Managers have feelings too:
emotions of healthcare managers

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

Janice A. Osbourne: May 2011
‘When dealing with people, remember you are not dealing with creatures of logic, but creatures of emotion’ (Dale Carnegie, 1936)

On 9 March 2010, a custodial worker in Ohio, apparently angry at receiving a poor performance evaluation, killed a manager and then killed himself. Similar stories are often reported. While these stories are sad, they demonstrate what can happen when negative emotions get out of hand. Ashforth and Humphrey (1995) comment that everyday emotions, which are part of organizational routines, have been surprisingly neglected in the workplace. This situation has now started to change with organizations encouraging managers to possess and display ‘emotional intelligence’ in their interactions with others.

Healthcare managers, particularly ‘hybrids’ whose roles combine clinical and managerial duties, constantly face emotional expressions by patients and staff. These might range from patients happy at the success of their treatment, to staff fearful of losing their jobs. Managers are expected to display organizationally appropriate emotions at all times. Displaying emotions other than enthusiasm at work is often seen as unprofessional, at best.

The NHS is a constantly changing organization and the effective management of change relies on leaders and managers acknowledging and responding to emotional expressions. Huy (1999, 2002) points out that how organizations attend to the range of employee emotions could facilitate or hinder the progress of ambitious change. Our research examined the emotions expressed by managers at two acute trusts regarding their day to day activities. We identify what these emotions may indicate about future change efforts.

What, exactly, are emotions? This question has generated a lot of debate, many definitions, and little consensus. The problem stems from the different perspectives researchers hold about emotions. Fineman (2003) identifies four perspectives. First, emotions are psychological responses to some stimulus. Second, they are biological and genetically wired into the body. Third, they stem from early life experiences. Fourth, emotions do not emerge in isolation, but arise in certain contexts or cultural settings where emotions are learned as part of socialization processes. Individuals thus learn which emotions should be expressed, to whom it is acceptable to express these emotions, and what should be felt in given social situations (Domagalski, 1999). Our research takes the fourth perspective, defining emotion as responses that are social in nature.

What is the difference between emotions and feelings? Feeling are considered to be private experiences, while emotions involve the public display of these feelings (Fineman, 2001).

We held focus groups and interviews with 13 frontline, 55 middle and 7 senior managers in two acute trusts and found that they expressed 23 different emotions - emotions which could be appropriate or inappropriate in work situations (see table). We found that the most frequently expressed emotions were frustration and irritation (mentioned 63 times), followed by enjoyment (20) and unhappiness (13). When we looked at the differences between the groups, we found that middle managers expressed frustration three times more than front line managers, and ‘hybrids’ expressed more frustration than those in pure management positions.

However, we also found that those in pure management positions expressed more enjoyment and optimism than those who had clinical managerial roles.
Management emotions

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<td>amusement</td>
<td>frustration and irritation</td>
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<td>desire</td>
<td>hopelessness</td>
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<td>enjoyment</td>
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Sources of emotions

Our research found that the emotions expressed by managers stemmed from seven sources:

- changes in the environment
- the nature of the work
- peers, colleagues
- various aspects of the role
- characteristics of the local organization
- the wider NHS
- individuals themselves

Emotions such as enjoyment, satisfaction and pride stemmed from aspects of the role such as variety, benefits, pleasant environment, and solving challenging problems. On the other hand, workload, pressure to meet targets, time issues, conflicting messages, and the impact of work on personal time resulted in embarrassment, frustration, anxiety, and fear.

What does this tell us?

This indicates that NHS managers are sometimes in emotional pain, and that many of these emotions are driven by the approach to change taken by local organizations and the wider NHS. Our findings indicate that this approach does not provide managers with a way of addressing the emotional impact of change, and this leads to the expression of a range of negative emotions. If left unmanaged, these emotions can become toxic, and can have undesired effects on the individual and the organization.

The managers in this study also expressed a variety of what might be considered to be organizationally appropriate emotions such as satisfaction, happiness and pride, which stemmed from making a difference to patients, interacting with colleagues, personal service values, and job challenges. It is widely assumed that employee satisfaction drives organizational performance. This suggests that if managers are motivated, then the NHS will enjoy improved performance and productivity. Additionally more attention needs to be paid to middle managers who experience significantly more negative emotions than other groups.
Managing managers’ emotions

There are a number of dimensions to working with and managing emotions:

1. Learn to have difficult emotional conversations. This may include stating the problem and expected outcomes clearly, practicing effective listening and empathy skills, and turning problems into constructive solutions.

2. Make the workplace psychologically safe. Allow managers freedom of emotional expression; encourage managers to be empathetic; raise the emotional tone.

3. Have leaders who are not afraid of emotions and who can be the organization’s ‘toxin handlers’; through mentoring and by diffusing emotional situations, they can adjust change management methods to mitigate emotional disruptions.

As one chief executive said, ‘We need to do what we can to understand and support managers in their increasingly challenging roles, or they will do it badly or not at all’.

Sources


The research

This study is based on interviews and focus groups with middle and senior managers at six acute trusts and one primary care trust. The next stages of the project include a management survey, debriefing groups, and case studies exploring how changes are managed in the aftermath of serious incidents.

Participating trusts

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

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