

# Competences of First-Line Management enhancing Effectiveness of Self-Managing Teams in the Health-Care Sector

**Author: Laurens Averagesch**  
University of Twente  
P.O. Box 217, 7500AE Enschede  
The Netherlands

## **ABSTRACT**

*This paper focusses on what competencies first-line manager should have in their new role as coach-manager, in order to enhance the team effectiveness. Organizations in the healthcare sector have introduced self-managing teams, but the questions is whether this always works. The change of the role of the first-line manager is a big issue, and therefore, by means of a literature review, a theoretical framework has been created. A case study gave insight in what the dynamics are within self-managing teams in the healthcare sector, and helped creating a deeper understanding of this concept. Interviews with members of self-managing teams in the healthcare sector showed that an identified list of seven competencies is mostly applicable. However, the competencies for the coach-manager differs per level of team effectiveness. In order to anticipate on this difference, a new competence is suggested and the competences are compared with leader behaviors. For Livio, the non-relevance of one of the competences is interesting, together with the knowledge that a tailored approach is useful for a coach-manager. This new insight might help organizations in the healthcare sector to better understand the concept of self-managing teams, and to improve the successfulness of the implementation of self-managing teams.*

## **Graduation Committee members:**

Dr. Anna Bos-Nehles  
Prof. dr.Tanya Bondaruk  
Maarten Renkema, MSc

## **Keywords**

HRM, healthcare, first-line management, competencies, effectiveness, leadership

Permission to make digital or hard copies of all or part of this work for personal or classroom use is granted without fee provided that copies are not made or distributed for profit or commercial advantage and that copies bear this notice and the full citation on the first page. To copy otherwise, or republish, to post on servers or to redistribute to lists, requires prior specific permission and/or a fee.

9<sup>th</sup> IBA Bachelor Thesis Conference, July 5<sup>th</sup>, 2017, Enschede, The Netherlands.  
Copyright 2017, University of Twente, The Faculty of Behavioural, Management and Social sciences.

## 1. CONTEXT OF THESIS

The health-care sector is a rapidly changing environment. This change happens due to external pressures of for example the government, which has cut in the health-care expenses (Government faces struggle to cut healthcare spending, 2017). This decrease in government expenses on health-care in the Netherlands, causes more competition within this sector. Therefore, the health-care sector becomes more demand-driven, meaning that health-care institutions try to fulfill customers' wishes as good as possible. (Bezuinigingen zorg, wat verandert er? | ZorgGids Nederland, 2017). This shift from a supply driven strategy towards a demand-driven strategy, asks for more flexibility and continuous improvement (Smets, 2014, p.1).

A reaction from the health-care institutions to this fundamental change is the implementation of so called 'self-managing teams' (Smets 2014, p.1). Self-managed teams are defined as teams that have more control over both team-management and task execution, compared with traditional teams (Hollander and Offermann, 1990; Muthusamy et al., 2005).

This reaction can easily be justified based on existing research. Black and Gregersen (1997, p. 869) for example found empirical evidence that there is a significant positive relationship between participative decision-making and work satisfaction and performance of employees. In other research can be found that by giving the team members responsibilities instead of the middle-managers, costs are reduced and more relevant decisions are made (Henricks, 1997). Existing literature on conceptualization of self-managing teams is very distinct. Some researchers argue that there is a fundamental difference between for example 'empowered teams' and 'self-managing teams' (Kirkman and Rosen, 1999, p. 58-59), whereas others often use these terms synonymously (Yeatts et al., 2004, p. 256).

In order to get a clear and consistent view on the definition and the scope of self-managing teams, one could combine several existing definitions and look at the similarities between them. For example, Yeatts et al. (2004, p. 256-257) argue that self-managing teams consist of approximately 3-15 employees, who are given responsibility for managing their own work, or many aspects of it. Examples of these management tasks can be monitoring performance and planning the work. Simultaneously, the employees are also responsible for their personal performance. Kirkman and Rosen (1990, p. 59) argue that self-managing teams are autonomous teams, in which the members make their own decisions, but in which the members do not have a specific feeling of doing valuable work that enhances organizational performance. Other researchers keep their view on self-management work teams less specified, and simply define them as teams without external control (Banner et al., 1992, p. 41).

Comparing these three different, but overlapping definitions, it seems like some researchers leave no room for external control at all, while others argue for

a possibility of external control to a smaller extent. This latter view can also be found in research from Carson et al. (2007, p. 1221), who mention the difference between the self-managing construct and the 'shared-leadership' construct. In this explanation, self-managing teams are seen as teams where shared-leadership is highly promoted, but where the leadership is not distributed completely among the team members only. The same is also argued by Morgeson (2005, p. 497), who states that despite that fact that, due to the large amount of autonomy of self-managing teams, the need for external leadership is reduced, there is still need for external leadership. He also gives three main reasons for this. First, self-managing teams do, most often, not have full authority in decision-making, which gives a need for an external leader to make the key decisions. Secondly, there are some decisions that are ideally made by an external leader. Examples are decisions regarding unexpected events, and encouraging the team members. Finally, Morgeson also argues that external leaders can often be found working in short distance from the teams, which gives them an ideal position for having a positive impact on the team (Morgeson, 2005, p. 497).

A deeper look into the role of first-line management in self-managing teams, shows a lack of research on the competencies these managers should have. This knowledge might be interesting, considering the fact that these competencies might be crucial for the self-managing teams to work effectively. The competencies are the abilities a first-line manager should have, and it is important to investigate them, as these competencies can help a team, but if they are not there, it can break a team down.

To sum it up, relatively little research has been done on the role of external leadership of self-managing teams (Morgeson, 2005, p.497; Zaccaro, Rittman and Marks, 2001, p. 451). This research will therefore be an attempt to increase the amount of research on this subject, and to give a clear view on external leadership in self-managing teams.

To do so, this current, qualitative research will focus on self-managing teams, and specifically on the possible role of external leadership within self-managing teams. This role is further specified to the competencies a first-line manager should have, for enhancing effectiveness of self-managing teams in the health-care sector.

This research will therefore aim to answer the following research question:

*In what way do competencies of first-line managers enhance the effectiveness of self-managing teams in the health-care sector?*

Creating a deeper understanding of this concept, for answering the research question, will be done via an empirical study at an actual organization that operates in the healthcare sector, called 'Livio'. This organization has recently implemented the concept of self-managing teams.

For Livio, this research can give a better understanding of self-managing teams, but especially of how to

manage those teams. This knowledge will give Livio the ability to get a more optimal advantage of self-managing teams, by increasing the teams' effectiveness.

## 2. LITERATURE REVIEW

Gaining a deeper understanding on the concept of self-managing teams and its management, creates a need for a more extensive review of existing literature regarding this subject.

### 2.1 General Competencies of First-Line Management

To start with, some better insight in competencies for first-line management is required. A strong, consistent definition on this concept is hard to find. However, in most literature that is about managerial competencies, or more specifically competencies from first-line management, the definition more or less covers the same. One clear definition of the term 'competencies' is: "...characteristics that are causally related to effective and/or superior performance in a job" (Boyatzis, 1982, p. 23). This definition has only a slightly different focus than for example the conception that first-line management competencies include the skills that these managers need to have, in order to execute their role at the required level (Gunawan and Aunguroch, 2016, p. 2).

These latter two researchers have reviewed existing literature on managerial competencies for first-line nurse managers, and as summary of all different competencies they found, they established a list of 7 attributes for first-line nurse management competencies. In the table given below, a comparison is shown between two different lists of competencies made by two different researchers:

**Table 1: Competencies comparison**

Competencies (Gunawan and Aunguroch, 2016)	Competencies (Pillay, 2008)
Developing self	Self-management
Planning	Planning
Organizing	Organizing
Leading	Leading
Managing legal and ethical issues	Legal and ethical
Budgeting	Controlling
Delivering health care	Specific health care competencies

The first competency on the list is 'developing self', and can be described as the ability of managers to keep improving themselves towards becoming a good manager.

The competency 'planning' is described as the ability/skill to decide what to do, when to do it and how to do it. Planning is therefore also seen as the ability of creating a vision and mission for the subordinates.

'Organizing' as competency is described as the ability to break down a plan into manageable sub-tasks, and to allocate the required resources to them. More specifically, organizing means the ability to, among other things, recruit suitable staff (if that is required for the specific job) and to train the staff.

The competency 'leading' is the most extensive task. 'Leading' is described as "...directing and channeling human behavior toward the accomplishment of objectives. At this point, FLNMs should have the ability to manage teams, communicate organizational goals, motivate nursing employees, manage conflicts, manage workforce diversity, make decisions, resolve conflicts, manage time, solve problem, manage stress, and change processes." (Gunawan and Aunguroch, 2016, p. 4).

The fifth competency on the list is called 'managing legal and ethical issues', and its description is obvious. It is the ability of first-line nurse managers to identify a situation, and give proper legal and ethical care. This ability requires political skills and pleading skills.

'Budgeting' is the competency a first-line manager should have regarding financial management. This competency includes, among other things, the ability to make good financial decisions.

Finally, the last competency on the list, 'delivering health care', is probably the most health-care specific competency for first-line managers in the health-care sector. It includes the skills that the subordinates of the first-line managers have in delivering health-care, so that, if necessary, the first-line manager can provide the same care as the subordinates do.

This whole list of competencies, as identified and further elaborated by Gunawan and Aunguroch (2016), can be used as a framework for further research on competencies for first-line managers in the health-care sector, like this current research.

### 2.2 Self-Managing Team Effectiveness

Now that a clear view on competencies for first-line managers is given, it might also be useful to learn more about effectiveness of self-managing teams.

As with probably all concepts, there is no consistent definition of effectiveness of self-managing teams.

Most researchers use two or three dimensions to define team effectiveness. For example, Sundstrom et al. (1990) use the two dimensions 'performance' and 'viability'. Here, performance has everything to do with the output of the team, whereas viability includes the satisfaction of the team members, their participation etc.

Gladstein (1984) also identified two dimensions to define team effectiveness: Team performance and member satisfaction. Here, team performance is both self-reported performance and the actual, measurable output. This definition of team effectiveness is very similar to the one given by Sundstrom et al. (1990). Other researchers use more dimensions. For example, Cohen (1993), uses three dimensions to define team effectiveness. The first dimension is performance, and exists mainly of controlling the costs, higher productivity and higher quality of the output. The second dimension he identified is the attitude of the team members towards the quality of their work life. This dimension includes facets like job satisfaction, growth opportunities etc. The last dimension is called 'withdrawal behaviors of team members', including both long-term and short-term absenteeism.

Based on the literature review on team effectiveness, I will use the dimensions as identified by Cohen (1993) as framework for this research, because in most cases it includes all dimensions named by other researchers, and also adds the dimension of 'withdrawal' as an unique and well-measurable dimension. So, team effectiveness in this paper is viewed as defined by: Performance, Attitude of team members towards work life quality and Withdrawal behaviour.

### **2.3 Relationship First-Line Management Competencies and Team Effectiveness**

A key subject for this research is the relationship between first-line management competences and effectiveness of self-managing teams.

Boyatzis (1982) argues that competencies are characteristics having a causal relationship with effective and/or superior performance in a job. However, this does not directly mean that the team will also perform superior or more effectively. Explicit literature on this subject cannot be found. What can be found is that there is a positive relationship between participative decision-making and employee performance and/or effectiveness (See 'Context of thesis') (Black and Gregersen, 1997). Again, the lack of research on this subject can be seen.

Concluding, I will use the list of seven competencies for first-line managers as identified by Gunawan and Aunguroch (2016):

**Table 2: Competencies and definitions**

Competencies	Definitions
Developing self	Ability of managers to keep improving themselves.
Planning	Ability/skill to decide what to do, when to do it and how to do it.
Organizing	Ability to break down a plan into manageable sub-tasks, and to allocate the required resources to them
Leading	Directing and channeling human behavior toward the accomplishment of objectives.
Managing legal and ethical issues	Ability to identify a situation, and give proper legal and ethical care.
Budgeting	Competency regarding financial management.
Delivering health care	Skills for delivering healthcare

Based on this list, specific competencies for first-line managers will be identified. Next, a possible relationship with effectiveness, defined according to the three dimensions stated by Cohen (1993), will be examined.

The results of this research should be able to answer the research question:

*In what way do competencies of first-line managers enhance the effectiveness of self-managing teams in the health-care sector?*

## **3. METHODOLOGY**

### **3.1 Research Design**

This research will be done by means of a case study. The aim of a case study is to create a deeper understanding of how things work within one setting. The setting in this research is an organization in the healthcare sector, Livio. Case studies can both include qualitative and quantitative data, with each of these having their own specific purpose. Quantitative research is mainly used to check whether an expected generalization of a certain theory is true. Quantitative data is composed of variables, often includes numbers and is objective, in search for 'the truth'. On the other side, qualitative research is used for creating a deeper understanding of a particular problem, and often involves social of human variables (Abawi, 2008). As this research aims to create an understanding of the concept of self-managing teams in the healthcare sector, with a focus on the role of the coach-manager

and the competences he should have to increase team effectiveness, qualitative research methods are most suitable.

According to Eisenhardt (1989), a good case study starts with a clear description of the research question. After that, a good selection of the case is needed. A good selection is the selection of a case that includes everything that is needed to answer the research question. As the research question for this research is about self-managing teams in the healthcare sector, Livio is a good case; Livio is operating in the healthcare sector and is working with self-managing teams.

Also, the data collection method has to be carefully chosen. Interviews are often seen as a good way of collecting qualitative data. Gil et al. (2008) argue that interviews create a deeper understanding of social phenomena, which is exactly what this research is about. Because this study will be built on qualitative data, it is important that the methodology for collection this data is coherent with the aim of the research. DiCicco-Bloom and Crabtree (2006) make a distinction between two main types of qualitative interviews: unstructured interviews and semi-structured interviews. Despite the fact that structured interviews are also often seen as a means for qualitative research, these researchers focus only on unstructured interviews and semi-structured interviews. This is because structured interviews most often lead to quantitative data (DiCicco-Bloom and Crabtree, 2006). Based on their research, I believe semi-structured interviews are the most suitable for interviewing the employees of Livio. DiCicco-Bloom and Crabtree argue that unstructured interviews are used for getting observational data, which is not needed for this current research. Semi-structured interviews however are perfectly suitable for this research, as the aim of this type of interview is to get a more in-depth interview with the interviewee, in order to get a deeper understanding of the interviewee's feelings and motivations (DiCicco-Bloom & Crabtree, 2006).

Also, Eisenhardt argues for multiple investigators, which is realized in this research by doing interviews in pairs. In this way, one could help the other if an important question is missed, or if an opportunity for getting a deeper understanding of a certain concept is nearly missed.

The next steps of the case study will be discussed step after step, starting with getting a clear view on the research context.

### 3.2 Research Context

For this empirical study, interviews have been done at an organization called 'Livio'. Livio is an health-care organization, located in Enschede, and has approximately 2500 employees. The organization has recently implemented the concept of self-managing teams, which has taken shape in 60-80 teams, consisting of 12-15 employees per team.

#### 3.2.1 Sample Size and Structure

A proper determination of the required sample size is very hard, or even impossible to do beforehand. Marshall argues that the right sample size is the number of interviews that answers the research question (Marshall, 1996). In the case of this research, 7 interviews were enough to answer the research question without hearing new information.

The interviewees are employees, working in self-managing team within the organization. There is no intended distinction between employees, regarding their experience for example, however, this distinction does exist through random sampling. In the case of this research, the following table (3) shows the division of interview participants:

**Table 3: Interview Sample**

Participant	Function	Duration of interview	Date of interview	Team of participant	Type of care
Part. 1	Ziekenverzorgende	50.48 min	17-05-2017	A	Home-care
Part. 2	Verzorgende 3 IG	48.35 min	29-05-2017	B	Care on site
Part. 3	Wijkverpleegkundige	48.14 min	02-06-2017	C	Home-care
Part. 4	Verzorgende 3 IG	67.32 min	06-06-2017	D	Home-care
Part. 5	Wijkverpleegkundige	45.40 min	06-06-2017	E	Home-care
Part. 6	Wijkverpleegkundige en verpleegkundige zorglocatie	31.00 min	07-06-2017	E + F	Home-care and care on site
Part. 7	Wijkverpleegkundige	30.55min	09-07-2017	G	Home-care

### **3.3 Operationalization**

The aim of this research is to get a deeper understanding of the way in which competencies of first-line managers can enhance effectiveness in self-managing teams. In order to get a deeper understanding of certain issues, open ended questions are seen as a suitable tool in conduction interviews (Kastl, 1970). In this way, the interviewee is given the chance and freedom to talk, without too much concern about the relevance of what he or she is saying.

The questions will have to cover the research question as a whole, meaning that answers will have to be provided giving information on the competencies of first-line managers, team-effectiveness and their relationship. The interview questions will therefore be divided into three main subject: competencies, team-effectiveness and the relationship between those two.

With regards to competencies of first-line managers, questions will be asked around the 7 competencies identified by Gunawan and Aunguroch (2016), namely:

(1) developing self, (2) planning, (3) organizing, (4) leading, (5) managing legal and ethical issues, (6) budgeting, and (7) delivering health care.

Regarding the team-effectiveness, the questions will cover all three dimensions of team-effectiveness, as identified by Cohen (1993). The dimensions are performance, attitude towards work life quality and withdrawal behavior.

### **3.4 Data Analysis and Coding**

Once the interviews were finished, transcripts of those interviews have been made. Then, the data has been categorized into specific categories. This is done via a process called 'constant comparison' (Pope et al., 2000). This means that each item is checked and compared with each other in order to put them in the right category. LeCompte (2000) also argues for this process, and created a 5-step model, including the following steps: tidying up, finding items, creating stable sets of items, creating patterns and assembling structures. In short, these steps contain the following:

#### **3.4.1 Step 1: Tidying Up**

For this step, LeCompte identified 9 sub-steps to be taken. These steps include making copies of the data, putting the data in files, ordered by the date of gathering, creating other files based on the type of data (primary and secondary in this case), storing and cataloging all documents and artifacts, labeling the files according to their content, creating an index for all data, reviewing the research question and comparing it with the gathered data, check for gaps in the data and finally going back to the field to fill these gaps. Most of these steps have indeed be followed, and data has been categorized and labelled digitally. However, the last step (going back to the field and fill in the gaps) was not possible, as the interviews were only one-time opportunities. This means that it was even more

important to ask the right questions, in order to avoid gaps in the data.

#### **3.4.2: Step 2: Finding Items**

In this specific case, 'items' can be described as 'the specific things in the data set that researchers code, count, and assemble into research results' (LeCompte, 2000, p. 148). These items can be found, based on three different conditions. First of all, items can be found if certain sets of data appear very often. This condition is called 'frequency'. Secondly, an opposite condition can also help finding items. If certain sets of data never appear, although this is expected to appear by the researcher, this can also count as an item. This condition is called 'omission'. Lastly, items can also be found based on 'declaration'. This means that study participants, for example interviewees, suggest that certain items exist. These suggested items must be checked by the researcher on true existence. In reality, finding items most often happened based on the existing theoretical framework, which helped identifying which competences should be looked for.

#### **3.4.3 Step 3: Creating Stable Sets of Items**

This step includes X's and Y's, with X being the individual items that are identified in step 2, and Y being a potential category of items. The Y's can be found by first looking at the individual items and identifying similarities between them. These similarities can be turned into categories. Another way of identifying items and its potential categories is by cross-checking all different potential categories that have been identified, and then check for each item in which category it fits best. Finally, LeCompte also argues for participation of the research participants in identifying these categories. This however is not an option for the current research, as explained before. Creating stable set of items mostly happened by just checking the items for similarities, and once they were found they could be placed in categories.

#### **3.4.4 Step 4: Creating Patterns**

This step is quite similar to step 2, where items were identified. Creating patterns includes finding similarities between potential categories, aiming to put them together. This can be done by looking for frequency, omission or declaration, as explained in step 2. Also, there should be looked for similarities, co-occurrence (sets of items that happen at the same place or time), sequence (sets of items that follow each other up), hypothesized reasonableness (sets of items that the researcher expects to fit together) and corroboration or triangulation (sets of items that confirm the existence of other sets of items). This step creates the bigger picture that the data has, and is therefore very important and should be carried out carefully. For example, there were 2 categories, one 'Attitudes of a coach-manager' and one 'What makes a good coach-manager'. These two could be put together without changing the content.

### 3.4.5 Step 5: Assembling Structures

In this final step, the patterns as identified in step 4 will be taken together into structures, existing of patterns that are related or linked together. If this is done well, these structures build a description of the problem that has been studied. This step however is very hard, and has not been followed in this strict theoretical way.

Figure 1 at the bottom of this page shows what this process looks like in reality

### 3.5 Reliability and Validity Issues

King et al. (1994) stated that reliability issues are not common in qualitative research. This is because in qualitative research, the interpretation of the researcher is necessary for collecting relevant data. However, there is still a threat of researcher bias. This problem occurs when a researcher has a, probably unknowingly, prejudice about a subject. This causes bias in the results. This problem will be tried to overcome, by in the first place recognizing the possibility of this bias, and setting it aside, and in the second place by letting the categorization of the results be checked by a co-researcher.

Validity issues may however arise, if the study does not examine what it actually should examine. This issue will be prevented by checking the interview questions beforehand, together with a co-researcher.

### 3.6 Secondary Data

Besides gathering primary data from interviews, secondary data will also be used. This data comes from interviews conducted by another researcher, who has interviewed the first-line managers within Livio.

## 4. RESULTS

### 4.1 Team Effectiveness

One of the main parts of this research is the influence of the competences on team effectiveness. Team effectiveness was sub-divided into three dimensions: 'Performance', 'Attitude of team members towards

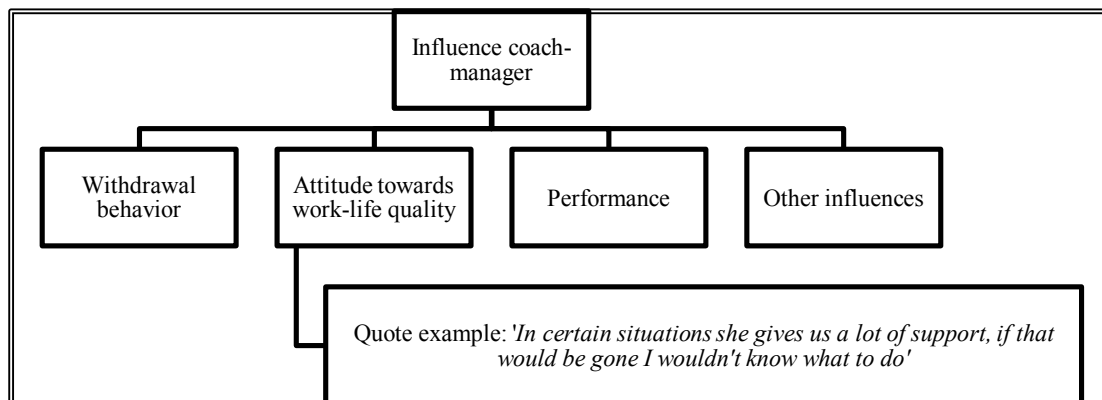
work life quality' and 'Withdrawal behaviour' (Cohen, 1993).

#### 4.1.1 Performance

'Performance' is a variable that is hard to measure directly by means of interviews. The interview participants will probably not say about their own team that they are performing badly. However, a clear pattern was found when analyzing the interview results. This pattern shows that within every team, the coach-manager only supports the team when necessary. This support of the coach-manager can therefore be an indicator of the performance of the teams; if the coach-manager supports the team more, this is because the team performs worse. This obviously does not mean that the support of the coach-manager is causally related to team performance, what would mean that teams perform worse because of the support of the coach-manager. Other possible indicators of team performance, for example profit margin, might not even be applicable in this environment. The healthcare sector, especially from the caretakers' perspective, is not about making profit, but about delivering healthcare. In one of the interviews, a participant said that they did not reach the official profit margin, but she also indicated that this was not important, and that most teams did not reach this margin. This shows that these 'hard' goals, in term of numbers, are not always applicable in the healthcare sector.

#### 4.1.2 Attitude towards Work-Life Quality

The dimension 'attitude towards work-life quality' is better measurable in this case study. For example, an interviewee said that she wanted a more active leaderships style from the coach-manager. In fact, she literally said that she wanted the manager back, instead of the coach-manager. Only then she would truly enjoy her work. Also, a team member from another team indicated that she enjoyed the freedom the coach-manager gave her. These examples show that there is difference in the attitude towards work-life quality, and that this difference corresponds with the team performance indication; teams where the coach-manager does not support a lot, perform better and enjoy more freedom. On the other side, teams that do not perform that good, need more support from the



coach-manager and therefore might have a more negative attitude towards their work-life quality.

#### 4.1.3 Withdrawal Behavior

The third dimension of team effectiveness is 'Withdrawal-behavior'. During the interviews it appeared that the results with regards to this dimension do not really say something about team effectiveness; withdrawal behavior should be able to say something about effectiveness, if team members are absent without having a good reason, for example sickness. The results from the interviews showed that withdrawal behavior within the teams only appeared in case of sickness or other personal reasons, but not because of dissatisfaction. Cohen (1993) argues that voluntary turnover and absenteeism due to dissatisfaction in terms of withdrawal behavior have an impact on team effectiveness, but this type of behavior was not found during the interviews.

In short, based on the three dimensions of team-effectiveness, the different teams that were interviewed can now be divided into two different categories; effective self-managing teams and less effective self-managing teams.

## 4.2 Competencies Coach-Manager

Now that these two categories have been established, the results for each of the seven competencies will be discussed. The list of seven competencies are for clarity shown in table 4:

**Table 4: Competencies**

Competencies (Gunawan and Aunguroch, 2016)
Developing self
Planning
Organizing
Leading
Managing legal and ethical issues
Budgeting
Delivering health care

#### 4.2.1 Developing Self

Starting with 'Developing Self', it is important for a coach-manager to keep developing, so that the team will be able to develop itself as well. Based on the results, all coach-managers seem to have this competency. There was no single interview participant who indicated that the coach-manager did not develop

itself in some way. The way in which this development takes place differs per coach-manager, and happens in different ways for each coach-manager. Interviews participants indicated that the coach-managers follow certain courses, attend meetings and, most importantly according to the interviewees, the coach-managers gain experience in their role. The effect of this development of the coach-manager on the teams is not visible on short-term, however, on the longer term the teams may find out that the coach-manager has gained new insights and experience in certain situations, which might result in faster and more effective solutions. This effect however has not been found in this case study.

#### 4.2.2 Planning

Secondly, the competency 'planning' for a coach-manager in a broad perspective, is mainly about creating a vision and mission for subordinates. In the case study, we found examples of the coach-manager in the role of passing through the vision of Livio to the teams. No differences were found regarding more or less effective teams, meaning that the coach-manager does not need different 'planning' competencies for more effective self-managing teams. However, this does not mean that the competency for 'planning' does not enhance the team-effectiveness. In an example from the case study, one participant answered the following to the question what her opinion on the role of the coach-manager is:

*"Good, I am happy with the fact that there are still coach-managers, and I hope they will indeed keep being here. They also give more of a connection between the higher departments in the organization and the work floor."*

This shows that the competency 'planning' at least increases the team members' attitude towards their work-life quality, and very likely also their performance; if the coach-manager is clear on the vision of Livio, and sometimes decides what to do and how to do it, less support will be needed afterwards, which again indicates better performance.

#### 4.2.3 Organizing

The competency 'organizing' of the coach-manager in this case study is something that came forward strongly in some teams, and not at all in other teams. More specifically, in general could be seen that in the more effective teams, the coach-manager had less organizing tasks, and the other way around. 'Organizing' in this context contains all different tasks that deal with personnel, for example recruitment and training. In the more effective teams, in general the coach-manager did not take the responsibility for these tasks, but sometimes assisted if necessary. An example of this can be seen where an interview participant from a more effective team answered the following on the question who drafted the job vacancies:



*“That’s our task, together with the coach-manager. He then passes it through to the HRM department.”*

This shows that the team itself is responsible, and the coach-manager merely assists. Given this finding, one could probably say that that would mean that the competency ‘organizing’ in this context would hardly enhance the team-effectiveness, but that statement is too blunt. Even though the coach-manager might not be proactive when it comes to organizing, his experience and his perspective might make a big difference for the team. Without the coach-manager, there would be no one to go to if something should go wrong.

#### 4.2.4 Leading

The ‘leading’ competencies of a coach-manager can be defined as the skills to direct and channel the team-members towards good performance. The main finding with regards to this competency is that in fact two types of leadership can be identified; Passive leadership and active leadership. This distinction can for example be found in an interview with one of the coach-managers, who said:

*“In most of the teams, I have 10 teams, in 8 of these teams I am seen as a coach. Those are the teams that provide their own solutions, and are only checking with me whether they are going in the right direction. ...there are 2 teams that have big formation problems and problems with collaborating together, and yes, in those teams I had to act more firmly”.*

In light of previous results it may be like stating the obvious, but the active leadership style of the coach-manager can be found in the less effective self-managing teams, whereas the more passive leadership style can be found in the more effective self-managing teams. The main objective of self-managing teams is to be able to, as a team, do as much as possible within the team. If a team succeeds in doing this, this can be seen as good performance. In the more effective teams, the coach-manager does lead in a more passive way, meaning that the teams are able to do more by themselves. In light of this finding, one could say that this competency does enhance the effectiveness of self-managing teams. If the coach-manager would change to a more active leadership style within the effective self-managing teams, this would mean that these teams would not have the responsibilities they do now have, which will likely result in a lower team-effectiveness.

#### 4.2.5 Managing legal and ethical issues

In this case study, no legal and ethical issues were indicated as meant in the literature. The literature is about issues that still have to be identified, and which are dealt with by the coach-manager. These kind of situations were not identified by the interview participants. However, some examples were given of an ethical issue, identified by the team. These issues were in first instance dealt with by the teams themselves, and if they could not handle it alone they asked for the

support of the coach-manager. No difference between the coach-manager’s way of handling these issues for effective or less effective teams could be found, which is no surprise; regardless whether the team is effective or less effective, in these kind of situations a coach-managers’ help is needed. Especially in situations in which team members were involved, the coach-manager’s competency for managing these situations can certainly enhance the team effectiveness; good management in these situations will reduce the damage to a minimum and will help the team members focus on their job, increasing their effectiveness.

#### 4.2.6 Budgeting

‘Budgeting’ as the competency for a coach-manager regarding financial management, differs a lot per team. A clear distinction exists for the role of the coach-manager regarding the budgets between effective and less effective teams. The more effective teams do not hear from the coach-manager the amount of money they can spend on every specific item. These team know approximately what they can spend and just do what they think is best. An example from someone from a more effective team :

*“It is not like we get €100,- to do this task and €200,- to do that task, no, not to my knowledge”.*

On the other side, someone from a less effective team said about the budgets:

*“It is mostly the coach-manager who has insight in the budgets”.*

The impact of this competency on team effectiveness might also not be very big, but is also definitely not absent. The support of the coach-manager regarding budgets for effective teams gives them on the one side freedom to do what they think is good, while on the other side, if needed, the coach-manager can help the teams or point them in the right direction for help. This will minimize the delay if problems occur, and therefore increase performance, while at the same time the attitude of the team members towards their work-life quality will increase, knowing that they have the freedom and the support.

#### 4.2.7 Delivering healthcare

About this competency only a few words will suffice. The coach-manager does not have, and does not need the competencies for delivering healthcare, because that is something the coach-manager simply never does. Even if he would have this competency, the coach-manager does not have the time to deliver healthcare. In short, this competency has not been found in the case study.

## 5. DISCUSSION

### 5.1 Theoretical Implications

Looking at the results, one could first of all conclude that one of the biggest challenges for a coach-manager is to identify the needs for the teams. It is simply not possible to utilize one way of coaching and managing for all teams. The more effective teams need less commitment from the coach-manager than the less-effective teams. However, the aim for the coach-manager should be to in the end unify these different approaches into one approach, which can only happen if the teams reach more or less the same level of effectiveness. Therefore, it seems like a justifiable suggestion to add one competence to the list as identified by Gunawan and Aunguroch (2016), called 'identifying needs'. This competence includes skills for identifying the levels of effectiveness for the teams, identifying what the right approach would be for each team and subsequently use this approach for each competency. This competency will in the end enhance the team effectiveness for the teams that already are effective, and for the teams that are not yet very effective, by improving the attitude towards work-life quality, and by improving the performance of the teams.

Also, this research shows that caretakers working in self-managing teams may have a higher job satisfaction, caused by a higher level of autonomy. This idea is also supported by Maurits et al. (2017), who held a nationwide survey. They found support for the hypothesis that higher levels of self-direction had positive influence on job satisfaction. However, what this current case study also showed is that teams with a lower level of effectiveness had a lower level of job satisfaction, because they did not like, or were not ready for, the higher level of autonomy.

Lastly, the seven competences identified by Gunawan and Aunguroch (2016) and adapted in this research were compared with the six main leader behaviours in self-managing teams, as identified by Manz and Sims (1987). The six main behaviours argued by them are:

- Encouraging self-reinforcement;
- Encouraging self-criticism;
- Encouraging self-goal setting;
- Encouraging self-observation/evaluation;
- Encouraging self-expectation;
- Encouraging rehearsal.

Interesting in the comparison of these six behaviours and the seven competences, is that they can be put together. If the coach-manager has the right competences for managing the teams, he will very likely show more or less these six behaviours, meaning that these six leader behaviours will also enhance team effectiveness.

### 5.2 Practical Implications

A practical implication of the results of this case study, is that for Livio specific, the competency 'delivering healthcare' is not relevant. The case study revealed that

within Livio, the coach-managers never deliver healthcare, and are not trained to do so. Their focus lies on managing and coaching the teams, and not on directly helping the clients.

Secondly, this case study revealed that increasing team effectiveness can be done by means of a tailored approach. Where the one team wants the coach-manager to be more active, the other team wants the coach-manager to keep doing what he does, merely supporting them. What Livio could therefore try to do is dividing the teams into categories, ordered in terms of effectiveness. For each category a separate coach-manager could be appointed, who can then focus on a single approach towards the teams. In this way, the coach-managers can ultimately enhance team effectiveness of self-managing teams in Livio.

### 5.3 Limitations

There are two limitations of this research. First of all, during some of the interviews, colleagues of the interviewee were present, which might have caused biased answers. However, these results did not specifically differ from the answers given by other interview subjects who were alone in the room. Therefore, this limitations did not have significant impact on the outcome of this study.

Secondly, I was only able to do interviews once, I was not able to go back into the field to check whether the results were valid. However, before the interviews were done, the interview questions were checked twice by different supervisors, ensuring that the questions to be asked were good. Therefore, this limitation also does not significantly impact the outcome of this research.

### 5.4 Suggestions for Future Research

I would like to suggest that more research should be done on the concept of the new identified competency for coach-managers, 'identifying needs'. As it is now only an abstract term, without clear boundaries and without knowledge of its practical applicability, new knowledge is needed.

Secondly, the theoretical implication of this research about the relationship between team effectiveness, job satisfaction and level of autonomy must be further investigated. This research showed that teams with a lower level of effectiveness had a lower level of job satisfaction, because they did not like, or were not ready for, the higher level of autonomy. However, this may not count in other research contexts, which means that further investigation is needed.

## 6. CONCLUSION

*In what way do competencies of first-line managers enhance the effectiveness of self-managing teams in the health-care sector?*

The answer, based on the results of this research, is that competencies of the coach-manager can enhance the effectiveness by improving the attitude of the team members towards their work life quality, and by improving the team performance, which together shall lower the level of withdrawal behavior. The competences for the coach-manager in order to do this are:

- Developing self;
- Planning;
- Organizing;
- Leading;
- Managing legal and ethical issues;
- Budgeting;
- Identifying needs.

This last competence, 'identifying needs', is merely an abstract idea, rather than an existing and well-defined competence.

## 7. ACKNOWLEDGEMENTS

I would like to thank Anna Bos-Nehles, Tanya Bondarouk and Maarten Renkema for their professional support and helpful feedback.

I also would like to thank Livio, for giving me the opportunity to interview 7 of their employees.

I want to thank the employees themselves, for taking the time for the interviews.

Finally, I would like to thank Mark Breukink for the great collaboration, with whom I have been in the field, doing the interviews and working them out.

## 8. REFERENCES

- Abawi, K. (2008). Qualitative and Quantitative Research. *Research Methodology Workshop*. Kabul, Afghanistan, 3-12 January 2008.
- Banner, D. K., Kulisch, W. A. & Peery, N. S. (1992). Self-managing Work Teams (SMWT) and the Human Resource Function. *Management Decision*, Vol. 30 No. 3, p. 40-45
- Bezuinigingen zorg, wat verandert er? | ZorgGids Nederland. (2017). *ZorgGids Nederland*. Retrieved 24 March 2017, from <https://www.zorggidsnederland.nl/Voor-Consumenten/Bezuinigingen-zorg/>
- Black, J. S. & Gregersen, H. B. Participative decision-making: An integration of multiple dimensions. *Human Relations*, 50, p. 859-878.
- Boyatzis, R.E. (1982). The competent manager: A model for effective performance. New York: John Wiley & Sons.
- Carson, J. B., Tesluk, P. E. & Marrone, J. A. (2007). Shared Leadership in Teams: An Investigation of Antecedent Conditions and Performance. *Academy of Management Journal* 2007, Vol. 50, No. 5, 1217–1234.
- Cheong, M., Spain, S. M., Yammarino, F. J. & Yun, S. (2016). Two faces of empowering leadership: Enabling and burdening. *The Leadership Quarterly*, Vol. 27, No. 4 (August 2016), p. 602-616
- Cohen, S. G. (1993). *Designing effective self-managing work teams*. Center for Effective Organizations, School of Business Administration, University of Southern California.
- DiCicco-Bloom, B. & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 2006, Vol. 40, No. 4, p. 314–321
- Eisenhardt, K. M. (1989). Building Theories from Case Study Research. *The Academy of Management Review*, Vol. 14, No. 4. (Oct., 1989), pp. 532-550.
- Gill, P., Stewart, K., Treasure, E. & Chadwick, B. Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal* 204, p. 291 – 295, 2008.
- Gladstein, D. (1984). Groups in Context: A Model of Task Group Effectiveness. *Administrative Science Quarterly*, 29(4), 499-517.
- Government faces struggle to cut healthcare spending. (2017). *Eiu.com*. Retrieved 19 March 2017, from <http://www.eiu.com/industry/article/272844211/government-faces-struggle-to-cut-healthcare-spending/2015-02-18>
- Gunawan, J. & Aunguroch, Y. (2016). Managerial competence of first-line nurse managers: A concept analysis. *International Journal of Nursing Practise*, Vol. 23, No. 1, 2017, p. 1-7
- Henricks, M. (1997). Golden rules. *Entrepreneur*, 25, p. 147-151
- Hollander, E. P., & Offermann, L. R. (1990). Power and leadership in organizations: Relationships in transition. *American Psychologist*, Vol. 45, No. 2, 1990, p. 179-189.
- Kastl, J. (1970). How to Conduct Better Interviews. *United States Air Force JAG Law Review* 12(2), 120-123
- King, N., Cassell, C., & Symon, G. (1994). Qualitative methods in organizational research: A practical guide. *The Qualitative Research Interview*, 17.
- Kirkman, B. L. & Rosen, B. (1999). Beyond Self-Management: Antecedents and Consequences of Team Empowerment. *The Academy of Management Journal*, Vol. 42, No. 1 (Feb., 1999), pp. 58-74
- Langfred, C. W. & Moye, N. A. (2004). Effects of Task Autonomy on Performance: An Extended Model Considering Motivational, Informational, and Structural Mechanisms. *Journal of Applied Psychology* (2004), Vol. 89, No. 6, p. 934 –945
- LeCompte, M. D. (2000). Analyzing Qualitative Data. *Theory into Practice*, Vol. 39, No. 3, Getting Good Qualitative Data to Improve Educational Practice (Summer, 2000), pp. 146-154

Manz, C., & Sims, H. (1987). Leading Workers to Lead Themselves: The External Leadership of Self- Managing Work Teams. *Administrative Science Quarterly*, 32(1), 106-129.

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, Vol. 13, No. 6, 1996, p. 522-525

Maurits, E.E.M., Veer, A.J.E. de, Groenewegen, P.P., Francke, A.L. (2017). Home-care nursing staff in self-directed teams are more satisfied with their job and perceive more autonomy over patient care. A nationwide survey. *Journal of Advanced Nursing*: 2017

Morgeson, F. 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, P. 497-508

Muthusamy. S. K., Wheeler, J. V. & Simmons, B. L. Self-Managing Work Teams: Enhancing Organizational Innovativeness. *Organization Development Journal*, Vol. 23, No. 3, 2005, p. 53-66

Oaklander, H. & Fleishman, E. A. (1964). Patterns of Leadership Related to Organizational Stress in Hospital Settings. *Administrative Science Quarterly*, Vol. 8, No. 4 (Mar., 1964), p. 520-532

Pillay, R. (2008). Managerial competencies of hospital managers in South Africa: a survey of

managers in the public and private sectors. *Human Resources for Health*, Vol. 6, No.4, 2008

Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *British medical journal*, 320(7227), 114.

Smets, P. (2014). The transition towards self-managing teams in the health-care sector (1st ed.). Tilburg: Tilburg University.

Sundstrom, E., De Meuse, K. P. & Futrell, D. (1990). Work teams: Applications and effectiveness., *American Psychologist*, Vol. 45, No. 2, 1990, p. 120-133.

Vecchio, R. P., Justin, J. E. & Pearce, C. L. (2010). Empowering leadership: An examination of mediating mechanisms within a hierarchical structure. *The Leadership Quarterly*, Vol. 21, No. 3 (2010), p. 530-542

Yeatts, D.E., Cready, C., Ray, B., DeWitt, A. & Queen, C. (2004). Self-Managed Work Teams in Nursing Homes: Implementing and Empowering Nurse Aide Teams. *The Gerontologist*, vol. 44, No. 2, p. 256-261

Zaccaro, S. J., Rittman, A. L. & Marks, M. A. (2001). Team Leadership. *The Leadership Quarterly*, 12, p. 451 – 483

## 9. APPENDIX

### 9.1 Interview Questions

- How would you describe the role of the coach in the self-managing teams? Why?
- What is your opinion on the coach's performance? Why? (keep asking until everything is clear)
- Have you seen changes in his performance over time? What are those changes? What might be the reason for these changes?
- Who is responsible for the planning? Why he/she? How does he/she do it? (if the coach does the planning, more questions on how he performs etc. will be asked)
- What are your objectives as a team? How do you perform regarding these objectives? What is the role of the coach in this?
- How would you describe the leadership style of the coach? Why? Are you content with this style? Why (not)?
- Have you ever encountered legal issues? If yes, what issues? Who dealt with these issues? How did he/she deal with them? Why?
- Have you ever encountered ethical issues? If yes, what issues? Who dealt with these issues? How did he/she deal with them? Why?
- Does the coach also deliver health-care? Why (not)? How often? Has he had training for this?
  
- How does the coach manage costs of the team? Why?
- Does the coach affect your productivity? If yes, why?
- Does the coach affect the quality of your work? If yes, why?
- How is your average working week divided? What is your opinion on this division? Is your work flexible? Do you like it the way it is? What would you change?
- Within Livio in general, are people often absent? Why (not)?