Grandmother’s footsteps: the institutional context of management work

... and is this context supportive or constraining ...?

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How do they manage?
a study of the realities of middle and front line management work in healthcare

David A. Buchanan: February 2012
Grandmother’s footsteps is a game in which one person - ‘grandmother’ - stands at one end of the room, and the other players start at the far end. The object of the game is for the other players to ‘tag’ grandmother, and to take that role, then the game begins again. At the start, grandmother’s back is turned to the other players, who now move forward, but when grandmother turns around, the players must freeze in position. Grandmother can walk around and examine them, but when grandmother’s back is turned again, the players are free to move. Players who are caught moving go back to the start, or are thrown out of the game, depending on which rules are being followed.

The shaping role of context

The institutional context is simply the wider environment - historical, social, cultural, economic, political - in which an organization functions. This briefing explores the wider environment of management in acute trusts. Context is important because it shapes opportunities and constraints. Context also influences culture, values, norms, expectations, goals, and priorities. In other words, context has a profound effect on management behaviour. This figure shows the six main dimensions of the NHS institutional context. These are intertwined, and concern the contemporary business of healthcare, the history of the service, governance arrangements, the regulatory regime, finance, and the role of the press and media.

Dimensions of the institutional context of the NHS

- the business dimension
- the history dimension
- the finance dimension
- the governance dimension
- the regulatory dimension
- the media dimension

In the current challenging economic climate, key issues include:

- are healthcare managers valued for their contributions?
- is this a supportive, enabling context for management work?
- are creativity, innovation, and experiment encouraged and rewarded?

Despite constant change, the NHS is still a hierarchical, centrally controlled, bureaucratic organization. There seems to be a fundamental tension between being commercially-oriented and entrepreneurial, while responding to regulatory bodies and compliance frameworks: innovation and prescription are not compatible pressures. Are healthcare managers caught in a game of grandmother’s footsteps, where one can only move when nobody is watching?
The six dimensions

The business dimension

The private and public healthcare sectors work closely together. In hospitals, clinical services are structured as ‘businesses within the business’. Clinical and managerial staff are expected to adopt a commercial orientation and to develop new business models, inventive uses of new technology, competitive strategies, and public-private collaborations. Efficiency and productivity must not damage quality and safety of care. The NHS is also expected to generate revenue from innovations and exports.

The history dimension

Despite constant change, the features of the hierarchical, centrally controlled bureaucracy remain. Rules, regulations and slow decision processes can offer predictability and consistency, but can impede innovation and change. The current regulatory regime is a legacy from a series of ‘high profile’ failures, the most recent concerning events at Mid Staffordshire Hospitals Foundation Trust. The global financial crisis that started in 2008, has led to national austerity budgeting and to pressure on healthcare to make radical efficiency savings, probably for years to come.

The governance dimension

The new government in 2010 launched a complex, rapid, controversial reorganization of NHS governance structures, with a White Paper subtitled, Liberating the NHS. Some bodies were abolished (SHAs and PCTs) and new ones created, including a National Commissioning Board, and local clinical commissioning groups with a total annual budget of around £80 billion. Policy to cut management costs generated considerable resentment. The promised liberation, autonomy and empowerment are difficult to spot in practice, and ‘micromanagement’ by government has continued.

The regulatory dimension

Healthcare providers answer to many regulators, auditors, inspectorates and accreditation agencies (RAIAs). Their information demands are burdensome and often overlap. Regulation has improved performance in many respects, but has not prevented systemic failures in care. The regulatory regime extends to innovation, where the recent call for a more creative, commercial approach is accompanied by a compliance framework, efficiency measures, financial penalties, and an implementation board. Following the Mid Staffs inquiry, regulation of healthcare managers themselves is now expected to emerge during 2012/13.

The finance dimension

‘The Nicholson challenge’ to find £20 million efficiency savings between 2010/11 and 2014/15 has been variously described as an ‘NHS recession’, a ‘funding ice age’, and as a ‘perfect storm’. Trusts since 2010 have had to implement cost improvement programmes to generate recurrent savings of 3 to 4 per cent per annum, generating anxiety about job security among all staff, including management. Middle managers in particular feel the need for stronger financial management skills.

The media dimension

The press ‘rules of production’ (Davies, 2009) mean that sensational, dramatic ‘bad news’ is reported more often than good news. This ‘bad press’ influences public perceptions of the service, and can also affect government policy. Commentary supportive of management is rare, system faults and failures are typically attributed to poor management, and a negative stereotype of managers, as ‘costly pen-pushing bureaucrats’, prevails, potentially inhibiting motivation and recruitment - and also discouraging clinical staff from accepting leadership and management roles.
This context could be seen as a difficult one in which to work: many conflicting pressures and demands, slow-moving bureaucracy, anxieties around budgets and job security, and a negative public stereotype concerning the value and contribution of management roles.

However, the evidence from this study also shows that the majority of managers in the service are enthusiastic, committed, and highly motivated. Indeed, many enjoy the challenges and pressures, the constant change, the fire fighting - along with delivering and improving care.

But policy, structures, funding, and regulation are pushing in opposite directions. Managers are expected to adopt a commercial mindset and to be innovative, while facing the demands of audit and regulation, with penalties for non-compliance with central controls.

This has not deterred many significant innovations and improvements in care delivery. However, this context may be an insurmountable barrier to the truly radical changes, to the ‘disruptive innovation’ that current trends seem to require (Christensen et al., 2000).

Managers clearly need resilience and persistence in order to work effectively in this context.

Policy makers, in designing fresh initiatives, could perhaps pay more attention to existing research evidence, particularly with regard to receptiveness to change, encouraging creativity, and to the diffusion and sustainability of innovation. Policies reflecting what we know about those issues may have a better chance of engaging support, and of succeeding.

If you have a view on any these issues, please let us know.

Key sources


The research

This study is based on interviews and focus groups with middle and senior managers, on a management survey, and on case studies exploring how changes are managed in the aftermath of serious incidents.

Participating trusts

Bedford Hospital NHS Trust
NHS Bedfordshire Primary Care Trust
Cambridge University Hospitals NHS Foundation Trust
Gloucestershire Hospitals NHS Foundation Trust
Northampton General Hospital NHS Trust
North Bristol NHS Trust
Whipps Cross University Hospital NHS Trust

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