. However, the healthcare sector does differ from other organizations in the private and public sector due to the radical reforms in organizational structure and processes (Franco, Bennett, & Kanfer, 2002). That can lead to additional "de-motivation […] and [high] level of uncertainty" (Franco, Bennett, & Kanfer, 2002, p. 1265), which assumes that the focus of interest shifts towards the operational tasks that are directly measured in the goals of the line manager to satisfy their primary motives and goals as mentioned before.

2.1.2 Capacity

Secondly, the issue of capacity relates to the responsibilities of the line managers that have often not been reduced before shifting the HR responsibilities to them (Brewster & Larsen, 2000). The study of Hutchinson and Tailby (2011) questions the workload in the public sector and found out that "only 30% [out of the 617 line managers] agree[s] that [they] could meet all the demands on their time in their role as a line manager" (p. 11). The studies of Whittaker and Marchington (2003) performed at a large food manufacturing company interviewing 13 senior line managers reveal that line managers are not able to spend enough time on managing people due to the domination of harder operational priorities. Thus, the existing overload mostly causes frustration and leads to prioritization of activities whereas the completion of HR activities is slack (Renwick, Line Managers involvement in HRM:an inside view, 2002; Whittaker & Marchington, 2003). Those operational priorities seem to dominate especially in the day-to-day activities of the line managers irrespectively from the sector, foremost in healthcare organizations where the work environment is not stabilized. Even in a more stable work environment such as the technical market, Bos-Nehles (2010) found 30% of line managers that needed more time for HR activities, which harmed their HR performance in all investigated business areas of this market.

2.1.3 Competences

Thirdly, researches see limitations in the competences of the line managers as the necessity of HRM knowledge and skills are seen as vital for proper HRM implementation (Brewster & Larsen, 2000; Hope-Hailey, Farndale, & Truss, 2005). In the study of Bos-Nehles (2010), 30% of the 30 interviewed line managers highlight their lack of competencies in the field of HR, which is relatively in line with the study of Hutchinson and Tailby (2011) who proves that 59% of the line managers feel that they receive adequate training to perform their responsibilities in the public sector. Thus, it is assumed that a lack of competences should be at least present in healthcare organizations due to the lack of synergy in processes in those organizations.

Concerning the source of gaining competences, Bos-Nehles (2010) proves in her study that the majority of interviewed line managers indicate, "Both experience and training are necessary to develop the right competences" (p. 24) for HR responsibilities whereas at least the half of these line managers mention trainings as the most important source of developing competences. In fact, Woodrow and Guest (2014) confirm after their studies that line managers "[feel] that a lack of training […] [leads] to failures in policy implementation" (p. 50). Hence, there is a common understanding in literature that by getting continuous trainings line managers can develop the right competences and implement HR practices efficiently (Hall & Torrington, 1998; Harris, Douthy, & Kirk, 2002; McGovern, Gratton, Hope-Hailey, Stiles, & Truss, 1997). However, line managers cannot develop the right competences efficiently when trainings are not executed in the right way. The opposite effect that is caused by inadequate trainings handled without HR support leads then to a lack of interest in attending those trainings (Redman & Wilkinson, 2006). Besides of the quality of the trainings, Buyens and Vos (2001) explore the added value of the HR role by interviewing almost 100 HR managers, 40 top managers and 178 line managers in their study and state that HR managers only spend 7% of their time on trainings and development and criticize herewith the general availability of enough training. Those two aspects, quality and availability of trainings, seem to be a general problem for the line managers that can appear in a public as well as in the private sector.

2.1.4 Support

Fourthly, the shift of HR responsibilities needs proper guidance of the HR managers next to trainings. It is argued that line managers are not able to perform HR tasks at an appropriate level without the support of HR managers (Brewster & Larsen, 2000). While this expresses the importance of support for line managers in general, Bond & Wise (2003) highlight a specific point of intention for healthcare organizations by stating that the support is crucial in form of advices about non-routine matters. Those non-routine matters stound out in all four Scottish companies that were analysed in this study. Especially, line managers that manage people in the healthcare sector can have more often difficult and non-routine issues due to the tough circumstances that the people are daily dealing with such as death of patients.

Following the studies of Renwick (2002) many line managers from all three organizations, public and private, express difficulties with the HRM implementation which leads to "being reliant on receiving guidance in HR work from HR managers"

(p. 268). In fact, the study of Bond and Wise (2003) highlights in three of the four studied companies that HR managers do not always provide the right support because of the following three reasons: no time for support, unable to provide support or abandonment of HR responsibilities. However, Bos-Nehles (2010) reveals that 30% of the line managers do not receive enough support from HR managers whereas the main demand lies on how to apply HR practices referring to the same reasons that are named by Bond and Wise (2003).

Furthermore, studies show a positive causal correlation between the social interactions between the HR manager and line manager and the execution of the HR activities (Sikora & Ferris, 2014). Thus, the stronger the relationship between the HR management and line management is, the better the execution of the implementation process is performed. Renwick (2000) found out in his study based in a healthcare organization interviewing 13 line managers and six HR managers that cross-functional teams showed favourable results where the efficiency increased while tension between HR and line managers decreased in result of more interpersonal contact. The ideal support system is designed upon a partnership approach where HR managers and line managers work hand in hand on executing HR responsibilities (Purcell & Hutchinson, 2007; Renwick, Line Managers involvement in HRM:an inside view, 2002; Schuler & Jackson, 1989). Schuler and Jackson (1989) were the ones that developed this approach but questioned in their study the actual presence of this partnership approach in practice. Renwick (2000) shows the rare execution of the partnership approach with his study for a healthcare organization later in time when only one of 13 the line managers indicated that he works with HR as a team. In fact, this study reveals that line managers face problems with doing HR work due to the "lack of confidence rather than the lack of ability" (Renwick, 2000, p. 192). This lack of confidence can be limited to a certain extent by proper support from the HR managers, which is proved by Whittaker and Marchington (2003) who found out that HR manager can have a positive effect on the capabilities and motivation of the line manager by giving efficient support.

2.1.5 Policy and procedures

Finally, line managers need to have a clear understanding about the policy and procedures, which the HR managers have designed and developed. If line managers lack these policies and procedures they might execute HRM practices according to their own understanding which can lead to inadequate and conflicting working methods (Harris, Douthy, & Kirk, 2002).

Hutchinson and Tailby (2011) show that the majority (83%) of the 617 line managers have a clear understanding of the procedures in the public sector and know what HR management expects from them. That is relatively in line with the results of Bos-Nehles (2010) who reveals that 31% of the line managers were not able to clarify the policies and procedures in the private sector. The main reason for the lack of visibility in policy and procedures is the insufficient detailed guidelines that force line managers to interpret the practices in their own way and execute them accordingly (Bos-Nehles, 2010; Bowen & Ostroff, 2004; Harris, Douthy, & Kirk, 2002; Maxwell & Watson, 2006; Nik Mat & Barrett, 2015). As both studies highlight this lack in both sectors, this seems to be a general problem in organizations and due to radical reforms and inconsistent processes in healthcare organizations, this is assumed present there as well.

Summarizing the assessment of the five factors table 1 presents the definition of the five factors which is used as the guideline to perform the empirical study and answer the research question.

Factor	Definition
Desire	no willingness or interest in performing HR activities
Capacity	no time to spend on HR activities
Competences	not sufficient skills and knowledge to perform HR activities
Support	not having enough support by HR professionals
Policy and precedure	no clear policy and procedures for performing HR activities

3. RESEARCH METHODOLOGY

The study at hand constitutes qualitative, empirical research by means of semi-structured interviews. As guideline to create and lead the interviews insight from Crawford were used (Crawford, 1997). The aim of the study at hand was to determine how the five factors of Bos-Nehles affect the implementation process in the healthcare sector, particularly at the hospital market as hospitals are with 64% the main industry of the healthcare sector where most of the governmental financials are spent on (Appendix 1).

3.1. Description of the research setting

The semi-structured interviews were conducted at two facilities of a hospital located in the eastern region of The Netherlands. The hospital employs approximately 200 medical specialists and 3500 general employees that take care of over approximately 250000 patients each year (About the hospital, 2016). The hospital is known as a teaching hospital with an own academy that invests heavily in training and research to reach constant innovation and development (Vision on Healthcare, 2016). The academy forms one of the 26 departments of the hospital. Each department has a line manager responsible for the department's performance. The HR managers belong to one of the six departments that are above the operational departments and consult the Board of directors that is on the top of the hierarchy (Appendix 2, organogram of the hospital).

This structure is the result of the reorganization of the hospital that had been done in 2012 wherewith the daily HR tasks implementation has been shifted to the line managers (Facts and figures - Annual reports, 2016). Having this division, the HR management is seen as a link between the strategy and the goals that come from the board of directors and the 26 operational departments. Therefore, it can be assumed that the actual implementation on the operational floor that is now done by the line managers of the departments is not always in line with the visions of the HR managers which leads to differences in the implementation process. That makes the hospital a suitable setting for this study.

3.2. Description of the HR practice

The study focuses on one particular HR practice that has been designed by the HR management of the hospital to reduce the amount of absenteeism of the employees, which steadily increased during the last years at this particular hospital. The HR practice transfers the responsibility to the line managers to regularly monitor the employee's absenteeism and provide support to fasten the recovery. In detail, the practice consists of a weekly follow up on the sick employees monitoring the progress of recovery and feedback sessions with HR management. The feedback sessions are in place to monitor the absenteeism and determine actions if needed. By implementing this HR practice in the intended way it is assumed that the number of absent employees will be reduced on a long-term in benefit for the line manager, the hospital and the employees.

3.3. Data collection

The chosen hospital in the eastern region of the Netherlands was determined by a convenience sample. The gained insight through literature was a base for informing potential participants about

the purpose of the study. Interviews were held with one HR manager and two line managers from different departments. The HR manager is interviewed to give insight in the intended HR practice; the two line managers can instead provide day-to-day experience about the realized HR practice. The exclusion criterion of working a minimum of one year in the current function is pre-defined for the recruitment. The recruitment of the two line managers' bases on a list of departments with comparable specialisms classified on the performance on the sickness rate. This enables the interviewer to recruit the line managers from comparable departments with a different performance on the sickness rate.

The interviews were conducted in person at the hospital. The interviewer records the entire interview with the approval from the interviewees and takes notes of the answers provided. The complete interviews are accurately transcribed word-by word. The length of the interviews is approximately 45 minutes each. The interviews are conducted in the period of May 30th to June 11th 2016.

3.4. Handling of data

The interviewer encodes the given answers of the participants regarding the qualitative differences of the HR practices and the five factors of Bos-Nehles (2010) in one particular way. Firstly, to determine the differences in HR implementation of the HR practice two main components of the HR practice, the follow up calls and the feedback sessions, are taken from the HR manager's description of the HR practice (see *description of HR practice*). Those two components are analysed in its day-to-day implementation to constitute a difference of the realized practice. Therefore, the HR manager conceptualizes additional subtasks of the two main components in detail. Those subtasks are narratively derived from the interviews.

Secondly, the five factors of Bos-Nehles determined possible reasons for the differences in the two qualitative components and are coded on a self-developed scale from low to high as presented below.

	scale		
Factor	low	moderate	high
Desire	no or superficial expression of importance and interest in HR role	functional expression of importance and interest in HR role while prioritizing operational role	emotional and functional expression of importance and interest in HR role
Capacity	not performing HR tasks or prioritizing operational tasks over HR tasks	prioritizing tasks on a scale where operational and HR tasks generally have the same importance	Taking enough time to perform all HR tasks
Competences	No or few possibilities to gain HR skills without further development possibilities	Many possibilities to gain the basic HR skills without or only few possibilities to further improve them	Many possibilities to gain HR skills and continously improve them
Support	No or infrequent support and advice provided upon request from line manager	Basic functional support on a regual basis provided, advices only upon request	Regular functional and emotional support and advice provided following a pro-active appraoch
Policy & procedures	No or general description of policies and procedures provided without any expectations towards the HR role	Clear description of the policies and procedures provided without expectations towards the HR role or clear expectations provided without a clear overview of policies	Clear description of policies and procedures provided including detailed expectations towards the HR role

Firstly, for a high desire speaks an emotional or functional appreciation and importance of the HR role and the HR practice. A moderate interest is shown by recognizing the importance of the HR role but classifying it below the operational role. A low degree of desire is shown by a superficial or no expression of the importance of HR practice. Secondly, a high capacity is expressed by the line manager's ability to take enough the time for performing HR activities. Moderately, the line managers divide their time between operational and HR activities while they need to prioritize those tasks as they do not have enough time to perform all of them. Operational and HR activities are determined as equally important when prioritizing takes place. For a low capacity speaks no execution of HR activities or functional prioritizing of tasks whereas operational activities are seen as more important than HR activities. Thirdly, by learning the ability to perform HR practices and continuous development in the HR skills the line managers express a high competence. Gaining many possibilities to gain basic HR skills but no or few possibilities to develop them further expresses a moderate competence. In contrast, none to low learning possibilities for line managers to learn how to perform HR practices speak for a low competence. Next, support is evaluated where regular functional and emotional support and advice from HR managers that is pro-actively provided speaks for a high support. When the HR managers do not follow a pro-active approach and only provide advises upon request from line managers the support is rated as moderate. No or infrequent superficial support expresses a low support from HR management. Finally, the knowledge of policies and procedures shows a high knowledge by having a clear description of the policies and procedures communicated to the line managers including the expectations that HR has from the line manager. When the expectations of the HR role or the overview of the policies and procedures is missing then a moderate knowledge is present. For a low knowledge speaks no or a general description of the policies and procedures that line managers get communicated without knowing what the expectations in their HR role are.

3.5. Description of samples

The data contains three interviews, one on a HR level (intended HR practices) and two on a management level (realized HR practices). Each line manager represents one particular department.

The HR manager works already many years in this hospital as HR manager and has always worked in the healthcare industry. This HR manager designed, and implemented the HR practice to reduce the absenteeism of the staff. This person is also involved in supporting the line managers in their HR role and in the evaluation on the effectiveness of the HR practice.

The first line manager works a long time in his current function in the hospital. The participant has a background in healthcare and always worked in this industry. This line manager represents a department with a relative low rate of absenteeism.

The second line manager is a line manager of his department for several years now. Next to the healthcare sector, this line manager worked before in other technical industries as a manager. This line manager represents a department where the rate of absenteeism is relatively high, higher than the average rate of absenteeism in the hospital.

3.6. Description of tools used

The research is conducted by semi-structured qualitative interviews. Those semi-structured interviews are conducted in form of discussions that gather information on the intended and realized HR practice and the five reasons for differences by tapping into the knowledge of the experts in HR and management (Harrell & Bradley, 2009). The semi-structured nature of the interviews has the advantage of giving the respondents room to explain their perception of the HR practice and the five factors and allows the interviewer to deeply "understand thoroughly the answers provided" (Harrell & Bradley, 2009, p. 27). By asking firstly how the interviewee interprets the HR practice, room for the interviewee's own view is given which creates a basic understanding for the upcoming questions. In this way, the interviewer gets a sense of how HR practice is understood and can start seeking detailed differences in the implementation process and its possible reasons within the broader context. This is reached by asking open questions as "How do you implement the HR practice on a daily basis?" or "In which way are you trained to be able to perform HR activities?" By following a

semi-structure, the interviewer has still some control about the answers of the respondent and make sure that the correct material is covered. However, the challenge of this approach is to evaluate whether the information is relevant for the research question before they are then incorporated into the analysis to possibly discover additional reasons for the differences in the implementation of HR practice.

The structure of the interviews is self-developed by the interviewer based on the two main components of the HR practice and the five factors of Bos-Nehles (2010). There are two interview templates prepared; one for the view of HR management and one for line management. Those interviews have the same structure and topics but slightly differ in way the questions are asked. The qualitative components are examined in the section called implementation of HR practices, which determines the understanding of the qualitative components, the detailed implementation process of the sub tasks on a daily basis and the monitoring process of the quality of the components.

Once the differences in implementation are pointed out, the five reasons are evaluated by specifically asking about the interest in the HR practice, the impact of capacity on the implementation process, the training possibilities to get HR skills, the supportive activities provided by HR management and the communication of policies and procedures.

The detailed interview templates can be found in the Appendix 3.

3.7.Reliability and Validity

The research data is reliable as the interviewees themselves approve the transcripts of the semi-structured interviews and its interpretation. During the interviews, the interviewer also summarized the main findings and asked the interviewee to validate the correct understanding of them. In case something was not understood well and thus not correctly summarized, the interviewee got the time to correct the interviewer. Furthermore, the used coding scheme for analysis of the data enables to classify the answers in one specific way, so when the study would be repeated with the same population and same interview templates the same constructs of analysis can be classified.

The research measures the intended components of the research question, so the outcome of the analysis is applicable and valid for this study. The interviews are all conducted in the same interview setting and time, thus the setting cannot influence the answers of the respondents. (Trochim, 2006)

4. ANALYSIS AND RESULTS

4.1.Differences between intended and realized practices

Struggling with the high sickness rate of the aging workforce this specific HR practice is designed and implemented in the hospital. It is intended by the HR manager that the absenteeism of an employee gets monitored by the line managers on a regular basis by having a weekly follow up call with the sick employee. A system captures this wherein the line manager needs to enter a notification of the current situation after being updated during the weekly call. The system keeps track of the entries and reminds the line managers that he needs to make an entry about a specific employee for a particular week in case this has not been done on time. If no entry is registered for a week, then the HR manager receives a notification and can address this directly to the line manager. Due to the tight control of the system, those weekly follow up calls take place as intended. Both line managers confirm a sort of routine in the call system, saying, *"The weekly calls become a sort of routine since the system is implemented, especially when an employee is sick over a longer period"*. In this way, the line managers stay involved with the employee's situation especially in cases where employees have a serious disease such as cancer and stay on sick leave for longer than six months. However, while the line managers execute the weekly calls as intended it does not say that the quality of those calls is alike to what HR management meant it to be. The calls should cover the progress of the disease including the ways of how the employee tries to get better such as the medicine or therapy, a time schedule of the sick leave as well as possible reasons for a sick leave: *"By monitoring the progress the line manager can decide to get the expertise of a doctor for example and provide support to the employee so he gets well soon"*. The support gets especially important when having many short sick leaves that mostly relates to some sort of stress, private problems at home or a bad work-life balance highlighted by the HR manager. Those are situations where the line managers can openly discuss the reasons and try to help the employee to find a better balance so the short sick leaves will be avoided in the future. Considering these aspects when determining the duration of a follow up call HR management expects line managers to take time *"up to 20-25 minutes sometimes"*. Comparing this design to the implementation of the line manager some differences stand out. One line manager states that he mainly covers the current feeling, a possible doctor visit and the estimated return date in his calls. It takes him around five to maximum ten minutes to execute such a follow up call. The other line manager supports this way of execution, confirming that those follow up calls become a standard call. *"When the disease is not serious, I quickly discuss the progress, see how they feel and ask them when they expect to come back. It became a sort of standard call you have every week till the employee gets back"*. Thus, line managers cover short-term sick leaves by standard calls whereas the line manager can enter generally an update on the progress in the system but does not dig deeper into the reasons nor provide support to avoid those sick leaves in the future. Those standard calls take half of the time, even less than the HR manager wants those calls to be. Although the line managers do not give support during the weekly calls, the first line manager does address issues such as stress and discuss those openly with the employee. *"I prefer to take this sort of discussions offline when the employee is back at work and we can personally discuss issues if there are any he might cope with. Sometimes the employee mentions them during the call and we discuss it directly."* The second line manager shows less engagement for the personal issues of his employees counting on the responsiveness of the employees. *"I do not have the time to follow up on all personal issues the employees have. […] But I know that they will come and talk to me if they are facing serious problems at work such as too much stress."* In situations where the disease is more serious such as cancer both line managers do take the time to discuss the situation in more detail, ask for updates on the diagnoses from the doctor and see if it is wise to include a doctor of the own hospital. *"Those cases are more difficult and really sensitive, so you need to address it professionally but carefully and see how you can help. Sometimes actively listening is already enough, sometimes it's better to ask questions and involve own experts*". Hence, support is provided in more serious cases where the line managers spend more than five minutes on following up on an employee. The second line manager does not mention any supportive responsibilities or involvement of experts discussed during the follow up calls that assumes that he defines the responsibilities of the employee by discussing the treatments and therapies in detail but does not identify any supportive actions from his side. However, the line manager expresses that the way of doing the call differs among the serious cases so that it is actually difficult

to assess the average quality of those calls. Furthermore, these extended calls do mostly take place in the first stage of the sick leave and get less intense with the time. After the main treatment and injury were done, they turn more and more into the standard calls, excluding the weekly follow up on the recovery schedule. The second line manager confirms this change in the way he performs the calls relating it to the duration of the sick leave. *"When an employee has cancer he is away for six months or longer depending on the situation. Once the employee overcame the treatments you only follow up on the recovery process."* Besides of the follow up calls, the HR manager schedules regular feedback meetings with the intention to monitor the sick leaves and the performance of the line managers. *"The line managers [should] explain the progress of the sick employees and tell what he can do to support the employee and what the employee is doing to recover fast."* While the line managers do join these sessions with the HR managers the first line manager uses it mostly *to "address issues how to manage difficult cases"* rather than explaining in detail what he plans to do. The second line manager goes together with the HR manager through the lists of sick employees and provides a general update on each of them, in particular on cases where the recovery is retarded. Thus, both line managers indicate that they do not use the feedback session with the HR manager in its intended form. As the division of "tasks" during the sick leave seems to not be addressed to a certain extent during the standard calls, the line managers cannot provide the information that the HR manager is looking for during the feedback sessions. They enter superficial responsibilities and do not perform any additional activities to support the sick employee as expected from HR management, except in cases with serious diseases. Although HR is monitoring the entries in the systems and goes through them in the feedback sessions they do not dig deeper in the defined responsibilities, only if an employee takes short sick leaves more often than usual as then they expect one of the three reasons: stress, private problems or bad work-life balance. *"When employees are getting sick more often for a short period they mostly deal with [one of the] problems [that are just mentioned] which means that the line manager need to help them to solve the problem to prevent those sick leaves in the future"*. In this short-term leaves the HR manager persuades the line managers to have a talk with the employee to find out if those reasons are present at the employee's case.

Combining all these outcomes classified in the two main components there are two main differences between the intended and realized HR practice: the quality of the follow up calls and the structure of the feedback sessions. The quality of the follow up calls contains the sub tasks of providing information about progress, recovery time line, responsibilities and actions of the employee to recover fast, responsibilities and actions of the manager to support the recovery process and finally the possible reasons for the sick leave. As long sick leaves due to a serious disease are exceptional situations the differences in the quality of the follow up calls should evaluate normal cases separate from exceptional cases. The differences in the implementation of the HR practice are shown in a coded scheme, considering a plus for an execution as intended and a minus for a different execution.

First line manager

Quality of follow up calls	short to normal sick leaves	long sick leaves (> 6 weeks)
> Progress of the sickness	+	+
> Recovery time line	+	+
> Responsibilities of employees to recover fast	-	+
> Responsibilities of line manager to support recovery process	-	+
> Possible reasons for sick leave	+	+

Second line manager

Quality of follow up calls	short to normal sick leaves	long sick leaves (> 6 weeks)
> Progress of the sickness	+	+
> Recovery time line	+	+
> Responsibilities of employees to recover fast	-	+
> Responsibilities of line manager to support recovery process	-	-
> Possible reasons for sick leave	-	+

While both line managers handle the normal sick leaves less careful than the long sick leaves, two differences are present between the line managers: discussing possible reasons for the sick leave and defining responsibilities for the line manager to support the recovery process. The second line manager executes the follow up calls slightly different from the first line manager by that the implementation is less in line with the intention of HR manager. The bigger difference can be also possibly expressed by the higher rate of absenteeism in the department of the second line manager.

The second category in the differences is the structure of the feedback sessions whereas the intension starts with going through the progress of all sick leaves, followed by discussing the defined responsibilities and actions for the employee to recover fast, then the defined supportive responsibilities and actions of the line manager and finally addressing problems or difficulties. The line managers do not divide these feedback sessions into cases with normal or long sick leaves, but they handle long sick leaves differently and discuss them in a different way in the feedback sessions by that the evaluation of the structure contains a split in short to normal and long sick leaves discussed in the feedback session. This results in the differences in the structure of the feedback sessions, using the same coding as for the first category.

First line manager

Structure of feedback calls	short to normal sick leave	long sick leave (> 6 weeks)
> Progress of the employee	+	+
> Defined responsibilities for employee	-	+
> Defined responsibilities for line manager	-	+
> Discussion of difficulties/problems	+	+

Second line manager

Structure of feedback calls	short to normal sick leaves	long sick leaves (> 6 weeks)
> Progress of the employee	+	+
> Defined responsibilities for employee	-	+
> Defined responsibilities for line manager	-	-
> Discussion of difficulties /problems	+	+

Both line managers do not structure the feedback sessions as intended by leaving out defined responsibilities for employees and managers at normal sick leaves. Although the long sick leaves are discussed more in the intention of the designed HR practice, the second line manager shows one more difference in not addressing any responsibilities for the line manager. This additional difference in the execution of the HR practice can be related to the higher rate of absenteeism in the department of the second line manager.

4.2.Reasons for the differences between intended and realized HR practice

4.1.1 Desire

When an employee gets sick the department does not get a replacement, it needs to cope with the extra work that others need to cover on a short-term. Thus, the HR manager supposes, *"the interest should be there as the line manager wants to have the full workforce available"*. By following this interest, the line managers should be eager to perform the implementation of the HR practice well so the employees get well soon and get less sick on an average basis. This should be a natural motivation for the line managers. However, from the view of HR managers, the focus in the correct implementation declines steadily. *"Line managers do more focus on reaching the operational goals of their department to please the Board"*. According to the HR manager, the line managers are eager to show the board of directors that the set operational goals are reached by the department so the board is satisfied with the performance and do not intensify the controls or cut the department's budgets. Pleasing the board of directors is the reason that the HR manager believes line managers lack interest in the correct implementation of the HR practice, which is not aligned with the intention of the HR practice. Contradicting to this view is the first line manager's attitude who expresses their clear interest in taking care of the staff and managing the well-being of his people what can be translated in implementing the HR activities well. Certainly, this line manager does feel responsible for the well-being of his staff and can help them in how to deal with stress and reach a healthy work-life balance; both are reasons why people get sick more often nowadays. *"Talking openly about stress and what is going on at home helps me to understand the employee's situation and give him the support he needs to deal with it without getting overwhelmed and sick"*. The second line manager only carefully expresses his interest in the implementation of the HR practice, saying, *"Monitoring the employees' well-being and sick leaves is important for [him] to know when they can be back."* The correct way of how the implementation should take place is not present in the interests of the second line manager as it is the case at the first line manager. So, the lack of interest that HR management claims to see in the line management is justified for the second line manager, but it is also to a certain extent present as the first line manager who does mention that *"operational goals dominate his [daily] work" and that "he is a manager in the first place, not an HR professional"*. Looking at the feedback sessions both line managers do only express the importance of in those sessions in regard to the need to monitor the rate of absenteeism in the department and the follow up calls. Thus, both line managers do not fully embody their HR role while showing the first line manager has interest in the well-being of the staff, but not for the feedback sessions. There the lack of interest can be one of the reasons for difference in structure of the feedback sessions.

4.1.2 Capacity

As the people-focused HR activities shifted to the line managers since the restructured process of the hospital, spending enough time on HR activities gets challenging. The HR manager recognizes time as a major constraint for the correct implementation especially since the hospital has cut off one of the two management layers, so that the remaining line managers manage now a bigger group of staff. To proper implement the HR practice it is crucial to take the time to speak to the sick employees and follow up on the well-being of the employee and sometimes also on the reasons to avoid especially the short-term sick leaves that are related to stress for example. *"Next to the employee the line managers should feel responsible for the sickness of the employee to understand the background of it and help the employee to prevent this in the future. But this takes time."* Recognizing this time constraint at the line management the HR managers decided to give also more responsibility to the employee himself to take the initiative to follow up on his well-being together with the line manager. However, when the line manager does not have the time to talk properly with the sick employee he gives the employee a feeling of being a disturbance. Hence, the employee is not going to support the line manager in well implementing this practice. From a HR point of view, *"this practice is designed in a way that line managers and employees can go hand in hand [...] but taking time once per week to follow up on sick employees is crucial for the right implementation of the practice"*. Contemporaneously, both line managers experience the need of having time for the well-being of the employees, in particular for the serious diseases where the employee is emotionally involved in the situation. *"I feel with my employees when they are going through a disease, they need to get some hope and comfort, especially when it's serious. Then you take the time to show them properly your compassion and support*". While understanding the need of investing time in the implementation and doing it in serious cases it does not mean that line managers actually have the time maintain this and really invest time on the practice at each case. Both line managers express their tight schedule, while the first one admits that he needs to *"prioritize [his] tasks and keep [the time effort] to a minimum"*. Supported by the second line manager who emphasizes that *"the workload has not been adjusted to the additional HR activities, […] so [he has] to make a priority list every day to at least cover the most important responsibilities. And follow up calls are mostly low on the priority list."* When being responsible for around 80 employees such as the second line manager it is not manageable to dedicate a proper amount of time to each employee that gets sick, in particular when more than one employee is sick at the same time. Therefore, the size of the department seems to be in relation to the amount of time that a line manager is able to spend on the well-being of his employees. The more staff a line manager needs to manage, the bigger the chance to get sick employees and the less time he has available to spend on each employee. It is legitimate that managing 80 employees takes some more time than managing 40 employees do; however, the type of disease defines the time needed per sick employee rather than the number of people that are sick. *"Having an employee that deals with depression takes more of your time than two employees with the flu"*. Besides, the bigger a department is the more often the line manager needs to schedule a feedback session with an HR manager and less time is available for the proper implementation of the follow up. The HR manager states himself that *"in smaller departments feedback sessions are organized every six weeks while a bigger department have [them] every two weeks"*. Both line managers understand the necessity of the feedback session but the first line manager highlights that the feedback sessions eat up valuable time that could be invested in other activities such as the calls with the employees. Thus, time is an important reason why the implementation differs from the intentions but the lack of time is not only a result of the general workload of the line managers but also to the additional sessions that are part of the HR practice itself.

4.1.3 Competence

In order to implement the HR practice well the line managers should have the skills and competencies for that. HR management and line management commonly agree on that. From the view of the HR manager, *"the line managers do have the ability to implement the HR practices properly"*. Line managers get trainings as well as follow-ups on a regular basis.

The trainings are provided by the own academy of the hospital where it has been heavily invested in education and development of the line managers and employees, even throughout budget cuts during the last years. *"Our academy provides great trainings to the line managers on a regular basis to ensure they are highly-skilled and can perform their tasks"*. Hence, HR management does not believe that a lack of competencies can be the reason for a different implementation of the HR practice. Next to trainings, the regular feedback sessions give the possibility to address difficulties and issues that might occur in case the line manager would feel less confident in a specific situation. The first line manager supports this view, saying, *"We get regularly trained to develop the necessary skills to perform basic HR activities"*. The second line manager confirms that point and emphasizes that he is able to perform his HR activities based on the trainings given. Thus, the academy provides proper trainings and organizes regular follow-ups, so line managers should be competent enough to implement the HR practice on a daily basis. While both line managers evaluate the quality of the trainings and follow up meetings commonly as good, the first line manager does mention some lack of sharing examples of real implementation in the day-to-day work life especially from the colleagues. *"The trainings are organized by department so I have no idea how my colleagues from other departments implement the HR practice in their daily work"*. This could help the line managers in their performance of HR activities as they can easily relate to the experience of their colleagues and use it in their day-to-day implementation. The first line manager mentions therefore his additional effort for improvement and development in this field. *"I organize some short sessions with a HR manager to re-construct situations I dealt with and discuss how those situations should be handled correctly. This helps me to improve my HR skills."* Nevertheless, the lack does not deteriorate the competences that the trainings communicate. The second line manager does not even mention this specific lack at all, although he does not mention any extra activities to develop his skills either. To conclude on the evaluation of the line managers the lack of competences is not a main reason for the differences between the intended and realized HR practice.

4.1.4 Support

For monitoring and assisting the line managers in the daily implementation of the HR practices the HR managers have to support the line managers. The first line manager highlights that his need for support in particular with employees that deal with a more serious disease, supported by the second line manager who emphasizes that *"[line managers] are not the experts in that"*. That endorses the importance of active support. When looking at HR management feedback sessions are to monitor the progress and give the line managers the possibility to address problems or issues. *"During [these] sessions we can discuss problems and I can give them advices how to solve those"*. Additionally, the HR manager also supports when conflicts between employee and line manager occur. Conflicts between employees and line managers can hinder the line manager to proper discuss the well-being of the employee and evaluate the situation objectively. In these situations, the HR manager works together with the line manager until the employee gets well again. Generally, HR managers describe an open approach in their support where *"line managers can always address them and get advice from HR when needed"*. From the view of HR management, a lack of support is not a reason for the differences in implementation. Both line managers generally acknowledge the support from HR. The second line manager mentions that the availability of support in performing HR activities by HR management. The first line manager confirms the fact of getting support when he requests it. *"When I go and ask for support then I get what I am looking for"*. Both line managers esteem the feedback sessions as good possibilities to get support and advice on a regular basis. In contrast, especially the first line manager criticizes the fact that *"HR does not come to [him]"* to actively offer their support. Therefore, the support exists only when the line manager asks for it, excluding the feedback sessions, and purely depends on the willingness of the line manager to address issues themselves. The second line manager enhances this view by mentioning a one-side approach when providing support. *"Support is available to us but we need to go and address our questions to the HR managers not the other way around. So, it is quite driven from one side."* Thus, when the line managers take the time and look for help it is available and sufficient, but line managers that do not ask for advice might not get the support they actually need for the proper implementation of the HR practice. Considering the major time problem of the line managers, it is likely that support is not as often request as actually needed, especially when it seems to be not a big problem. None of the line managers explicitly mentions that fact but that can be a result of not knowing that support would be helpful in a specific situation. Overall, the support that is mainly available upon request is a reason for the differences in the implementation process.

4.1.5 Policies and procedures

HR management needs to communicate the policies and HR practices clearly to the line managers in order to provide the insight of what is expected and intended. An HR manager communicates those in sessions and explains the intentions of HR and the business itself. *"We held sessions to communicate the policies and do audits to find out what people [think about it], what they want and need. And we follow up on those aspects"*. In this way, the HR manager ensures that line management does have a clear understanding of the policies and procedures and gives input to improve those if necessary. In general, there is no official handbook with policies available but the hospital has a sort of guideline with expectations concerning the practices. HR management publishes this guideline in the forum which line manager can access any time. However, this overview *is "a guideline with lots of room for interpretation"* as the first line manager describes it. It gives a general insight in what the expectations are but leaves out the clear instructions for implementation. Both line managers highlight the lack of clarity that leads to the difficulty of self-evaluation if they do it correctly or not. *"I know what is expected from me but cases differ from each other. So it is hard to tell if I manage the sickness of an employee well in a specific case as it is supposed to be"*. This leads to insecurity and uncertainty in performing the HR practice and can be a reason for the differences in the implementation. When line managers do follow the handbook but address their own interpretation of the implementation, especially in the more difficult cases, it is likely that the implementation does not align with the intended implementation for such a case. The second line manager clearly emphasizes, *"The guidelines are not helpful when having the calls with the sick employees. […] [He] trusts [his] feeling and executes it as [he] thinks it is appropriate."* The line manager applies this approach also when structuring the feedback sessions with the HR manager as the guideline does not contain a clear description of such a session. Furthermore, the first line manager recognizes the audits and other attempts to receive input from the workforce to improve the processes. Based on this, HR managers can design improved or new HR practices that serve the business as well as the workforce. However, the first line manager does not feel that he has *"an active role in the policy-making process"*. This is not required for a proper implementation of the HR practice, so it is not an eligible reason for the misalignment, but it seems to be a desire

from this line manager to a certain extent to feel more connected to the HR policies and practices.

Concluding on these outcomes of the five possible reasons for the differences, an overview of the reasons for both line managers is made, considering the explained coding scheme on a scale of low to high. A minus expresses a low engagement and verifies a reason for the different implementation, moderate is represented with a zero and a plus shows high engagement for the correct implementation. Category 1 expresses the difference in quality in the follow up calls and category 2 the difference in structure of the feedback calls.

The first line manager

Reasons for differences between the intended and realized HR practice	reason for the difference in category 1	reason for the difference in category 2
> Desire	+	-
> Capacity	-	-
> Competences	+	+
> Support	0	0
> Policies and procedures	-	-

The second line manager

Reasons for differences between the intended and realized HR practice	reason for the difference in category 1	reason for the difference in category 2
> Desire	-	-
> Capacity	-	-
> Competences	0	0
> Support	0	0
> Policies and procedures	-	-

Similarities in the evaluation of the two line managers show that the lack of time is the most important reason that the quality of the follow up calls is not as it should be. Both line managers need to prioritize their tasks and do not have enough time in the feedback sessions. Due to the poor execution of the follow up call, the line managers are not able to use the feedback sessions to the full potential, which leads to the difference in the structure of the feedback sessions. Besides, the lack of a clear insight in procedures is another important reason for the two differences because the intended sub tasks for the follow up call and the structure for the feedback session are not clearly communicated. A certain lack of support is a reason for the different execution of the follow up calls as well, but is less important than the capacity and policy constraints as a moderate amount of support is given and line managers can ask for advice when they struggle with the implementation. The one-sided approach is a possible reason for the difference in the feedback calls and the structure of the feedback sessions as HR manager can persuade the line managers to focus more on their responsibilities and the regular evaluation of them when they go and offer their support without a request. However, as the line managers do not consciously know that they leave out the follow up on responsibilities in for example the structure of feedback sessions; they do not mention this gap in the support explicitly. Nevertheless, a pro-active approach in giving support from side of the HR manager can inhibit the differences in the quality of the calls and the structure of the feedback sessions.

Differences between the two line managers show that for the second line manager the low interest is a reason that explains the first difference. While the first line manager emotionally shows his willingness to take care of his sick employees, the second line manager only mentions the importance of the return date. This explains that the first line manager invests time in discussing his supportive actions to support the employee and the second line manager does not. However, the first line manager emphasizes his focus on operational activities by that the right execution of the feedback session is caused by lack of desire from both line managers. Finally, the difference between the competences of the two line managers explains that there are more differences in the implementation process at the second line manager, which is then reflected in the higher sickness rate of his department. The first line manager is more capable of performing the HR practice due to his focus on development, which leads to a lower sickness rate.

5. DISCUSSION

5.1.Summary of findings

The devolution literature emphasizes that the implementation of HR practices is not completely in line with the intended HR practices within healthcare organizations. The performed study proves this as well by analysing the concrete implementation of one specific HR practice and compares it with the intention but digs deeper in the real inconsistencies. The weekly follow-up meetings take place as intended but the quality of the calls differs from what is expected by HR management. While the progress and the recovery timeline is followed up upon, the individual responsibilities in case of recovery means and the possible reasons for the sickness is not covered in those meetings as it should be. Sick leaves due to serious diseases are an exception as on those the line managers do perform the follow up mainly in the intended way at least in the beginning of the sick leave. The responsibility to support the employee and take actions which the line manager should normally review in feedback sessions with the HR manager is not planned in as in as intended. The two line managers do not explain or monitor the support to employees during the sessions whereas one line manager provides some sort of support to the employees in some serious cases and defines own supportive actions such as consulting a specialist. Thus, the feedback meetings as well as the follow up calls diverge significantly in its structure and quality from its original intention. Proving that differences in the implementation process exist in this hospital, the main focus of the research can be examined in exploring the reasons for those particular differences.

The literature review defines five possible reasons, which the study evaluates upon the HR practice. The lack of interest is a reason for differences in the implementation process of the feedback sessions. But the willingness to take care of the employees exists at least at the first line manager and could supports the view of having interest in performing HR activities as mentioned in literature, even though the operational responsibilities still dominate the focus of the line managers. Furthermore, time is the main reason for the differences that arises from incorrect implementation, which the studies of Hutchinson and Tailby (2011) shows as well for the healthcare sector by the result that 70% of the managers emphasize an actual lack of time. An exception needs to be highlighted for serious cases where line managers spend the time needed to follow up, support the sick employee, and ensure the quality of the follow up calls as HR manager intend it. Next, the lack of trainings in particular with good quality is a constraint defined and proved by researchers (Hutchinson & Tailby, 2011). However, the performed study proves that healthcare organizations heavily invest in training facilities and development and provide adequate trainings to prepare line managers for the implementation of HR practices. Both line managers hold the opinion to have the ability to proper execute HR activities, but only one line manager mentions continuous improvement based on discussing the real time examples. Hence, the lack of competences is only a moderate reason for the second line manager. Looking at getting enough support from the HR managers line managers get support when they ask for it. Besides of the regular feedback sessions, the willingness to support line managers in the HR role is present, however it is criticized that HR managers do not follow a pro-active approach in providing support, it only happens on request, which causes differences in

both categories. An organization can enhance a more pro-active approach from the HR managers when HR managers and line managers have stronger social interactions with each other. However, this does not solve general lack of an active approach in support (Sikora & Ferris, 2014). Finally, the clear view on policies and procedures is a reason for both defined differences where both line managers agree on. By not having a handbook and only provide guidelines with the general expectations from line managers, HR management leaves too much room for individual interpretation of the execution. This finding expresses also a poor communication in the field of expectations and execution of HR activities that leads to a sixth reason for differences in the implementation process that was not directly mentioned by Bos-Nehles (2010) or other studies in this field of HRM.

5.2.Theoretical relevance

The scientific relevance of research is reflected in the additional insights in the reasons that influence the implementation process of the line managers. With the determination of capacity, desire and policies and procedures as the main reasons for the differences, these findings give a new insight in the problems of HR implementation in particular for the health care sector. Although the study cannot be empirically generalized as only one case study has been performed, this study enables researchers to reflect those problems to related studies and findings about proper HRM implementation for example and define ways how those problems can be particularly avoided in the future.

5.3.Practical relevance

The practical relevance is determined in the insights that especially the HR manager and the hospital gain from this research. By studying both sides, the intention and the actual implementation, the exact differences in the execution of the HR practice as well as the reasons for those differences are highlighted. In this way, the HR manager get the insight in the real implementation process of the line management and know what needs to improve to have a better alignment with the intentions of HR. Listing a number of reasons for the different implementation helps to tackle the differences in detail.

5.4.Methodological consideration

One limitation of the study is the small sample size of a qualitative data collection. A bigger sample size in a quantitative research would conceptualize a more predictive data, although the data would be not determined in the deeper insight of the differences of the HR practice. Another limitation is the fact that the interviews are analysed by only one person. There are no other testers who analyse the data to ensure more reliability of the data (Trochim, 2006). However, the coding scheme enables to test and re-test the data in the same way, so the same outcomes can be expected with the answers given in the interviews.

5.5.Further recommendations

The research is performed with the focus on one specific HR practice that is designed in particular in this hospital. There are certainly other HR practices that can be analysed as well. The five reasons of Bos-Nehles (2010) can be also examined in other healthcare organization than hospitals to analyse the reasons to a full extent for the industry. As this research shows, there are surely more reasons that cause the differences in the implementation process such as communication or the ability of mentally coping with death that can be further examined in particular for the healthcare sector but also in other sectors. Additionally, the data can be conducted in different periods though one year in order to examine the impact of the holidays and vacations on the reasons for the difference. It is possible that the stress level, organizationally and privately, and busyness of the departments might change during the periods.

6. CONCLUSION

As the study examined two major differences in the implementation of the HR practice, the quality of the follow up calls including the way of executing those and the structure of the feedback sessions, the research reveals that the most important reason for the differences is time. Both line managers cannot perform the HR activities next to their fulltime operational activities regularly in the high quality manner. Thus, prioritizing and leaving out on quality seems the only way for line managers to deal with the additional workload with harms the organizational effectiveness. HR management is aware about the time problem when not in the full consensus, however, it seems that they rather oversee those than actively eliminated them due to limited financial resources.

The one-sided approach of giving support and the lack in clarity of how the execution of the HR practice should be are also proven reasons for the differences in the implementation that HR management is not aware of. While the way of giving support can differ per HR practice, the lack of clarity can be a reason for differences in other HR practices too as the line managers only have the general overview of the guidelines and simply do not have clear descriptions of practices how they should be implemented. Moreover, with the competences of the line managers, they are able to perform the HR activities but similar to the research of Bos-Nehles the lack of experience in difficult situations such as dealing cancer patients hampers the correct implementation process in healthcare. In contrast to the technical sector, the lack of basic knowledge about HR activities is not a reason for differences in healthcare.

While the research of Bos-Nehles similarly found those four factors causing differences in the technical industry, this research points out that also the factor desire plays a bigger role in the implementation process particularly in healthcare although it apparently does not affect the technical sector. Line managers focus mainly on the operational goals to get a good performance evaluation at the end of the year being scared of budget cuts and additional monitoring processes from the board of directors. As the HR role is not included in the measured performance system in the hospital, the low interest among line managers harm the implementation process.

Other factors such as communication and the ability of mentally coping with difficult situations such as death are additional factors that harm the implementation process in the hospital in the healthcare sector which Bos-Nehles does not mention in her study. However, as the intention of her research was to explore the effects of specifically those five factors, it is not necessarily said that those additional factors do not hinder the implementation process in the technical market and similar private organizations as well.

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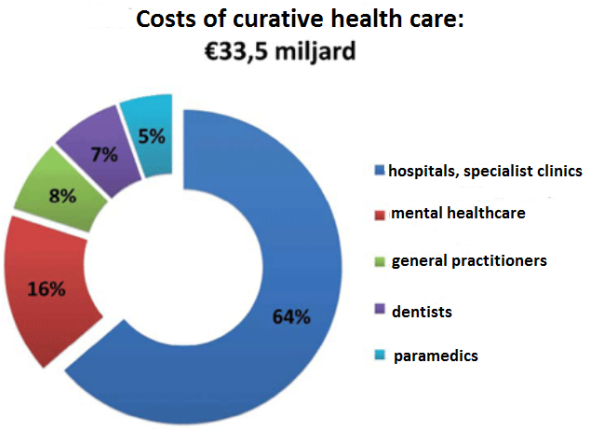
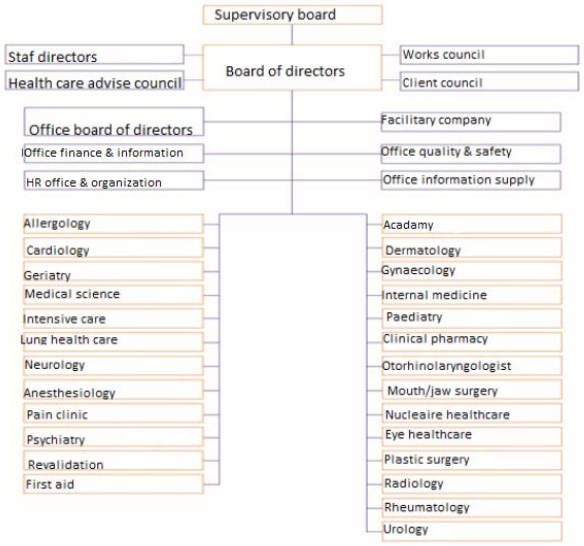
8. APPENDIX

Appendix 1: Costs distribution in the Dutch healthcare sector



Appendix 2: Organizational chart of hospital



Appendix 3:

Operationalization of the interviews - HR management
HR-practices - Implementation
Ø How does the design of the HR practice exactly look like?
Ø How should the HR practice be implemented on a daily basis?
Ø How do you measure the quality of the actual implementation of HR practices?
HR practices - Reasons for differences
Ø How do you describe the interest of line managers in completing HR activities?
Ø To which extent has the workload of the line managers be adjusted to the additional HR activities?
Ø In which way are line managers trained to be able to perform HR activities?
Ø Which particular activities are in place to support the line managers in their HR role?
Ø In which way are the procedures and expectations communicated to the line managers?

Operationalization of the interviews - Line management
HR-practices - Implementation
Ø How does the design of the HR practice exactly look like?
Ø How do you implement the HR practice on a daily basis?
Ø How is the quality of the implementation of HR practices measured and monitored?
HR practices - Reasons for differences
Ø What is your interest in completing HR activities?
Ø To which extent has the workload be adjusted to the additional HR activities?
Ø In which way are you trained to be able to perform HR activities?
Ø Which particular activities are performed by HR managers to support you in your HR role?
Ø In which way are the procedures and expectations communicated to you by HR management?

Appendix 3: Transcripts

HR manager

Interview conducted: 30th May 2016

HR practice – Implementation

How does the design of the HR practice look like?

I defined the HR practice to reduce the sickness rate. The HR practice gives more responsibility to the employee to take care about his own sickness while the line managers get the responsibility to regularly look after the employee and support him to fasten the recovery and prevent sickness in the future. The practice is designed in a way that line managers and employees can go hand in hand in fighting against sick leaves but taking time once per week to follow up on the sick employee is crucial for the right implementation of the practice. Next to the employee the line manager should feel responsible for the sickness of the employee to understand the background of it and help the employee to prevent this in the future. But this takes time.

How should the HR practice be implemented on a daily basis?

When an employee is sick, the line manager should have a talk with the sick employee every week to follow up on the situation. We have a system to monitor the calls and make sure that the line manager really calls every week, otherwise they get a reminder. During those follow up calls the line manager should follow up on the progress of the sickness, the date when the employee gets back and define responsibilities of himself and the employee. The employee gets also more responsibility with this practice and should do everything what is possible for him to recover fast. And by monitoring the progress, the line manager can decide to get the expertise of a doctor and provide support to the employee so he gets well soon. And when the employee is getting sick more often for a short period they mostly deal with problems like stress, or private problems or have difficulties balancing work with their private life which means that the line manager need to help them to solve the problem to prevent those sick leaves in the future. So, those are important calls with many information that take normally about 20 to 25 minutes.

How do you measure the quality of the actual implementation of HR practice?

We measure the quality of the implementation during the feedback sessions. During the feedback sessions the line manager explains the progress of the sick employees and tell what he can do to support the employees and what the employee is doing to recover fast. I review it and discuss it together with him and see if I can help or not. The line manager explains the progress of the sick employees and tell what he can do to support the employees and what the employee is doing to recover fast. In this way I see if the line manger does a good job or needs more help.

HR practice - Reasons for differences

How do you describe the interest of the line managers in completing this HR practice?

The interest should be there as the line manager wants to have the full work force available. When an employee is sick the line manager does not get a replacement for this employee so he has to get his work done with less people. When someone is sick for a longer period they get a replacement but still they need to see how they can manage the sick employee when he gets back and integrate them again in the department. The interest should be high but I see that line managers do more focus on reaching the operational goals of their department to please the Board. A line manager gets goals and a budget to reach the goals of his department so he wants to show his good performance to the board. They also look at the budget to really use everything for reaching the goals because they are scared that the Board will cut the budget when they see that they can reach the goals with less money. So, the operational goals have more the interest of the line manager.

To which extend has the workload be adjusted to the additional HR activities?

It was hard to reduce the workload of the line managers because of the budget cuts. The hospital gets less money every year and we need to see how to handle it and still perform well. We stopped hiring new people as we do not have the money for it. And since one management layer has been cut off and the group that a line manager needs to manage got bigger I think that time is a major constraint for the line manager. The follow up calls and the feedback sessions are time consuming and I believe that not every line manager has the time for it to do it right.

- *How often are the feedback sessions required?*

In smaller departments feedback sessions are organised every six weeks while bigger departments have the sessions every two weeks.

In which way are line managers trained to be able to perform HR activities?

As I told you last time we invest heavily in our own academy. We are a hospital with a focus on development and research and really invest time to give proper trainings to all the employees and especially to the line managers that need to take over now the HR activities. Our academy provides great trainings to the line managers on a regular basis to ensure they are highly-skilled and can perform their tasks. The trainings have follow ups once

per quarter, sometimes it's less and scheduled once per half a year but we want to build on the basic knowledge we created in the training.

- *How is your assessment of the ability of the line manager?*

I think they have the ability to implement it properly but we need to monitor it. They get the trainings and do a good job in performing this HR practice, but the system and the feedback sessions are important to keep the quality of the practice. And improve it.

Which particular activities are in place to support the line managers in their HR role?

We have the feedback sessions with the line managers to be able to give regular support to them. During the sessions we can discuss problems and I can give them advice how to solve them. And sometimes it is not a problem of skills but I see that the follow up is difficult because of a conflict for example. Then, I support the line manager when there is a conflict between the employee and the line manager and we do the follow up on the sickness together. And when a line manager has a problem he does not need to wait for the feedback session but can come to us. Line manager can always address them and get advice from HR when needed. We take the time to support the line managers.

In which way are the procedures and expectations communicated to the line managers?

We held sessions to communicate the policies and do audits to find out what people think and how they evaluate them, what they want and need. And we follow up on the aspects. In the sessions we present the policies and procedures and also present what we from HR want to do to improve the situation. A year ago we made an audit on the happiness of the employees and ask all the employees to rate their happiness with their work environment. And they scored us a 7.5 on average which is not bad. It could be better but we see that people are happy. And now we try to use the feedback from the employees to improve our processes and practices. That kind of audits we do on different topics and I think the employees and also the line managers really appreciate them.

- *Do you have a handbook for the line managers explaining the HR practices?*

We do not really work with a handbook but we have a guideline for the line managers how they should implement practices and what we expect from them. The guideline is about ten pages long and available to all line managers via a forum.

First line manager

Interview conducted: 2nd June 2016

HR practice – Implementation

How does the design of the HR practice look like?

So, how I understand the design of the practice is that we need to follow up on the sick employees on a regular basis to not forget them. I think it is actually a design where the employee gets more responsibility about his sickness and we need to take more responsibility for the sick leaves. So, yes we need to follow up and know what they have and when they come back and enter it in the system. And we need to organize feedback sessions with the HR manager to monitor the progress of the sick leaves together with them. Every sick employee is a limitation of my staff for this moment so HR manager should know that and also understand what's going on. And yes, I think that is how the design basically looks like.

How do you implement the HR practice on a daily basis?

Okay, so first you get the notification that someone is sick and you call him to discuss what kind of sickness he has. And say they have the temperature and a flu and it will take at least two weeks before he comes back. You enter this in the system and then the follow up calls start where call them once per week and discuss how is doing and when he can come back. Sometimes the recovery schedule changes because the employee or the doctor estimated them wrongly. And that's important to know then as I need to plan my staff. So, yes, you do the calls until the employee gets back. In normal cases, the weekly calls become a sort of routine since the system is implemented, especially when an employee is sick over a longer period. Because then you call the employee not only twice but ten times till he is back. But those longer sick leaves are difficult because it means that the employee has a serious disease. And then, you know, these cases are more difficult and really sensitive, so you need to address it professionally but carefully and see how you can help. Sometimes actively listening is already enough, sometimes it's better to ask questions and involve own experts. That is not what I would cover in a five minutes' call, at least not in the beginning. I mean, later you get to the period where the treatment and injury are done and then you mainly follow up on how they feel, but in the beginning it's crucial to discuss it in detail.

- So, you discuss personal causes for the sickness with the employee?

Yes, when someone as a serious disease for sure. And when I see that one employee gets sick quite often then I also want to talk to him and see what's going on. But I take this sort of discussions offline when the employee is back at work and we can personally discuss issues if there are any he might cope with. Sometimes the employee mentions them during the call then we discuss them directly. For example, some employees have problems at home and cannot balance it then they want to mention it and discuss it with me. I mean, I want to have at least understand why he is on a leave that often and I think the employee self wants to explain it and do not be scared of getting fired because of that. So, discussion the causes make sense in those cases.

- And how do you manage the feedback sessions?

I organize them every three weeks because my department is quite big, so the HR manager advised me to have a session every two or three weeks. And there I go through all the sick leaves, explain what the disease is and when they come back. When I got an explanation for the sick leave like just said like problems at home then I also address. You can say that the normal sick leaves are covered relatively quickly, but the serious cases take more time and there you discuss everything in detail and discuss with the HR manager what you can handle the situation and help the employee.

How is the quality measured of the implementation of HR practice and monitored?

I would say that the system is a classic measurement system where we need to enter our calls every week to show that we have

done it and what we discussed. And the HR managers read your entries and discuss it in the sessions. But it's hard to say that this really measures the quality of the calls. In my feedback sessions with the HR manager I address issues how to manage difficult cases rather than discussing point for point what has been said in the call to see how the quality was.

HR practice - Reasons for differences

What is your interest in completing this HR practice?

You know, I am the manager of my departments which means that I have goals that I need to accomplish. So, you can say that the operational goals dominate my work. You can say that I as a manager in the first place and not an HR profession. But no, I think it is a good practice and a really important one. As the manager of those people I want to take care of my staff in the best way possible and managing their well-being is definitely a big part of it. You can say we are one big community where we all try to help each other if possible. And when I get notified about a sick leave, then I want to talk to the employee. I mean, I feel with my employees when they are going through a disease, they need to get some hope and comfort especially when it's serious. Then you take the time to show them properly your compassion and support. They just got horrible news, maybe don't really know if they will survive this. So, yes, talking about the well-being is important and then it's also important to talk about with HR. I put in the system that this sick leave has high importance and we discuss it in the feedback sessions. That is really important to me.

To which extend has the workload be adjusted to the additional HR activities?

No, the workload has not been adjusted. Some years ago they decided to restructure the complete management of the hospital and decided that the line managers should take care of the execution of the HR practices in their department. But that was just added to my normal 45-hour schedule per week. So, I had problems in the beginning with the extra work and tried to find a way how to fit everything in one week. And I pretty much ended up with scrapping some activities from my schedule. I prioritize my tasks and keep it to a minimum time effort. In this way I see what I can do in a week and when some less important stuff cannot be done, then that is the reality.

- *How does it reflect on the follow ups and feedback sessions?*

Yes, it leads to situations where I just do have enough time to talk to the sick employees. I mean, I call them as we need to do it once per week but normally I keep it short like I mentioned before. Not in cases of cancer or depression or something like that of course. But you know having an employee that deals with depression takes more time than two employees with the flu. There you need to talk seriously how he feels and what will be done. That takes more time that I then invest and then I really put it high in my priority list. That's important to do. Yes, and for the feedback sessions I try to have one to two hours planned in my calendar. But you have important things to do on this day I just say it in the beginning of the sessions and keep it shorter than planned.

In which way are you trained to be able to perform HR activities?

Our hospital has an own academy where all trainings are organized. Also trainings related to HR. So, we get regularly trained to develop the necessary skills to perform basic activities. HR has given us basic courses in how to manager people at the beginning and then we went a bit deeper in how to perform practices as a manager. We still have follow up sessions to refresh your knowledge and learn some new things, so the training is good I would say. But, you know, there is one thing that bothers me a lot in those trainings and that's the strict division in departments. The trainings are organized by department so I have no idea how my colleagues from the other departments implement the HR practice in their daily work. Of course, you talk in the coffee corner and in meetings, but you would never talk about the cancer of an employee at the coffee machine. So, I miss the learning effect from my colleagues.

- *Have you addressed that to the HR manager?*

Yes, I did several times. But he said that that is hard to change as the trainings also cover department specific topics and so on. So, I asked how I can improve and the HR manager offered me to stop by and play the follow up calls where the employee tells you for example that he has cancer. And I need to say I liked it and made a sort of regular thing out of it. Now, I organize some short sessions with a HR manager to re-construct situations I dealt with and discuss how those situations should be handled correctly. This helps me to improve my HR skills.

Which particular activities are performed by the HR managers to support the you in your HR role?

The HR manage of course gives support in the feedback sessions when you discuss together all the sick leaves. While discussing each case you come across points where you are not sure what to do or how to address issues to an employee like for example your doubts about his sickness. You just talk about those points, you know, and ask the HR manager for advice. But besides the feedback sessions, it's more difficult to describe actual activities from HR. I do not face many problems where I think I need the help of HR to solve it. But I had employees with cancer and then post-depression which was really hard to deal with. There I need the support from Hr especially for such serious cases. But then I normally stop by at the office of HR When I go and ask for the support then I get what I am looking for. The HR manager takes the time to discuss this with you and give you advice.

In which way are the procedures and expectations communicated to you by the HR managers?

Generally, those are shortly communicated once in a session. We all come together and the line manager go through all important aspects, also quickly presenting new or different approaches in procedures if they are any. But honestly, I never remember any of those procedures in detail as I know that it will be included in the guidelines published in the forum. So, I actually do not have the feeling of having an active role in the policy-making process. The HR managers collect feedback from us what we think about the practices but you do not hear anything back from it.

- *How does this guideline help you in implementing the HR practice?*

I am not sure if you have seen our guidelines but they do not help a lot. It is to general and only reflects what a line manager should do in general. So, you can see it as a guideline with lots of room for interpretations. I use it to be informed what the expectations for the practices are and what should be done. But especially for this HR practice there is no relation to real cases, it's just based

on a normal sick leave I suppose. You can say that I know what is expected from me but cases differ from each other. So it is hard to tell if I manage the sickness of an employee well in a specific case as it is supposed to be

Second line manager

Interview conducted: 11th June 2016

HR practice – Implementation

How does the design of the HR practice look like?

The design of the practice is basically the follow up calls when an employee is longer sick than a couple of days, the entries in the system about the progress and the feedback sessions. So, I call the employee regularly and see how is feeling and when he expects to come back and enter this into the system. And every second week I have a feedback session where we go together through all the sick leaves and I give the HR manager a short update on the situations and highlight when something got worse. That is basically it. And by doing that HR thinks we can reduce the number of sick leaves in the hospital.

How do you implement the HR practice on a daily basis?

When employees are sick I call them once per week and I ask the employees how they are doing, if they have seen a doctor and which date is estimated for the return. That is the general way of how I always do those calls and they do not take long, most of time it's really five minutes, maybe ten with small talks. It depends a bit who it is. And when you have an employee that is seriously sick with cancer or something then I talk more with the employee about the diagnose and treatment. That is more difficult and does not happen that so often. Fortunately. It is of course horrible to get cancer and then I know that they are away for a longer than just few weeks. When an employee has cancer he is away for six months or longer depending on the situation. And we need to find a replacement and still follow up on this employee as he will come one time. But the calls differ then. Once the employee overcame the treatments you can only follow up on the recovery process.

- *Do you discuss personal issues with the employee that could cause the sickness?*

Honestly, I don't do that. I do not have the time to follow upon all personal issues of my department. I have 82 employees I am responsible there would not be enough time for my daily work anymore. But I know that they will come and talk to me if they are facing serious problems at work such as too much stress. And then I try to help them of course. So far, that always work out fine

How is the quality measured of the implementation of HR practice and monitored?

The quality is measured by the HR manager I would say. They have the system where we note all the updates what has been discussed and go through it in the feedback sessions. In those sessions we discuss every sick leave and sometimes also how you have handled a situation when an employee told you for example that he has a serious disease. So, based on these discussions and the system the HR manager can measure the quality of the practice.

HR practice - Reasons for differences

What is your interest in completing this HR practice?

My interest is there; I think it's important to make the calls for monitoring the employee's well-being it is important for me to know then they are back. Every sick leave means that I have less people for the day that need to carry out the same amount of work and it's difficult to schedule the work for the next days when you that for example five employees are sick but do not know when they come back. An employee with the flu can be back in three days or two weeks, I cannot estimate that. That's why I find the follow up calls important then I understand the situation better and can estimate a reasonable return date together with the employee.

- *And what about the feedback sessions?*

The feedback sessions are important for monitoring the sickness rate and our activities towards the follow ups. It's more way to inform HR about what is going on in your department. And as explained, they are good when you want to discuss problems and issues. But honestly I cannot say that my daily focus lies on a feedback session.

To which extend has the workload be adjusted to the additional HR activities?

Honestly, none. I guess the HR manager thinks that adjustments to the workload have been made but I can say that we only got more work. It was already difficult for me to manage my daily work and then they want me to make time for HR tasks and in this example to make follow up calls with all my sick employees and have feedback sessions twice a month. I can only say that was always difficult to deal with the workload and it became worse. I have to make a priority list each day to at least cover the most important responsibilities and I know that there are activities that I should perform but there is just not the time for it and you need to accept it.

- *Have you addressed that problem to the HR managers?*

Yes, but they cannot do anything about it. Everyone is really busy and we are not allowed to hire more people due to the budget cuts, so we need to deal with that for the moment.

In which way are you trained to be able to perform HR activities?

We get trainings in the academy of the hospitals. We get a lot of trainings on different subjects, so on HR as well. And the trainings are actually good and efficient, you really learn a lot. When I look at the trainings that we got for HR, I can say that I feel able to manage my people and perform this HR practice simply based on the trainings I had. So, we get trained well and HR also tries to organize sessions to follow up on specific things and discuss new issues or implementations, what is good. I think it helps that the hospital has an own academy. With the academy they provide better trainings with professionals and follow up on the trainings that were given.

Which particular activities are performed by the HR managers to support the you in your HR role?

HR manager support us in performing HR activities and that's good. The HR needs to support us in managing people, we are no the experts in that. I did not study HR for many years so I might do it differently than it should be. And that's why the support is so important for us. The line manager can tell that we do something wrong and can do it better so next time I know when I am having a difficult call I know what to do.

- Can you specify activities how this support is provided?

Specific activities? The feedback session would be maybe a specific activity where we discuss difficult situations and I explain how I handled them and he can reflect on my performance. Besides of the sessions, I do know there are no specific activities that HR performs. Normally we need to go to HR and say that we have issues and then they help us. So, support is available to us but we need to g and address our questions to the HR manager not the other way around. So it is quite driven from our side. And that is something that needs improvement in my opinion. They should also come to us and maybe offer support.

In which way are the procedures and expectations communicated to you by the HR managers?

We have folder with guidelines how managers should perform HR practices, it is kind of a handbook maybe, but without descriptions of the practices and what you need to do. It's more like general expectations how you should perform. So, it is not split in each practice, so that I could tell you how we should do the follow up calls. Actually, the guidelines are not helpful when having calls with sick employees. In those situations, I trust my feeling and execute it as I think it is appropriate in this case.