

The Division of HRM Practices between Self-Managing Teams and External Leaders: Results of the Qualitative Study in the Healthcare Organization

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ABSTRACT

As a response to the dynamic healthcare environment, organizations in the healthcare sector have introduced self-managing teams. However the largest and most profound implication of this introduction seems to be related to the general role of HRM. Moving from a centralized functional, structure to a more decentralized organic structure requires a change in the Human Resource Management department role. This change raised unclarities about the division of HRM practise responsibilities between the HRM department and SMT(s). Therefore, this case study, consisting of 13 semi-structured interviews and 4 transcripts of records with (mostly) SMT members, provides a detailed overview of those divisions of responsibilities for HRM planning, Recruitment & Selection, Training & Development, Performance Appraisal and Job design. Based on the literature review it is found that no complete HRM practice responsibility could be appointed to the Coach Manager or HR department, and a table is created in which each HRM practice is reviewed on seven different activities. In this research, those via the table, identified but forgotten responsibilities were performance appraisals and proper developed training programs. Combining the claimed SMTs need for these practices, with the current organizational wide formation shortage, this forms a threat. To deal with this threat a 360 degree feedback system and strategical linked training program is recommended. The results and theoretical framework are presented such that they can be used as an aid to clarify the division responsibilities of HRM practices within different organizations.

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1. INTRODUCTION

A Statline on CBS.nl forecasted that the number of people aged 65+ will be 1.0288 times higher in 2030 as it is in 2020. In 2040 this percentage of growth compared to 2020 will be 4,44% (CBS.nl, 2017). Due to this increasing ageing population health care demand increases in the Netherlands. Additionally, current health care clients demand higher quality, shorter waiting time and a more flexible care (Almekinders, 2006). Due to this change in quantity and uniqueness of demand in the healthcare sector, satisfying the needs has become more complex. According to Burns and Stalker (1961), an organization could adopt an organic structure to deal with environmental change. Unlike mechanistic structures, organic structures are able to quickly adapt because of their de-centralized decision making. Besides, the organic structure stimulates working in teams, since the control of the environment is shared by several people and not just by one leader. Other characteristics from an organic structure are, little standardization and formalization, high differentiation of tasks, high integration of departments and functional areas.

To settle the organic structure and be able to achieve the necessary adaptive and flexible response in today's environment, more and more organizations begin to adopt self-empowered-teams (Maynard, Gilson, & Mathieu, 2012). Self-empowered teams are defined as groups of interdependent individuals that are able to self-regulate their behaviour concerning relatively complete tasks (Spreitzer et al. 1999). Self-managing teams is as an often used synonym for empowered teams (Ford & Fottler, 1995; Manz & Sims, 1993, Fisher, 1993).

A field study to the antecedents and consequences of team empowerment from Kirkman and Rosen (1999), conducted within four American organizations (two textile manufacturers, one insurance company and one high-tech factory) indicated that there is a significantly positive relation between empowered teams and productivity, customer service, job satisfaction and team commitment (Rosen, Kirkman, & Benson, 1999).

Considering these indicated by Kirkman and Rosen positive relationships, along the fact that Self-managing teams make an organization flexible and adaptive necessary, Self-managing teams seems like an excellent innovation to deal with the changing environment. However the largest and most profound implication for this innovation seems to be related to the general role of HRM. Moving from a centralized, functional, structure to a more decentralized organic structure requires a change in the Human Resource Management department role (Banner, Kulisch, & Newman, 1992). Former HRM practices are no longer being executed through the HRM department but through the employees within the Self-managing teams. This makes the Human Resource

Management department not more than just a coach or advisor (Banner, Kulisch, & Newman, 1992).

Self-management teams did not completely adopt all of the existing HR-related functions (Spreitzer G. , 2008). Basically, because there is still need for an external leader / hierarchical commander (Morgeson & Frederick, 2005). This is proven in a conducted research to external leaders within Self-managing teams, within three different organizations (pharmaceutical company, food processing company and state university) with Self-managing teams and designated external leaders in 2005. However, this research also concluded that this need is reduced (Morgeson & Frederick, 2005). Furthermore, Spreitzer found that empowered teams drag the responsibility for many functions previously executed by HR departments (e.g., cross-training, participating in hiring, developing, evaluating, and firing team members) (Spreitzer G. , 2008). However, several HR-related functions (e.g., team training and the provision of performance feedback) are still not a responsibility of the empowered teams.

The above mentioned quick scan of the literature shows that there is no yet a clear division between the HR practices conducted by employees and the HR practices conducted by the HR department in Self-managing teams. The assumption that there exists a gap between what HR practices should be executed by the employees within Self-managing teams and what is actually executed, leaves room for investigating.

While the current literature on HRM in the health care sector is dominated by studies into the "HRM-performance" link (Lemieux-Charles & McQuire, 2006) (Yeatts, Cready, Ray, De Witt, & Queen, 2004) (Spreitzer, Cohen, & Ledford, 1999) (Seibert, Wang, & Courtright, 2011), research about the division of HRM responsibilities and Self-managing teams is scarce. Knowledge about which HR practices are adopted by Self-managing teams within the health-care sector and which remain for the HR department, is required to enhance the concept of HR function. And in practice – this knowledge will help to build and structure Self-managing teams within the healthcare sector in such a way that no HRM practices remain un-adopted.

Therefor my research question is:

“What HR practices are adopted by employees within Self-managing teams and what HR practices remain the HR department responsibilities, in the healthcare sector?”

This research provides a clear view of the division of the HR practices among the Self-managing teams and HR department. This research also equips HR managers and departments within Livio with knowledge about both, the adopted HRM practices within Self-managing teams, and the not adopted HRM practices within this particular organisation.

In the next chapter the theoretical background of multiple elements is discussed. To begin with, the theoretical background of Self-managing teams is explained, after that, there will be an elaboration on the HR approaches, the HR activities, and HRM practices. Furthermore, the methods used in this study are handled in chapter three. In the fourth chapter you can find the answer results. The fifth chapter consists of the discussion and limitations. In the sixth chapter the conclusions can be found.

2. HR APPROACHES, ACTIVITIES AND PRACTICES IN SMTS.

2.1 Self-managing teams

Currently there is no prominent definition of Self-managing teams. The meaning of self-management varies and therefore semantic differences exist. Multiple terms are used to describe the same concept i.g. Self-managing teams, Self-regulating teams, Semi-autonomous teams, Self-directed teams and Self-organizing teams. In this thesis the word 'Self-managing teams' and its abbreviation 'SMT' is used.

Self-managing teams differ from traditional teams in terms of team-member authority in decision making and handling internal processes (Hackman & Oldham, 1980). SMTs are known for an ability to plan and execute according to their will. In SMTs the members coordinate each other, rather than an external leader. Moreover, they determine themselves the propriety of behaviour, and coordinate their work in order to meet the collective and individual goals (Stephens & Lyddy, 2016). The determination of what to do, how to do it and when to do such as who to hire, who to fire but also what equipment to buy and how to maintain it, is also part of the teams function (Banner, Kulisch, & Newman, 1992). Furthermore, an increased sense of ownership and accountability is associated with Self-managing teams (Tata & Pasad, 2004).

This brings us to the most important part of this theoretical background of Self-managing teams. To have a common understanding of Self-managing teams it is necessary to share the definition. There is one definition that represented the meaning of how I used Self-managing teams within this particular thesis. Wageman (2001) wrote that Self-managing teams by definition have the authority and accountability for executing, monitoring and managing the work within a structure and purposes set by others. So, a team's level formal authority determines whether it is a self-managing-team or not. This indicates that there could be different levels of self-management. Hackman, as cited by Wageman, (2001) reported that the level of self-management is determined by three behavioural factors. (1) The degree to which team members take collective responsibility for the results of their work. (2) The degree of which the team monitors its own performance by actively seeking data about how well it is doing. (3) And the degree to which the team manages its own performance by making alterations in work

strategies when feedback shows that this is a necessity (Wageman, 2001).

There are multiple reasons for introducing SMTs in the healthcare sector. Firstly, SMTs are argued to move and change more fluidly and quickly, responding to the needs of a situation (Banner, Kulisch, & Newman, 1992). Secondly, SMTs have been found to have a positive effect on quality, caused by employees having the most first-hand knowledge to use to improve quality (Yeatts, Cready, Ray, De Witt, & Queen, 2004). Furthermore, the allowance of self-management is expected to cause that employees feel encouraged to develop their initiative and innate creativity (Banner, Kulisch, & Newman, 1992). Moreover, the findings of a literature review research from Seibert, Wang and Courtright in 2011 revealed that psychological empowerment is strongly related to important employee attitudes such as job satisfaction and organizational commitment. Team empowerment also has positive effects on team performance. Recently, Maurits, De Veer, Groenewegen and Francke (2017) held a nationwide (The Netherlands) survey among 191 registered nurses / assistant nurses in which they found a significant positive association between self-direction and job satisfaction. All these mentioned facts might have contributed to the introduction of self-directed work teams, also referred to as Self-managing work teams, by the Dutch organisation Buurtzorg in 2007. Besides the introduction in the Netherlands, this model is being introduced in several other countries, including Japan, Sweden, the United Kingdom and the United States of America (Monsen & De Blok, 2013).

2.2 Human Resource Management approaches

Pfeffer characterised self-managing teams as one of the seven best ways to produce profits through people (Pfeffer, 1994). Moreover, in 1994 Pfeffer reported that there is an increasing potential in recognizing people as a source of competitive advantage (Pfeffer, 1994). This assertion was largely a statement of faith until multiple researchers came with evidence. There is indicated to be a positive association between human resource management (HRM) practices, such as training and staffing selectivity, and perceptual firm performance measures in a study conducted within 590 for-profit and non-profit firms from the National Organizations Survey (Huselid & Delaney, 1996). In this study the impact of human resource management practices on perceptions of organizational performance was assessed. Moreover, Delery and Doty researched the relationship between HRM practices and profitability and found that, in general, HRM practices were positively related to profitability (Doty, John, Delery, & Harold, 1996). However, this particular research's samples were collected in Banks in the United States.

2.2.1. Universalistic HRM approach

The universalistic approach starts with the premise that there exists a positive relationship between the particular HRM practices and performance. These HRM practices

are supposed to be the ‘Best Practices’. Richardson & Thompson (1999) defined this approach as one set of HRM practices that can be identified, which when implemented will raise business performance (Richardson & Thompson, 1999). Doty, John, Delery, & Harold (1996) identified seven of these ‘best practices’ which are: appraisal measures, profit sharing, formal training systems, internal career opportunities, employment security, voice mechanisms and job definition. However, this list with HRM practices is not definitive and there is little agreement of what the ideal best practices are.

2.2.2. Contingency HRM approach

The Contingency approach is described to improve business performance when the right fit between business strategy and HR practices exists. Higher organizational performance should be derived from the interaction between the firm’s strategy and its HRM practices. But also the context of a situation in the organization is very important, a strategy should always be aligned with its organizational context.

2.2.3. Configurational HRM approach

The configurational approach, which is also called the three bundle approach, says that combinations of HR practices can be identified in order to generate higher business performance. However, these combinations will vary due to a difference in organizational context.

To create a competitive advantage with HRM you need to carefully select the practices that leverages these assets at best. Besides Delery, John Doty, & Harold, also Huselid (1995) and Pfeffer (1994) came up with a list of HRM practices that are positively related to a higher productivity and profits. However, both the list of respectively, thirteen and sixteen HRM practices did not become definitive and were not embraced throughout the world. Later on, Boselie et al. (2005) argued that a steady body of empirical evidence has been accumulated since the pioneering studies in the middle of the nineties. However, yet there still not exists a clear picture on what HRM is and what it is supposed to do. There is a great diversity in types of practice that fall under the term HRM, besides there is still not a fixed list of generally agreed principles. Since we learned that the ‘best’ HRM practices depends on an organizations adopted HRM approaches, and Livio’s HRM approach is unknown, I could not say much about Livio’s adopted practices. Therefore, this study will focus on the following most common HRM practices: Recruitment & selection, Training & Development, Performance Appraisal, HRM Planning and Job Design (Guest, 1997; Boselie et al., 2005; Nasurdin, 2012; Schiemann, 2011, Stahl et al. 2012; Banner, 1992).

2.3 HRM activities

Each different HRM practice can be reviewed on the activities within a particular HRM practise. This review is focused on the executor of the different HRM activities within these five HRM practices. Valverde, Ryan, & Soler

(2006) transformed 52 existing HRM activities into seven meaningful clusters or types of HRM Activities.

- Strategic decision making and leadership, this includes activities such as deciding on a major staff reduction, final decision making in collective bargaining, designing organizational structure and instigating and promoting change etc.
- Operational decisions and daily people management, this involves activities such as deciding on hiring a new full- time employee, identify training needs, carrying out performance appraisals and deciding salary changes based on these performance appraisals etc.
- Service delivery, activities which involves the execution of HRM activities such as interviewing candidates.
- Policy making and diagnostic, activities such as establishing a flexible contracts policy, defining criteria for career development or analysing the organisation labour market.
- Monitoring and follow-up activities, including activities such as evaluating the results of training or monitoring the established procedures to ensure health and safety.
- High level specialist HRM, with activities such as aligning the HR strategy with corporate strategy, establishing the general framework for labour relations in the organisations or advising on courses of action in case of conflict.
- Administrative and technical activities, for example administering contracts, storing and handling employee related information or organising means and resources for training.

2.4 HRM Practices

2.4.1. Recruitment & Selection

Bratton and Gold (2007, p 239) were able to differentiate recruitment & selection while also showing a clear link between these practices : ‘Recruitment is the process of generating a pool of capable people to apply for employment to an organisation. ‘Selection is the process by which managers and others use specific instruments to choose from a pool of applicants a person or persons more likely to succeed in the job(s), given management goals and legal requirements’.

To generate a pool of capable people the recruitment role provides each applicant with a label with his or hers specifications (behaviours, number of earlier success booked, qualification and trainings, experience, specific demands, organizational cultural fit, expectations of the candidate). Attracting the targeted candidates is a matter of identifying, utilizing and evaluating the best resource of applicants. This is often done via reviewing and evaluating alternative sources of applicants (both internal and

external), advertising, using agencies and consultants. Selecting the needed candidate can be realized through multiple instruments including, sifting applications, interviewing, assessing candidates i.g. in assessment centers, offering employment contracts, obtaining and crosschecking references. Furthermore, the recruitment & selection role includes taking into account job descriptions, job specifications usually written by HRM planning. Moreover, deciding on the terms and conditions of employment is considered as a responsibility of the recruitment and selection role (Anosh, Hamed, & Batool, 2014). However, this last responsibility is very limited since very often the terms and conditions of employment are decided within the CAO (collective bargaining agreement), especially within in the healthcare sector.

2.4.2 Training & Development

Fitzgerald (2003) defined training as “*a tool to help individuals contribute to the organization and be successful in their current positions*” Moreover, he described it just as a means to an end and not vice versa. Furthermore, Fitzgerald (2003) described development as “*the preparation of individuals to enrich the organization in the future*” and “*the act of being involved in many different types of training activities and classes*”. Development takes more a long term focus instead of the short term focus of training. Multiple training activities have been identified in a study towards the training activities and their relationship to the transfer of training with in organizations (Saks & Beclourt, 2006). Saks & Beclourt divided these activities in pre-training, during training and post-training activities. Pre-training activities involve trainee preparation, trainee input and involvement, supervisor involvement and training attendance policy. During training activities are, identical elements (creating resemblance to the real work environment), stimulus variability (a variety of training stimulus and experiences), feedback, positive reinforcement, goals-setting, relapse prevention (preparing trainees with issues and problems that may arise in reality), and general principles). Post-training-activities are supervisor support, evaluation and feedback, organization support and accountability (the extent to which trainees are required to submit a post-training report or participate in an interview or discussion about the training. Not every activity might be relevant to self-managing teams especially for the during-training activities, therefor not every activity is included within the interview questions.

2.4.3 Performance appraisal

Back in the days this term was associated with a rather basic process involving a line manager completing an annual report on a subordinate’s performance and discussing this with the employee in the appraisal interview. However, nowadays, it has become a more general term for a various number of activities through which organizations asses employees’ performance, develop their competence, enhance performance and distribute rewards (Fletcher, 2001). In this ongoing process of evaluating employee performance a more strategic approach to integrating HR activities and business policies is applied. Levine (1986) found that

performance appraisal is most frequently used for determining employee training needs, merit review and salary administration. Moreover, Rendero (1980) found that of 24 surveyed human resource managers merit review employee development and feedback to employees was mentioned most often as uses of performance appraisal. Furthermore two additional uses came forward of a research conducted in 1970 namely, using it as motivational tool, as basis of promotional and placement decisions. A study towards the conflicting uses of performance appraisal in 1989 identified 20 different activities of performance appraisal (Cleveland, Murphy, & Williams, 1989). A few of them have already been mentioned in the part above. The following 20 activities are mentioned, salary administration, promotion, retention/termination, recognition of individual performance, layoffs, identify poor performance, identify individual training needs, performance feedback, determine transfers and assignments, identify individual strengths and weaknesses, personnel planning, determine organizational training needs, evaluate goal achievement, assists in goal identification, evaluate personnel systems, reinforce authority structure, identify organizational development needs, criteria for validation research, document personnel decisions and meet legal requirements (Cleveland, Murphy, & Williams, 1989). A few uses are viewed as redundant in this particular study since some of them are overlapping and not everything is applicable within the healthcare sector, especially not within Self-managing teams. Redundant and expected inapplicable activities are not included in the interview questions.

2.4.5 HRM Planning

Dale S. Beach (1971) has defined HRM Planning as “a process of determining and assuring that the organisation will have an adequate number of qualified persons available at the proper times, performing jobs which meet the needs of the enterprise and which provide satisfaction for the individuals involved”. To provide satisfaction, for both, the individual and the organization, five activities are required. These activities have been derived from several studies (Chand, 2016). Firstly, it is important that the HRM planning defines clear strategic and operational objective, forming the basis for further planning. Besides, these corporate objectives HRM planning should also create its own objectives such as, developing human resources (through training), career planning of employees, updating technical expertise and so on. Secondly, determining the human resource needs (staffing) is of huge importance. HRM planning needs to be sure what people are required in terms of motivations, qualifications, qualities and skills. Furthermore, keeping track of manpower inventory will eventually contribute to reaching the planned objectives for both the individuals and organization. Keeping track of manpower inventory involves identifying which persons might be available for higher dose of responsibility. Fourth, the supply and demand of personnel needs to be planned in advance, here for different forecasting tools can be used. This ensures that recruitment activities start right on time. Finally, making sure that there exists a proper work environment is crucial for reaching objectives. The right working conditions combined with a company’s

culture leads to job satisfactions. I do not expect that one particular person within the self-managing-team is responsible for creating a proper work environment. This seems to be more a job for the self-managing-team in itself.

2.4.6. Job Design

Buchanan (1979) viewed job design as a detailed specification of the contents, methods, and relationships of jobs in order to satisfy, both, the organizational and technological requirements and also the social and personal requirements of the employee.

Job design consists of multiple activities a few involving job structuring: rearranging or replacing work, giving the worker additional tasks (job enlargement), job rotation and giving the employee more responsibility (job enrichment). Moreover there are multiple activities in scheduling time and locations such as, arranging telecommuting (part or full off-site work), alternative scheduling i.g. flex time work, or a 4 day workweek, and the arrangements of virtual offices and virtual organizations. Moreover, self-organization of time and process management can be realized through job design (Margaret & Bailey, 1992).

Each HRM practice described in the previous chapter exists of multiple activities. Each activity can be appointed to one of the seven clusters described in *chapter 2.3 HRM activities*. The interview questions are based on the, in chapter 2.4, described definitions, features and activities that each HRM practice possesses. After conducting interviews, an overview emerges from appointing each activity in the HRM practice to rather the self-managing-team itself, the Coach / Manager steering this self-managing-team or the HR department. Only the relevant activities in the healthcare sector area became point of discussion in the interviews. Relevant activities were considered those which were expected to be executed within Livio. So, the HR activities and the HRM practices will be used for the empirical investigation and the SMT descriptions will be reflected on in the discussion of this thesis. The HR approaches were only used to identify which practices needed to be analysed.

3. METHODS

This research involved a single case study, which according to Eisenhardt (1989) is a research strategy which focuses on understanding the dynamics present within a single setting. In this case study, Livio was the healthcare organisation in which the dynamics of Self-managing teams were analysed. The case study allowed us to retrieve besides the factual data, also employee experiences, perceptions. Moreover, in this case study data collections were combined, both, transcripts and semi-structured interviews were used.

I have chosen semi-structured interviews for a few reasons. First of all, this study focused on the division of HRM practices between employees within Self-managing teams and their Coach Managers, the best way to discover this division was to look at practise and not so much on existing literature. However, the existing literature could

give a detailed description of how a certain practice works and what activities were involved. This certainly helped me preparing my questions for the interview, besides it helped me to discover what relevant activity within a practice was missing in the healthcare organization. Secondly, to be flexible in terms of question / word order, explanations or leaving out questions, semi-structured interviews would be more satisfying than structured interviews or questionnaires. This open framework allowed for focused, conversational and two-way communication which was necessary to go in-depth during an interview.

3.1 Research Context

The healthcare organization Livio is specialized in providing elderly care in the Dutch region Overijssel. It provides care to elderly and disabled people living in one of their eighteen nursing or sheltered centres. Moreover, they provide home-to-home care in towns nearby their different centres. This core business involves caring, nursing, and guiding at people's homes. Furthermore, Livio is involved in loaning nursing articles focused on nutrition education and diet advising. This research focused on both the residential care and nursing-homecare of Livio.

Livio's mission is to offer added value with their services and products on the field of care, living and health. They try to do this not only for the concrete people in need of care, but for anyone who wants to work on their vitality. Their vision is that our life quality depends for a major part on two things. Firstly, to what extent we are in control of our lives. Secondly, to what extent are we capable to function independently within our environment, even if we need (more and more) help with that. That is why Livio focuses on what is still possible, instead of focussing on the (elderly) people's incapacibilities.

Livio has a relatively flat hierarchy, with on top the board of directors being assisted by management secretariat, market & communication manager, and quality manager. Below exist only two hierarchical layers consisting of managerial layers. This first layer consists of a Home Care Manager, a Facility Business Manager, a Human Resource Manager and a Care & Residency Manager. This second managerial layer consists of thirteen Coach Managers supporting all the different SMTs in which no hierarchy exists apart from their qualifications. Recently, there has been a managerial audit, after which a lot of managers who failed the audit needed to leave. A simplified organogram can be found in the appendix.

3.2 Sampled Interviews

Interviews were carried out only at one hierarchical level of the organization, namely the Self-managing teams. Although, it was on the same hierarchical level, people with different levels of education and therefore different responsibilities in the SMTs were interviewed. Additionally, transcripts from interviews with SMTs Coach Managers and the HR department were used. Primarily, to confirm that the gathered information from

the team in question is true and therefore can be relied on. Secondly, because these transcripts provides different perspectives in elements such as performance.

	Interviews in Home care	Interviews in Nursing Homes	Interviews in other departments
Verpleegkundige level 5	5	1	1 psychiatric team
Verpleegkundige level 4	2	1	
Verzorgende IG level 3	2	2	
Transcripts Coach Managers	2	1	1 HR department

3.3 Data collection

During my research I cooperated with Laurens Aversch (2016) who focused his research on what competencies the first-line manager of an SMT should have to enhance the team effectiveness. We integrated the interview questions in such a way that both parties got the needed information from the interviews. The integrated interview protocol can be found in the appendix. Furthermore, we had to deal with limited time for each interview simply because burdening volunteers for too long was not an option. For this reason I decided to reduce the amount of questions by transferring questions about two HRM practices (recruitment & selection and performance appraisal) to a different protocol used to research those same HRM practices. This opportunity emerged through the useful circle meetings in which I noticed that a question protocol was for a majority overlapping. To gain all the relevant knowledge needed, I added questions to Cindy Wiese's and Ufuk Karakus' protocol. All my questions regarding this HRM practices can be found in the appendix.

3.5 Trustworthiness of the study

Several things have been undertaken to assure the reliability and validity of measurements. First of all, semi-structured in depth interviews is a primary data collecting method being verbal and obtrusive. To minimize the risk of social desirability that came with this obtrusiveness, we tried to separate the interviewees from their colleagues and coach/managers. The absence of the Coach Manager and colleagues should have allowed the individuals within the team to speak up freely. Secondly, to ensure a complete and consistent view of the division of the HRM practices data is collected from both individuals within the team, and the Coach Manager in the form of transcripts. Furthermore, the alternative-form method is used to assure reliability of the answers. Questions were asked in different manners representing the same underlying questions to increase reliability. Moreover, probing is used to assess whether the answers given were correct interpreted. Conducting interviews, for example by means of these tools, was practiced twice, to secure the outputs quality with a limited number of data. Additionally,

professional debriefings in which my quality of data, interpretations, and literature review were discussed also contributed to enhancing outputs quality. Lastly, interviews were planned in close collaboration with Livio by my supervisor, this also enhanced the trustworthiness of the data collection.

3.6 Analysing data

To code the retrieved qualitative data the 5 step analysis from Lecompte (2000) is used. This involved the following steps:

- 1. Tidying up data.
- 2. Finding items.
- 3. Creating stable sets of items.
- 4. Creating patterns.
- 5. Assembling structures.

Tidying up data was a matter of arranging data in such a way that it helped to make a preliminary assessment of the data set. In this thesis copies of all data were made. Moreover, all the interviews were put in a file in the order of their dates of creation. Furthermore, other files based on the type of data, such as Primary Data in which my own interview transcripts belonged and Secondary Data in which the provided transcripts from the Coach / Managers belonged, were created. For the primary data, two different boxes were created called: Interviews Residential care SMTs and Interviews Nursing home SMTs. Each file is labelled according to their content (name, location, team etc.). To complete this first step, comparing the research questions to the collected data in order to identify gaps and missing data was essential and therefore it was done constantly.

The second step was finding items through sifting and sorting, which involved reading interviews transcripts till the relevant items that answered my research question had been found. Items, also referred to as units of analysis (or codes), are those specific things in data sets that are coded, counted, and assembled into research results. During this search in data a systematic process of looking for omissions, frequency and declaration was used. Items were expected to be found relatively easy since all the questions were derived from the description of activities or description of HRM practices and therefore items could be predicted beforehand.

To create a stable set of items I planned to organize the items into groups and categories by comparing & contrasting and mixing & matching. Moreover, I planned to create different forms of taxonomies by clumping items that go together or seem to be similar. The items became the activities within a HRM practice and the taxonomies were the HRM practices itself consisting of 5 taxonomies, namely; Recruitment & Selection, Training & Development, Performance appraisal, HRM planning and Job design. The taxonomies contained 8 items, these were the 7 clustered activities plus one item called 'rest', in this item I placed the activities which could not be appointed to one of the 7 activities. Furthermore, I created other items not belonging to a group, called "differences intramural

and extramural”, “task coach” and “useful quotes”. For the further analysis Atlas was used in which Items can be described as codes and taxonomies as code groups.

The fourth step was creating patterns through clumping taxonomies together in a meaningful way. Reassembling taxonomies in a way that offers a coherent explanation or description of the division of HRM practices between SMTs and the external department. During this phase I searched for similarities or analogies between sets of items. Each found sentence which was (closely) related to an activity within an HRM practice was analysed and assigned to an item (code) which on his turns belongs to a taxonomy (code group). This was done with the transcripts from both the nursing homes and the residential care. A clarifying example can be found in figure 1 in the appendix.

In the structural stage I analysed each different item with its appointed activities and highlighted remarkable and exceptional things, but also things appearing with a high frequency. Based on these analyses I created two tables in which the division of HR practices between HR department, SMT and Management can be found in table 1 and table 2 in the appendix, additional information belonging to these tables can be found below in the results chapter.

4. RESULTS

The following chapter describes the findings of each different HRM Practice. The first column describes the division of HRM practices in residential care and the second column describes the division of HRM practice in the nursing facilities. The results should be read along with the provided table 1 and table 2, which can be found in the appendix.

4.1.1. Job design

The findings showed that strategic decisions such as deciding on basic team structures, providing teams with frameworks (within which the SMTs were allowed to operate) and deciding on the (planning) instruments, were assigned by the Management. Mentioned examples were deciding which team-tasks should exist in each team, instructions regarding the roulette of team-tasks. Moreover, a team is not allowed to exceed the maximum of 16 employees of which all these employees should have a minimum Level 3- IG certificate. Additionally, 1 FTE Nurse level 5 per 2 employees is allowed. Furthermore, the SMTs identified if a team-member is ready for larger responsibilities, keeping in mind the constraints such as qualifications. This decision was often based on noticed (good) performance. The person(s) who identified the capability for larger responsibilities, were often the whole team, but in some teams these were the nurses (level 5) or individuals having this particular team-task themselves. The SMTs allocated team-tasks as a group, based on affinity, skills or knowledge. If the Coach Manager monitored underperformed or unallocated team-tasks, she helped with the reallocating of those team-tasks. Lastly, in each home-care team two persons were responsible for

controlling if worked hours equal the scheduled hours. In case of unbalance, they asked the person in question where this unbalance might come from and tried to find a way to solve the cause. When high discrepancies in hours were noticed by the Coach Manager he or she sat around the table and tried to solve this problem. If the hours were checked the HR department administered them and regulated the pay-roll.

Also in nursing homes management decided on team structures and frameworks for these team structures. Besides this, management also created guidelines and procedures for purchases to cut costs. Furthermore, in nursing homes the Coach Manager seemed to take care of operational decisions such deciding on deployable employee hours, also he/she monitored these hours and intervened when these hours exceeded the limits. Moreover, the Coach Manager decided when an employee is ready for larger responsibilities, therefore he is (often) involved in assigning Team tasks. Exceptionally, in one interviewed team, they divided the team tasks themselves. All the nursing home SMTs, except for one, had an external planner who created the rosters, although all these teams mentioned this would become a team task very soon, and thus this become the SMTs responsibility. Finally, The HR department confirmed the worked hours and converted this into salary.

4.1.2 HRM Planning

Firstly, the management decided to fire a quarter of the former managers two years ago. This was part of a strategic decision. Secondly, management obligated SMTs to use pre-determined goals (productivity, clients), budgets (educational, office, promotional) and educational activities (Computer course, BHV course). The SMTs themselves were capable of identifying needs with regards to training, number of new personnel and characteristics of new personnel. In most SMTs the individuals recognized when they had to participate in trainings sessions to keep their proficiency. Also when they felt a need to develop a certain skill or wanted to increase in educational level they recognized the need for training themselves. A few of the interviewed teams had created goals next to the, through Management provided, goals. All the SMTs experienced, due to a high work pressure, when new personnel was required. Some of the SMTs even calculated whether they were overstaffed or understaffed themselves, while a lot of SMTs depended on the help of the business controller to calculate this. Moreover, performance, especially with regards to the productivity goals, was often monitored by two persons per SMT and this performance was discussed in their six weekly meeting in which also the Coach Manager participated. When a person underperformed, his scores were evaluated in an informal conversation with the team member(s) who analysed the scores. All these scores were provided by the business controller on a dashboard containing productivity scores of client-related hours, indirect hours, and travel time. A remarkable thing was that at that moment almost all the teams were understaffed, some even spoke of a chronic shortage of employees within the healthcare sector.

In the homecare institutions the Management decided on major staff reductions, determined budgets and obligated certain training such as BHV-courses. Furthermore, the SMTs were able to recognize training needs themselves, although currently most of the teams are not able to recognize a need for new employees and were also not able and willing to determine what characteristics this new employee should have. The SMTs create goals based on LPZ measurements and were involved in creating a year plan together with the Coach Manager. The Coach Manager calculated if a team was under- or over-staffed and managed the budget. He also had to give permission for things that wanted to be bought. Moreover, the Coach Manager monitored team performance and intervened when goals were not achieved or clients were unsatisfied. The Coach Managers shared information regarding financial performance with the SMTs, since the SMTs had no insight in this so far.

4.1.3 Recruitment & selection

Besides the made team structure constraints that a team may not have more than two Verpleegkundige level 5 and all the other workers should be minimum Verzorgende IG – 3, there was one further provided requirement to take into account, namely the prevention of distributing full time contracts in order to save costs when workload decreases or sickness appears, this is only relevant for the HR department who decided on the employment conditions in the hiring process. The recruitment and selection process is usually done by two SMT members. The Recruitment process is done by, both, the SMTs themselves and the HR department. Some teams preferred to recruit themselves using a wide range of media such as flyers, newspaper advertisements and social media posts. The teams claimed that recruiting themselves is more effective, because they were able to sort more specific. The following quote supports that: ‘‘ As soon as the recruitment process goes to P&O (HR department) it becomes useless since it is too general, but if we start a nice action ourselves with a flyer, nice picture and text and distribute this, than it works perfectly and we find someone. That is the advantage of being self-steering’’ As shown in the quote above, a few SMTs found the delivered interview candidates not matched their filled in application. This is probably caused by the HR department who aimed their vacancy at an as large as possible group of caretakers to get rid of their organizational employee shortage, in which the distribution of only part-time contracts is found to play a role in the causation. In contradiction to the SMTs recruiting themselves, other teams liked to depend on the recruitment process of the HR department and waited till they were provided with candidates. Thus decisions with regards to who to invite on interviews were done by both, the SMT and HR department. However, decisions about who to hire and to fire was made by the SMT since they also did the selection interview. In a very few situations the Coach Manager was involved in the selection interviews to ensure that the right people are hired. This was only done if the SMT was underperforming and therefore attracting good employees is required. The selection process could be created by SMTs themselves because each team has different desired

characteristics from an employees. After the SMTs hiring decision the HR department dealt with the administrative elements such as employer’s declaration and employment conditions which included deciding the number of hours a candidate is hired for. At first only trial contracts of one half year were provided, during this period the team monitors the employees performance and decide afterwards if he or she deserved a contract extension.

Unlike, residential care, it is unknown if management made minimum qualifications for nursing home employees. What I found was that SMTs were included in the recruitment and selection process for a very small part. The HR department did the recruitment after an application from the Coach Manager, afterwards the Coach Manager conducted selection interviews together with an employee from the SMT in question. ‘‘Till now we don’t have much empowerment in solicitations, the Coach Manager handles them, and sometimes one SMT member joins him’’. This shows that the SMT members had involvement in the decision who to hire, but the decision making empowerment lies by the Coach Manager. This way the Coach Manager can ensure that the future employee is capable of adopting a team-task so corporate structure can be aligned with the business unit structure. One SMT was allowed to do the solicitations for the students who did an internship within their team. Lastly, HR department dealt with the contract administration. However, the Coach Manager decided on the number of contract hours.

4.1.4. Training and development

Primarily, it was shown that management made decisions with regards to the provided quantity and quality of training sessions. Multiple employees believed this provided quantity was too low to develop themselves. The following quotes represents that: ‘‘We also believe that there is a lack of education for us’’ and ‘‘ We need more education, to up-date or knowledge, the last years this did not happen’’. Secondly, SMT members choose themselves what and when to train, although their choice was limited by the provided courses in the Livio Academy. The responsible people for giving trainings sessions were the MTH team (Medisch Technisch Handelingen), which was part of Livio Academy, or external parties such as Saxion. After the training sessions, feedback was provided by those same people. Sometimes SMT members or Coach Managers gave small refreshing training sessions to keep employees up-to-date. Furthermore, Livio used E-learning, in which employees could learn online. Besides E-learning, employees visited symposia which were often provided through Livio academy or V&VN. These were very attractive for nurses (level 4 and 5) who needed to get their accreditation points in order to stay BIG-registered. Courses which were in first instance not provided by Livio academy, but for which employees felt a need, could be arranged via the Coach Manager or the HR department directly, although costs were involved for which the educational budget could be used. Finally, the procedure for training were developed by Livio academy,

Management was also expected to be involved in this development.

In the nursing home the activities within this practice were not described very different. A few small differences were noticed, for example if individuals or teams wanted a training which is not provided within Livio academy, they had to ask approval of their Coach Manager. If this request for participation was approved the Coach Manager arranged it the training. SMTs in the residential care had a group educational budget for this, and could arrange these educations themselves using this budget. In contradiction to the residential care, it was not experienced that Livio facilitated an insufficient number of education possibilities. Moreover, it seemed like there was a lower need off educational development within the nursing homes. Furthermore, the same team, namely the MTH team, was responsible for giving the training and feedback sessions after training. Finally, also here ruled that the SMT members themselves were hold responsible for preventing their proficiency from expiring.

4.1.5. Performance appraisal

It was found that the management decided to limit the number of allowed meetings. Team meetings were allowed once in six weeks and may be structured according to the SMTs will. Moreover, recently, management decided to conduct audits in order to check the quality of care, based on these results some teams wrote development plans in which they defined goals. Furthermore some teams had, besides the regular team meetings, also inter-visionary meetings (once in two weeks). One team even had yearly conversations in which was asked: "Where do you stand at this time? where do you want to go? What are your interests?". This team in question decided to have this yearly conversation to support individual development. Furthermore, in case of conflicts or underperformance all SMTs had two persons who were responsible for discussing this, most of the time this is done in 2 on 1, or 1 on 1 evaluations, although less emergent issues were discussed within the team meetings. During these meeting multiple SMTs experienced a hard time giving (negative) feedback to a colleague, while other SMTs did not have a hard team being open and honest to each other. The SMT recognized conflicts, issues and underperformance themselves through, client satisfactory scores, client verbal feedback, client evaluations observations, experiences. When underperformance, conflicts or issues were noticed SMTs put these on the agenda points for the next meeting. If a case, issue or conflict was unsolvable the coach managers supported during further evaluation sessions and helped with the follow-up activities. remarkably, no formal appraisal system was used in the residential care SMTs, only in case of dysfunctioning, performance was discussed. A found quote represents the absence beautifully: "Since the implementation of SMTs 3 years ago I have had no performance appraisal and I miss those extremely". Multiple teams claimed to need a form of individual feedback. Besides this, they experienced that if they gave feedback to or shared ideas with the Coach Managers, were not heard, this was supported by the following quote from a team member and Coach Manager

: "We need our Coach Manager to listen, this does not happen very often" and "feedback is a struggle for the organisation".

The Care on location SMTs had two weekly team meetings and two yearly department meetings to which also the Coach Manager attended. During these meetings feedback was provided by, both, the Coach Manager and individuals within the SMTs. Nursing homes did not have persons in particular responsible for confrontations in case of noticed conflicts or problems. When such things happened, the observing person put it on the agenda for the next meeting, unless it was emergent, then it was communicated with the Coach Manager who tried to solve this situation afterwards. Also the Coach Manager created agenda points if he or she felt the need due to monitoring the department. Some teams agreed on an open and honest attitude, which means that you start an individual informal conversation if you notice something weird. In contradiction to most of the SMTs in residential care, SMTs in nursing homes had yearly conversations in which is discussed how their work goes and what could be improved.

Sometimes, in both care on site and residential care, Livio provided a limited number of spots for educational upgrades, for example for upgrading a Verzorgende 3-IG certificate to a Verpleegkundige level 4 certificate. The SMT members claimed that this education should be in your own spare time, but Livio covers the educational costs.

5. DISCUSSION

As you can read in the results, the residential care SMTs are much further developed SMTs then the nursing facilities SMTs. Applying the earlier mentioned theory of Wageman (2001), I can argue this observation is correct. The level of self-management depends on, firstly, the degree to which team members take collective responsibility for the results of their work. The number of SMT responsibilities in the residential care is higher than it is in the nursing homes. An example is that the SMTs in residential care were totally responsible for conducting recruitment interviews meanwhile, the SMTs in the nursing homes had only small involvement, meaning the Coach Manager did this recruitment interview together with one or two SMT employees. Secondly, the degree of which the team monitors its own performance by actively seeking data about how well it is doing, is contributing to the level of self-management. In the residential care SMTs have two SMT members responsible for monitoring productivity goals and budgets, meanwhile in nursing facilities performance is still monitored by the Coach Manager. Third, the degree to which the team manages its own performance by making alterations in work strategies when feedback shows that this is a necessity. In both care departments daily management decisions are in general made by SMTs, however, in the residential care there is no involvement of the Coach Manager, meanwhile there is little involvement of the Coach Manager in the nursing homes. This having been said I can conclude that level of self-managing in residential care is relatively high, and the level in nursing facilities is relatively low.

To continue, multiple employees, especially in the residential care claimed to miss a performance appraisal which is logical, since it has lots of benefits. Firstly, improvement in performance requires assessment and therefore a form of feedback is necessary. Secondly, it provides fairness if difference in performance levels across workers is measured. And third, assessment and recognition can motivate workers to improve their performance (Gomez-Mejia, Balkin, & Cardy, 2007, p. 242). Furthermore, Hackman and Oldham (1976) showed that feedback influences the knowledge of the actual results of the work activities and thus has an indirect positive influence on work motivation, work performance, work satisfaction and a negative relationship with absenteeism and turnover (as shown by Figure 2 in the appendix) which both was experienced too high in the eyes of, both, the Coach Managers and employees. So, therefore feedback should be given (properly).

Furthermore, Smithler & London (2009) claimed that Performance management should be done on, both, the team level and individual level. This should also be the case in Livio. Currently team feedback is already given during team meetings in residential care, as well, as in nursing homes. However, this feedback seemed to be biased, due the fact that not every SMT employee dares to give (negative) feedback to their colleagues. Individual conversations in residential care were only used if things go wrong, which therefore not have the motivational effect that they should have. Also within these conversations bias exists. In nursing homes, the yearly conversations tend to be used, but employees claimed that those conversations were rather developmental than evaluative.

To deal with these lack of (in some case insufficient) individual feedback, I suggest that individual performance is assessed within a 360 degree feedback system of three workers. 360 degree feedback consists of self-review (workers rate themselves) peer review (workers rate their colleague) and subordinate review (workers rate their Coach Manager) and customer appraisal. Information for the customers appraisal is retrieved through, the already existing, evaluation form and client satisfaction scores. These 360 degree feedback sessions should have both, administrative and developmental purposes, meaning it should be used as a basis for decision about the employee's working conditions, rewards and promotions and it should be used to improve performance and to strengthen job skills through providing feedback, counselling on effective work behaviours and offering them training and other learning opportunities. Additionally, I suggest that during this feedback sessions team tasks become an important point of discussion due to the fact that a lot of SMTs struggle with the execution of their team-tasks. During this 360 feedback session they can get the needed guidance and instructions. However, this is not the only expected benefit of the 360 degree feedback system. First, the appraisal system can help Coach Managers and colleagues gaining insight in causes of problems. Furthermore, the feedback provided should motivate workers, since it is acknowledging their individual work. Moreover, this review could help identifying individual goals which makes the job more challenging, this indirectly deals with

the increasing number of higher educated nurses leaving due to a lack of challenge in the job. Moreover, this review allows SMT members to review their subordinate and therefore he has to listen to the employees comments. During the subordinate review part of the employees can share their comments regarding Coach Managers performance but also organizational wide. This way, the organization ensures that the employees' voice is heard, for multiple employees this alone is such a relieve already.

Furthermore, I noticed that residential care SMT employees feel a higher need of training and developing, than SMT members in nursing homes. Especially the level 4 and 5 nurses, claimed that there were insufficient educational and training offers. Due to the earlier mentioned fact, that a lot of higher educated employees left this firm along with the claim that there is a shortage of employees within the whole organisation, Livio should fulfil the higher educated employees' training needs to ensure keeping them. They can't make the jobs financially more attractive since this is CAO conform. Therefore it comes down at training one way or another. A study from Bartlett (2001) examines the relationship between employee attitudes toward training and feelings of organizational commitment among a sample of 337 registered nurses from five hospitals. Using social exchange theory as a framework for investigating the relationship, the researcher found that perceived access to training, social support for training, motivation to learn, and perceived benefits of training are positively related to organizational commitment. Having this said Livio has two options, the first involves increasing the educational/training offers to ensure organizational commitment and therefore keep and attract the higher educated nurses. The second involves, ignoring the needs and stay in this formation shortage which will most likely lead to internal recruitment for which education is required as well. I recommend that Livio improves their educational offer and makes internal recruitment more attractive for employees, this could be through partly paying their educational hours besides paying the education already. Additionally, training programs should be aligned with the company strategic goals, in this case a large part of training programs could be aimed at executing their team-tasks, via this way they actually learn how to execute their team-tasks in a structured an proper way.

5.1 Limitations and implications

During this research several limitations were encountered. Firstly, due to the fact that I included part of my interview questions, because of interview duration limits, in an external question protocol, I was unable to probe and go in-depth when an interesting answer emerged, therefore several opportunities were missed. For example a respondent shared that they had feedback sessions but did not tell how these sessions took place, if I were present, I would have asked the respondent to walk me through the process of such a feedback session. Unfortunately, this was not possible. Secondly, since observations are very time-consuming and therefore costly, and the samples depended on the available time of our interviewees, there was a small pool of available interviewees. Because of this already

expected low availability, I felt the necessity to ensure that the right self-management-teams were interviewed. Therefore I planned to use the non-probability sampling method called judgement sampling, which means selecting the most productive samples to answer the research question. This sampling method increases validity, since this sampling method delivers the targeted samples in such a way that it can be assured that I measure what I intend to measure. In reality, the group of available interviewees was even smaller than expected. Due to this low number of available we were not able to select the beforehand picked sort of interviewees. Eventually, we took every interview opportunity that emerged to reach our planned sample size. So, the planned execution of judgement sampling became convenience sampling after all. Due to the forced by circumstances use of convenience sampling, an unequal division of respondents emerged, in which the respondents representing residential care were overrepresented. Unfortunately, the sample size of nursing home SMT members was lower than expected. This might have decreased the reliability of the found results within the nursing home a little bit, meanwhile it enhanced the reliability of the residential care findings. Finally, however not as planned, the interviews were two times conducted in presence of multiple employees. Normally, this might have limited the interviewees honesty in their answers, but in this case the present employees helped the interviewee out when he or she did not know an answer or felt the need to correct their answer if it was perceived wrong in the eyes of the present employee. So, eventually this resulted in more reliable answers.

The created tables with HRM practices and HR activities along with the theoretical framework, could be used to clarify the division of HRM practices between HR managers, HR department and Teams as it did within this particular research. This framework could not only be applied in the healthcare sector, but also in other sectors. The knowledge about the division of HRM practices within SMTs enhances the concept of the HR function since the clearer boundaries are, the easier it is to manage. Besides, this clarification indirectly supports the use of Self-managing teams, because increased easiness should make Self-managing teams more attractive. Furthermore, due to mapping the HRM practices, identifying missing or insufficient performed HR activities within HRM practices can be done easily. In practice this identification helps building and structuring Self-managing teams. Future studies could be helpful in expanding this Framework. Therefore, it is recommended that future studies take into account different HRM practices such as compensation and benefits, because these are particularly relevant for sectors outside the healthcare.

6. CONCLUSIONS

During this research I found that the HRM practices in general could not be appointed to a particular person or department responsible for them. However, distinctions can be made for the HRM activities in the HRM practices. The residential care in general was further in the development of Self-managing teams and therefore adopted more activities. The nursing homes SMTs adopted almost

no activities so far, they claimed to be still in the orienting phase.

In the residential care the SMTs took care of operational decisions and daily people management, Service delivery, Policy making and diagnostic and Monitoring and follow-up activities in each analysed HRM practice, except for training and development. The Coach Manager took the High level specialist HRM activity in each, except for training and development, HRM practise, in which he always intervened in case of conflicts, gave advice if needed and ensured that the business unit strategy was aligned with the corporate strategy. Moreover, the HRM department, and partly the Livio academy, dealt with the administrative and technical activities. The strategic decisions and leadership in each HRM practise were made by the Management.

Also in nursing homes strategic decisions and leadership activities were made by Management in Training and Development, HRM planning and Job design practices. In the Recruitment & Selection almost all activities were done by the manager and HR department. The only SMT contribution to this practice, was involvement in the service delivery activity. Furthermore, in each HRM practice the administrative and technical activities were done by the HR department or the Coach Manager. The Coach Manager was in each HRM practice responsible for the High level Specialist HRM activity. The further activities, Operational decisions and daily people management, Service delivery, Policy making and diagnostic were often shared activities within each HRM practice.

Lastly, this research found that the Performance Appraisal and Recruitment & Selection practices have not been filled in (sufficiently). This is shown by SMT members who experienced a lack of feedback and training possibilities. Due to the fact, that a lot of teams already had a formation shortage because of a low availability of, especially, higher educated nurses, I suggest that Livio tries to fulfil their needs. More training offers and feedback should reduce absenteeism and employee turnover due to the fact that it makes jobs more attractive. To realize this it is recommended to introduce a 360 degree organizational wide feedback system and a strategic aligned training program.

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8. REFERENCES

- Almekinders, M. (2006). Teams Beter Thuis in Thuiszorg? *Radboud Repository*.
- Anosh, M., Hamed, N., & Batoool, A. (2014). Impact of Recruitment and selection of HR department Practices. *European Journal of Business and Management Vol.6, No.31*, .
- Banner, K. D., Kulisch, W. A., & Newman, S. P. (1992). Self Managing Work Teams and the Human resource function. *Management Decision, Vol. 30 Iss 3 pp*.
- Bartlett, K. R. (2001). The Relationship Between Training and Organizational Commitment: A study in Healthcare. *Human Resource Development Quarterly*.
- Boselie, P., Dietz, G., & Boon, C. (2005). Commonalities and contradictions in research on human resource performance management. *Human Resource Management Journal*.
- Bratton, J., & Gold, J. (2007). *Human Resource Management 4th. edition*. London: Theory and Practice.
- Buchanan, D. (1979). The Development of Job Design Theories and Techniques. *New York: Praeger Publishers*.
- Burns, T., & Stalker. (1961). *Management of Innovation*. London: Tavistock.
- CBS.nl. (2017). Retrieved from Centraal Bureau Statistiek - Statline:
<http://statline.cbs.nl/Statweb/publication/?DM=SLNL&PA=83489NED&D1=0&D2=0&D3=0,14-20,26-30&D4=0-12&D5=3,13,1&HDR=T,G1,G3&STB=G2,G4&VW=T>
- Chand, S. (2016). *HRP: Human Resource Planning: Meaning, Definition and Features!* Retrieved from Your Article Library:
<http://www.yourarticlelibrary.com/essay/hrp-human-resource-planning-meaning-definition-and-features/25935/>
- Cleveland, J. N., Murphy, K. R., & Williams, R. E. (1989). Multiple Uses of Performance appraisal: Prevalence and Correlates. *Journal of Applied Psychology Vol.74*, pp. 130-135.
- Cohen, S. G., Gerald, J. E., & Spreitzer, G. M. (1994). A Predictive Model of Self-Managing Work Team Effectiveness. *Center For Effective Organisations*.
- Dineen, B., & Williamson, I. (2012). Screening-oriented recruitment messages: Antecedents and relationships with applicant pool quality. *Human Resource Management*, 343-360.
- Doty, John, E., Delery, & Harold, D. (1996, augustus). Modes of Theorizing in Strategic Human Resource Management: Tests of Universalistic, Contingency, and Configurational Performance Predictions. *The Academy of Management Journal*.
- Eisenhardt, K. M. (1989). Building Theories from Case Study research. *The Academy of Management Review, Vol. 14, No. 4.*, 532-550.
- Fitzgerald, W. (1992). Training Versus Development. *EBSCO Publishing*.
- Fletcher, C. (2001). Performance appraisal and management: The developing and research agenda. *Journal of Occupational and Organizational Psychology*, pp. 473-487.
- Ford, R. C., & Fottler, M. D. (1995, August). Empowerment: A Matter of Degree. *Academy of Management Perspective vol. 9*, pp. 21-29.
- Gomez-Mejia, L., Balkin, D., & Cardy, R. (2007). *Managing Human Resources 5th. edition*. Prentice Hall.
- Guest, & David, J. (1997). Human resource management and performance: a review and research agenda. *The International Journal of Human Resource Management*.
- Hackman, J., & Oldham, G. (1980). Work Redesign and Motivation. *Addinson-Wesley*, p. 330.
- Huselid, M. A., & Delaney, J. T. (1996). the impact of human resource management practices on perceptions of organizational performance. *Accademy of management Journal*.
- Lecompte, M. (2000). Analyzing Qualitative data. *Theory into Practice, Vol. 39, No. 3, Getting Good Qualitative Data to Improve*, 146-154.
- Lemieux-Charles, L., & McQuire, W. L. (2006). What Do We Know about Health Care team Effectiveness A Review of the Literature. *Medical Care Research and Review, Vol. 63 No. 3*, 263-300.
- Manz, C., & Sims, H. (1993). Business without bosses: How self-managing teams are building high performance companies. *New York: Wiley*.
- Margaret, L., & Bailey, P. D. (1992). Job design. *Performance Technology and Training - LEIT 564*.
- Marshall, N. M. (1996). Sampling for qualitative research. *Oxford University Press*.

- Maurits, E. E., De Veer, A. J., Groenewegen, P. P., & Francke, A. L. (2017). Home-care nursing staff in self-directed teams are more satisfied with their job and feel they have more autonomy over patient care: A nationwide survey. *PubMed*.
- Maynard, M. T., Gilson, L., & Mathieu, J. F. (2012, May). Empowerment - Fad or Fab? A Multilevel Review of the Past Two Decades of Research. *Journal of Management* 38 (4):1231-1281.
- Monsen, K. A., & De Blok, J. (2013). Buurtzorg: Nurse-Led Community Care. *Springer Publishing Company*.
- Morgeson, & Frederick, P. (2005). The External Leadership of Self-Managing Teams: Intervening in the Context of Novel and disruptive Events. *Journal of Applied Psychology* vol 90. No.3.
- Nasuridin, Tan, C. L., & Mohd, A. (2011). Human Resource Management Practices and Organization Innovation: Assessing the Mediating Role of Knowledge Management Effectiveness. *Electronic Journal of Knowledge Management*.
- Pfeffer, J. (1994). competitive advantage through people. *Business Harvard school*.
- Rapp, L. L., John, G., Mathieu, e., & Ruddy, T. (2015, september 26). Leading empowered teams: An examination of the role of external team leaders and team coaches. *the Leadership Quarterly*.
- Richardson, R., & Thompson, M. (1999). The Impact of People Management Practice on Business Performance: a Literature Review. *Institute of Personnel and Development*.
- Rosen, Kirkman, B. L., & Benson. (1999). Beyond Self-Management: Antecedents and Consequences of Team Empowerment. *The Academy of Management Journal, Vol. 42, No. 1*.
- Saks, A. M., & Beclourt, M. (2006). AN INVESTIGATION OF TRAINING AND TRANSFERS OF TRAINING IN ORGANIZATIONS. *Human Resource Management DOI*.
- Schiemann, W. A. (2013, 12 10). From talent management to talent optimization. *Journal of World Business*.
- Seibert, S. E., Wang, G., & Courtright, S. H. (2011). Antecedents and Consequences of Psychological and Team Empowerment in Organizations; a Meta-analytic review. *Journal of Applied Psychology Vol 96, No 5.*, 981-1003.
- Shaw, J., & Gupta, N. (2007). Pay system characteristics and quit patterns of good, average, and poor performers. *Personnel Psychology* 60, 903-928.
- Smithler, J. W., & London, M. (2009). *Performance Management: Putting Research into action*. San-Fransisco: Jossey-Bass.
- Spreitzer, G. (2008). Taking Stock: A Review of More Than Twenty Years of Research on Empowerment at Work. *J. Barling & C. L. Cooper (Eds.), Handbook of organizational behavior* , pp. pp. 54 –72).
- Spreitzer, G. M., Cohen, S. G., & Ledford, G. E. (1999). Developing Effective Self-Managing Work Teams in Service Organizations. *Sage Journals vol 24, issue 3*.
- Stahl, G. K., Bjorkman, I., Farndale, E., Morris, S. S., Paauwe, J., Stiles, P., . . . Weight, P. (2012). Six Principles of Effective Global Talent Management. *Sloan Management Review*.
- Stephens, J. P., & Lyddy, C. J. (2016, maart 18). Operationalizing Heedful Interrelating: How Attending, Responding, and Feeling Comprise Coordinating and Predict Performance in Self-Managing Teams. *Weatherhead School of Management, Organizational Behavior, Case Western Reserve University, Cleveland, OH, USA*.
- Tata, J., & Pasad, S. (2004). Team Self-management, Organizational Structure, and Judgments of Team Effectiveness. *Journal of Managerial Issues Vol. 16, No. 2*, pp. 248-265.
- Valverde, M., Ryan, G., & Soler, C. (2006). Distributing HRM Responsibilities: a classification of organisations. *Emerald Insight Vol. 35 No. 6*, pp. 618-636.
- Wageman, R. (2001). How Leaders Foster Self-Managing-Team Effectiveness: Design Choices versus Hand-on Coaching. *Organization Science, Vol. 12, No. 5* , pp. pp. 559-577.
- Yeatts, D. E., Cready, C., Ray, B., De Witt, A., & Queen, C. (2004). Self-Managed Work Teams in Nursing Homes: Implementing and Empowering Nurse Aid Teams. *The Gerontologist Vol 44, No 2.*, 256-261.

9. APPENDIX

TABLE 1.	Residential Care	SELF-	MANAGING-	TEAMS	
HRM Practise Activity	1. Recruitment & selection	2. Training & Development	3. Performance Appraisal	4. HRM planning	5. Job design
1. Strategic decision making and leadership	MT decisions on minimum qualifications of team members.	MT take decisions with regards to the quantity and quality of training provided.	MT decides if audits take place and determine limits for number of team meetings.	MT decides on major staff reductions and determines performance goals, budgets and certain training.	MT designs basic team structures, instruments, and frameworks.
2. Operational decisions and daily people management	SMTs & HR department decide who should have an interview. SMTs decides who to hire and fire.	SMTs members plan the training sessions (within provided Livio academy opportunities)	SMTs arrange team meetings in which Coach Managers also participates.	SMT identifies needs in terms of number of new personnel, new personnel characteristics and training.	SMTs identify Job Enrichment opportunities.
3. Service delivery	SMTs recruits and conducts selection interviews.	MTH team give trainings. External parties give training. SMTs members and Coach managers give ‘refreshing’ training.	SMTs write improvement plans based on audits.	SMTs create goals and calculate if a team is under- or over-staffed.	SMTs creates team rosters and allocate team-tasks.
4. Policy making and diagnostic	SMTs create own recruitment and selection process.	Livio academy creates trainings procedures.	SMTs define own Agenda points for team meetings and have their own way of evaluating underperformance.	-	SMTs create their own procedures for rostering, dealing with sickness and team-task allocation.
5. Monitoring and follow-up	SMTs monitor candidate with trial contract and decides if he or she can stay.	Evaluation after training immediately done by MTH team. SMTs own responsibility to monitor training needs.	SMT members monitor performance and discuss underperformance individually or in meetings.	SMTs monitor goals & budget and evaluate in order to improve.	SMTs members monitor if worked hours equals planned hours.
6. High level specialist HRM	Coach Manager involved in selection process if needed due to current underperformance of team.		Coach Manager supports evaluation sessions if underperformance or conflicts can’t be solved by SMTs.	Coach Manager or Business controller Jumps in when a underperformance is allocated with regards to goals and budgets.	Coach Manager intervenes when a team-task is underperformed due to wrong task allocation or conflicts.
7. Administrative and technical activities	HR department deals with the administrative elements such as employment conditions.	Livio academy provides training and E-learning. SMTs, Coach Managers and HR department also arrange external trainings.	-	Business controller provides SMT’s with performance measurement tools (Dashboard).	HR Department administers the checked hours and pay salary.

TABLE 2.	Nursing homes	SELF-	MANAGING-	TEAMS	
HRM Practise Activity	1. Recruitment & selection	2. Training & Development	3. Performance Appraisal	4. HRM planning	5. Job design
1. Strategic decision making and leadership	-	MT take decisions with regards to the quantity and quality of training provided.	-	MT decides on major staff reductions and determines budgets and certain training.	MT designs basic team structures, and frameworks.
2. Operational decisions and daily people management	HR department decides who should have an interview. Coach manager decides who to hire and fire.	SMTs members plan the training sessions . For external trainings SMTs need Coach Manager approval.	SMTs have two weekly team meetings and two yearly department meeting in which they give feedback they are allowed to give feedback.	SMTs identify needs in training. Some SMT identify a need for new personnel and the characteristics of this personnel as well.	Coach Manager decides on the number of deployable hours and job enrichments
3. Service delivery	Coach Manager with SMT member conducts selection interviews. HR department recruits.	MTH team give trainings. External parties give training.	Most SMT member have yearly conversation with Coach Manager.	SMTs create goals and Coach Manager calculate if a team is under- or over-staffed and manages budget.	Special planner for creating rosters. SMT involvement in team-tasks division (under control of Coach Manager)
4. Policy making and diagnostic	Coach Manager creates selection process. HR department creates recruitment process.	Livio academy creates trainings procedures.	SMTs and Coach Managers define agenda points.	-	MT makes guidelines and procedures for certain tasks to cut costs.
5. Monitoring and follow-up	-	Evaluation after training done by MTH team. SMTs own responsibility to monitor training needs.	SMT members and Coach Manager monitor departments and discuss performance individually (informal).	Coach Manager monitors performance and evaluate this.	Coach Manager monitors deployable hours.
6. High level specialist HRM	Coach Manager ensures that the right employee is hired.	-	Coach Manager supports evaluation sessions if underperformance or conflicts can't be solved by SMTs.	Coach Manager intervenes when an underperformance is noticed with regards to goals and budgets.	Coach Manager intervenes when a team-task is underperformed due to wrong task allocation or conflicts.
7. Administrative and technical activities	HR department deals with the administrative elements. Coach Manager decides on employment conditions.	Livio academy provides training and E-learning and sends mail when SMT members if proficiency expires.	-	Coach Manager provides teams with information regarding the financial performance.	HR Department administers the hours and pay salary. Planner confirms hours and sends them to the HR department

Figure 1.

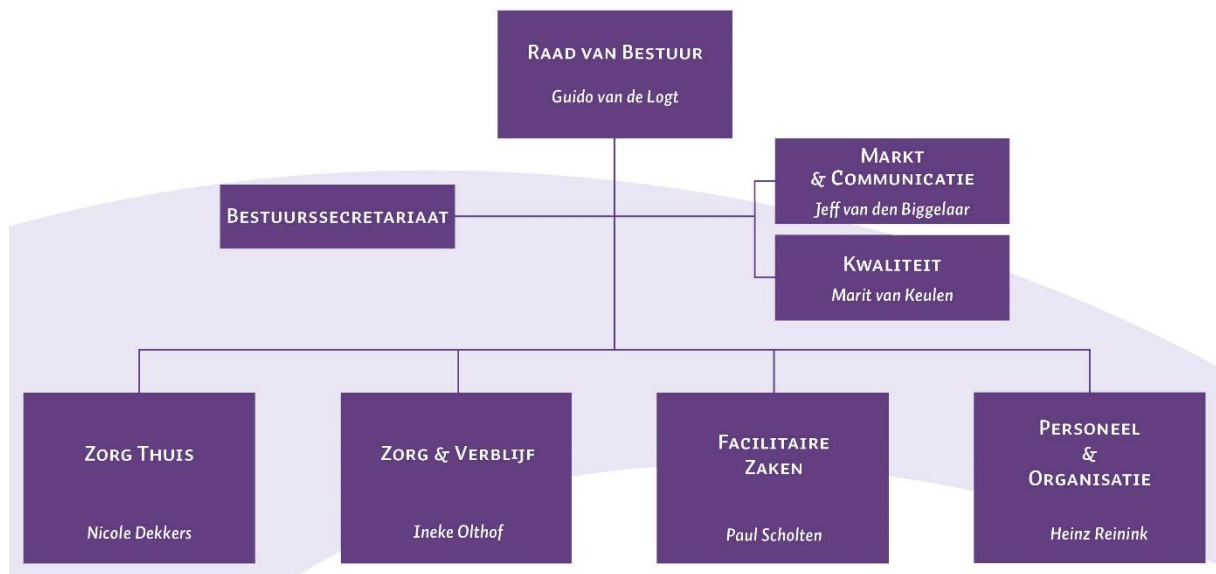


Figure 2.

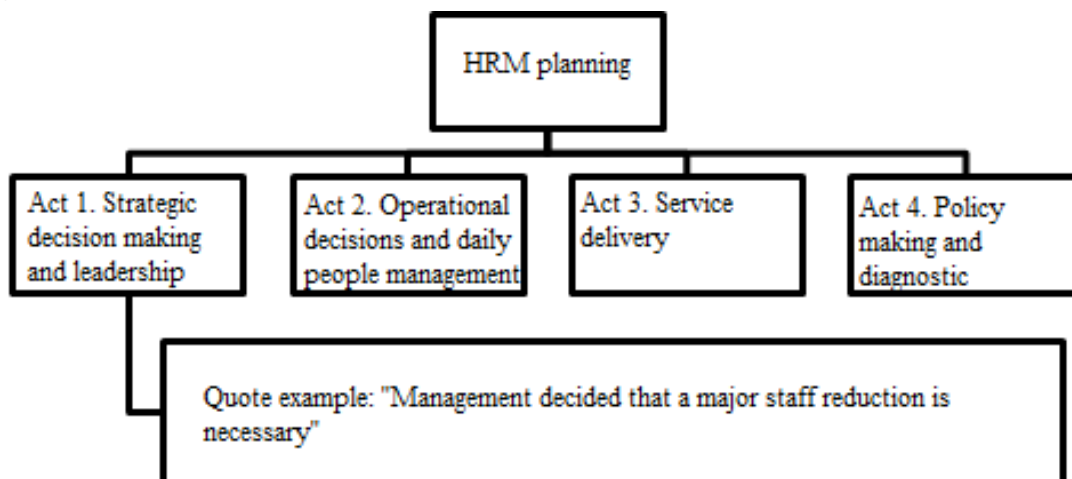
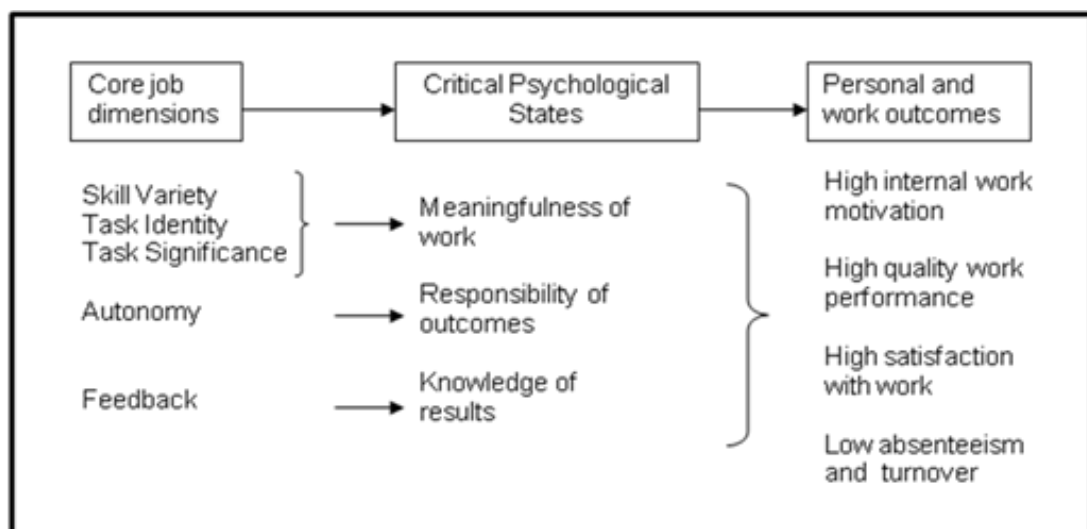


Figure 3.



Interview Protocol Laurens Aversch & Mark Breukink

Algemene vragen:

- Zou u zichzelf alstublieft kunnen introduceren?
 - Onderwijs, ervaring, werk in de gezondheidszorg
- Wat is 'professioneel organiseren' (zelfsturende teams) volgens u?
 - Eigen mening
 - Livio's mening
- Waarom zijn de zelfsturende teams ingesteld?
 - Eigen mening
 - In officiële communicatie
- In hoeverre heeft u ervaring in het werken in zelfsturende teams?
- Hoe heeft u de invoering van 'professioneel organiseren' ervaren?
- Wat is uw eigen rol binnen het team?
 - Wat zijn de rollen van de andere teamleden?
 - Hoe zijn deze rollen verdeeld?
- Hoe ziet de ondersteuning vanuit de P&O afdeling eruit?
- Hoe ziet de ondersteuning van de coach-manager eruit?
- Welke verwachtingen heeft u van het concept 'professioneel organiseren' in de toekomst?
 - Wat is nodig voor een positieve toekomst?

Vragen Laurens

- Kunt u omschrijven wat de rol van de coach-manager is in de zelfsturende teams?
 - Wat vindt u van deze rol?
 - Wat vindt u van de manier waarop de coach-manager de rol invult? Waarom?
 - Wat zou u veranderen als u voor een dag coach-manager zou zijn?
- Kunt u vertellen wat de achtergrond van de coach-manager is? (Werkervaring, studie)
 - Hoe belangrijk is deze achtergrond volgens u? Waarom?
 - Wat is volgens u nodig om een goede coach-manager te zijn? Waarom?
- Wat verwacht u van de coach-manager in uw dagelijkse werk?
 - In hoeverre komt de coach-manager deze verwachtingen na? Waarom?
 - Welke verantwoordelijkheden draagt de coach-manager?
- In hoeverre helpt de coach het team? Waarom?
 - Wat zou de invloed zijn op het team als deze hulp er niet zou zijn? Waarom?
- Hoe beïnvloedt de coach-manager het werk dat u aan uw cliënten levert? Waarom?
 - Wat vindt u van deze invloed?
- Hoe verwacht u dat de coach-manager zichzelf ontwikkelt?
 - (Op welke gebieden?)
 - Waar wordt deze ontwikkeling door veroorzaakt volgens u?
- In hoeverre heeft u wel eens te maken met morele dilemma's? (Voorbeeld: een teamlid dat iets steelt / een cliënt die u in een moreel dilemma plaatst)
 - Hoe gaat u als team hiermee om?
 - In hoeverre speelt de coach-manager een rol in deze situaties?
- In hoeverre heeft u wel eens te maken met wetgeving? (Voorbeeld: het teamlid dat iets heeft gestolen / cliënt die voor de rechter moet verschijnen of juist Livio voor de rechter daagt)
 - Hoe gaat u als team hiermee om?
 - In hoeverre speelt de coach-manager een rol in deze situaties?

Vragen Mark (en gedeeltelijk Laurens)

Training & Development

Training & Ontwikkeling heeft te maken met het verbeteren van prestaties door middel van training, scholing, en andere leerprocessen.

- Wie is er verantwoordelijk voor het trainen en ontwikkelen van werknemers in jullie zelf-sturende teams? Waarom hij of zij?
 - Kunt u het training en ontwikkelen proces in jullie zelf-sturende team omschrijven?
 - Herkennen van trainingspunten
 - Doelen van de training opstellen
 - Persoon(en) die de trainingen ontwikkelt
 - Persoon(en) die training geeft
 - Wie houdt toezicht tijdens trainingen
 - Wie geeft tijdens en na trainingen feedback
 - Aanwezigheidsbeleid
 - Kunt u het P&O plan omschrijven?
 - Wie maakt het?

- Wie zijn er betrokken?

Performance appraisal -

heeft te maken met hoe jullie werk wordt beoordeeld en geëvalueerd. Het bestaat uit regelmatige reviews van uw prestaties.

- Kunt u omschrijven hoe u binnen uw team geëvalueerd wordt?
 - Wie voert de evaluering uit?
 - Hoe vinden deze plaats? Methodes (star bijvoorbeeld)
 - Wat gebeurt er tijdens zo'n evaluatie sessie?
 - Worden er naast VIM nog andere evaluatie manieren gebruikt?
 - Procedures
- Wie is er verantwoordelijk voor de evaluatie van individuen ?
- Wie registreert de gewerkte uren en salaris?
 - Waarom hij of zij?
 - Wie deed dit voor de invoering van zelf-sturende-teams?

HRM planning kijkt naar de in de toekomst benodigde werknemers om hun doelen te halen.

- Kunt u omschrijven hoe dit (HRM planning) te werk gaat in jullie team?
 - Budgets (wie ze maakt en de betrokken personen in de creatie hiervan)
 - Doelen team/ individueel (wie ze maakt en de betrokken personen in de creatie hiervan)
 - hoe presteren jullie ten aanzien van deze doelen?
 - herkenning meer of minder benodigd personeel (wie is hierin betrokken)
- Hoe bepalen jullie welke soort mensen nodig zijn binnen jullie team (motivatie, diploma, kwaliteiten, vaardigheden etc)?
 - Hoe komt dit terug in jullie selectieproces voor het aannemen van nieuw personeel?
 - Hoe zijn jullie als team betrokken in de zoektocht naar nieuw personeel?

Job design - Job design heeft te maken het verdelen van zowel individuele als team taken, daarnaast heeft het te maken met het plannen van activiteiten en roosters.

- Hoe ziet een normale werkweek er voor u uit?
- Wie is binnen jullie team verantwoordelijk voor het roosteren en verdelen van taken?
- Bent u tevreden met de huidige roosters? Wat zou u veranderen ?
- Hoe worden vakanties en vrije dagen gepland?
- Wie bepaald wanneer iemand klaar is voor meer verantwoordelijkheden of taken binnen een team?
- Hoe is de verdeling binnen jullie team als het gaat om deeltijd werkers, vol-tijd werkers and flex-time werkers?
- Hoe ervaart u uw werk? Waarom?

Interview protocol Cindy Wiese, Ufuk Karakus and Mark Breukink

Questions Recruitment & Selection

Overall question:

Can you walk me through the process of recruitment and selection of a new employee in your team (professioneel organiseren)?

Follow up questions:

Recruitment Step 1

- How many team members left till you started? Please name an approx. number.
 - Why do you think this number is so high or low?
- How many job applications are you receiving per open position? approximate number.
 - Why do you think this number is so high or low?
- How long is your time-frame until your team needs to find a suitable new employee?
 - How do you deal with substitutions? Do you have an example?

Recruitment Step 2

- Does your company has formal procedures to recruit new employees?
 - If yes, what do those procedures look like?
 - Where you as a team involved in the creation of those procedures?
 - Who is responsible for recruitment and selection within your team? Why?
 - If no, what is your individual procedure as a self-managing team?
- What recruitment channels do you use? Formal (Advertisements, employment agencies, Internet listings, etc.) or Informal (social networks, employee referrals, etc.)?
 - Why those channels?

Recruitment Step 3

- How successful is your team's recruitment practice in your opinion and why?
 - Can you name an example?
- What information of suitable candidates do you request for their application?
 - Why especially those information?

Selection Step 4

- How do you evaluate the qualifications of the applicant? For example background check, reference check, personality tests etc.
 - Do you evaluate them individually or as a group? Examples?
 - Who conducts the recruitment interviews? Why?

Selection Step 5

- Do you have the final say in the hiring process or Livio?
 - Otherwise who makes the final decision?

Questions Performance Management

Overall question:

What are performance management practices within Livio? What do you think about it?

Objectives

- What are specific goals the teams work towards (quality of care, efficiency, saving time)?
 - Is it clear what the company expects from you?
- Who makes main decisions within the company?
 - To what extent do you feel involved in decisions within the company?
- How are team members being motivated to support the organizational goals?

Training & Development

- How does training correspond with performance? Examples?

Feedback & Evaluation

- Who gives you feedback on your work and how often?
 - How is the individual contribution assessed compared to team-performance?
(Registration of working hours)
 - What are important indicators in determining the performance of individuals and teams?
 - What can be improved?
 - How do they show appreciation for the work you do?
- What kind of opportunities exist for team-members to give feedback and recommendations to higher-management?
 - And do you feel that the company will act on your feedback and recommendations?

Recognizing & Rewarding performance

- What do you think about performance based rewards?
- How does the company reward good performance?
- What kind of benefits are offered by the firm to team-members and coach-managers? (insurance, transportation, lunch)