

Sense-giving in health care: the relationship between the HR roles of line managers and employee commitment

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In this article, we examine line manager prioritisation of HR roles and the consequences for employee commitment in a health-care setting. Our analysis is based on a quantitative, multi-actor study (509 employees and 67 line managers) in four Dutch hospitals. Using sense-giving as a theoretical lens, we demonstrate that, in addition to the effects of high commitment HRM, prioritising the Employee Champion role alone and the Employee Champion and Strategic Partner roles in combination is associated with higher employee commitment. We argue that through performing roles that are evocative of deep-seated values, such as excellent patient care and concern for others, line managers can have a positive effect on staff attitudes. In a sector often beleaguered by staff turnover, exhaustion and burnout, we offer an important, empirically based framework that has the potential to improve employee commitment and, from there, enhance performance.

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INTRODUCTION

Hospitals across the developed world face unprecedented challenges given technological change, clinical advances and ever-higher societal expectations (Townsend and Wilkinson, 2010; Bartram and Dowling, 2013). Funding pressures together with governmental strictures mean that hospital leaders are required to deliver both value for money and excellent standards of clinical care (Shipton *et al.*, 2008). While hospital managers are responsible for steering their organisations through a myriad of internal and external demands, employees, supported by their line managers, are those who interface with patients on a day-to-day basis. Research reveals that employees reporting positive attitudes deliver better quality patient care (Aiken *et al.*, 2002; Buchan, 2004), are less likely to quit (Meyer and Herscovitch, 2001) and experience less stress and burnout than their less enthusiastic

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counterparts (Bartram *et al.*, 2012). This logic suggests that, for hospitals, employee attitudes are important, and hints at the line manager's role in this respect (e.g. Shields and Ward, 2001). With notable exceptions (Purcell *et al.*, 2003; Boxall *et al.*, 2007; McDermott *et al.*, 2013), research into line management role, especially in health care, is still at an early stage in respect of the consequences for employee attitudes (Veld and Van De Voorde, 2014). Our article addresses this gap.

Until recently, strategic HR research within health care has been preoccupied with exploring the *content* of HR systems and any effect on outcomes, including employee commitment (Peccei, 2004; Wright *et al.*, 2005). Recently, more attention has been given to HR *implementation* (Haggerty and Wright, 2010) and attendant employee responses (Bowen and Ostroff, 2004). For instance, Nishii *et al.* (2008) found that where employees perceived that HR practices were implemented with an eye to their needs and aspirations, they were more inclined to report positive attitudes and to behave in a way conducive to the achievement of organisational goals. Added to this, Boxall *et al.* (2007) argue that implementing HR requires attending to a chain consisting of links that start with HR policy and practice devised at senior level, through interpretation and enactment, employee reactions and, ultimately, enhanced performance (see also Nishii *et al.*, 2008). Line managers are the connecting thread, conveying what is expected of employees, speaking to values that matter to them and helping them to make sense of their work environment (Gioia and Chittipeddi, 1991).

Our contributions are threefold. First, we bring together two disparate strands of literature: that focused on HR implementation via the line manager and that examining sense-giving (Gioia and Chittipeddi, 1991; Rouleau, 2005; Bean and Hamilton, 2006). This provides a deeper and more nuanced understanding of the way in which line managers engage in sense-giving through implementing HR. Second, using multi-level techniques, we apply a framework hitherto proposed for HR specialists (Ulrich, 1997) to line managers in order to better assess how they prioritise certain HR-related roles, de-emphasise others and what this means for the work-related attitudes of direct reports. We thus build on and extend a burgeoning literature on the 'crucial intermediary' (Purcell and Hutchinson, 2007) position of line managers. Finally, we extend the literature on HRM in hospitals (Hutchinson and Purcell, 2010; Townsend and Wilkinson, 2010; Ang *et al.*, 2013). Health-care positions are especially demanding (Pisljar *et al.*, 2011). Employees are required to interface with distressed and ill people, aware that errors may have serious human consequences. The pressure for on-going learning is constant, in order to keep pace with technological change and new treatment options (Parent-Thirion *et al.*, 2007). Understanding how line managers prioritise HR roles and influence staff work-related attitudes has the potential to influence not just staff well-being but, ultimately, the achievement of strategic goals (Hutchinson and Purcell, 2010; Townsend and Wilkinson, 2010; Ang *et al.*, 2013).

THEORETICAL FRAMING

Affective commitment and hospital employees

Affective commitment (AC), referring to an employee's emotional engagement with their place of work, has been defined as 'the relative strength of an individual's identification with and involvement in a particular organization' (Mowday *et al.*, 1979: 226). Affectively committed individuals stay in the workplace because they *want* to (rather than feeling that they have no other choice) (Allen and Meyer, 1990). A well-established body of evidence shows that AC is associated with a range of outcomes including quit intention, levels of stress and citizenship behaviour (Meyer and Herscovitch, 2001). An empirical study based on 288 hospital nurses reveals that AC plays a crucial yet not fully understood role in both retaining employees and

promoting staff well-being (Somers, 2009). A recent meta-analysis shows that for 'white collar' workers (such as nurses and hospital professional staff), the relationship between AC and job performance is significant and positive (Ricketta, 2002).

This matters since hospitals across the developed world are facing retention problems given a competitive job market combined with an underlying shortage of professional, specialist skills (Armstrong-Stassen and Schlosser, 2010; Flinkman and Leino-Kilpi, 2010). Further, the challenge of nurse burnout is well documented (*e.g.* Bartram *et al.*, 2012). Ultimately, both retention and staff well-being have implications for patient care. Facing retention problems, a hospital may lose employees with the critical expertise required to deliver on its remit. Given high levels of staff burnout, patients may experience lower quality care than societal stakeholders expect. Since AC is an antecedent for both turnover and well-being, the case for understanding what factors promote high levels of staff-reported AC is perhaps more compelling than ever before.

Line managers, employee commitment and sense-giving

Within the HR literature, growing attention is being given to the role of the line manager in translating the strategy set out at strategic level in a way that helps employees to understand what is expected of them, and why (Purcell *et al.*, 2003; Sanders *et al.*, 2014). As Boxall *et al.* (2007) put it: 'There are fragile links between what is intended, what is enacted and what is perceived in HRM that lead on to important employee behaviours and attitudes and thence to organisational outcomes' (p. 224). Line managers, often at the lower levels of the management hierarchy, have the potential to significantly influence employee attitudes and behaviours by virtue of their proximity to employees and frequent, day-to-day interactions (Hutchinson and Purcell, 2010). Where such interactions are underpinned by an overriding concern for employee well-being and service quality (Nishii *et al.*, 2008), social exchange theory (Blau, 1964) suggests that AC is reinforced. In these circumstances, employees will maximise their efforts to deliver on the strategic remit that has been communicated (McDermott *et al.*, 2013).

Managers create meaning for followers by 'framing' issues and themes that they see as important. This reduces complexity and ambiguity by selectively organising and interpreting signals from the organisational context (Bean and Hamilton, 2006). Framing is an active construction process which involves both sense-giving and sense-making (Gioia and Chittipeddi, 1991). On the one hand, managers interpret and seek to understand ambiguous signals at a strategic level (*i.e.* 'this hospital puts patients first' versus 'we need to cut costs'). On the other, they influence those lower in the organisational hierarchy in order to implement (perceived) strategic goals. Through sense-giving, line managers help employees to understand what strategic priorities are valued and why. According to Gioia and Chittipeddi (1991), sense-giving entails communicating downwards, via meetings and other interactions, what attitudes and behaviours are important (see also Rouleau, 2005).

Conceptualising managers as 'meaning makers,' Gioia and Chittipeddi (1991) suggest that the roles they perform are likely to influence employees' experience of work. Employees interpret their managers' ideas and behaviours regarding them as salient in expediting tasks, preserving relationships and maintaining a workable sense of self (Bean and Hamilton, 2006). Line managers who are close to employees through regular day-to-day interaction maintain employees' sense of shared identity, reinforcing key values. Sense-giving entails taking formal action (*e.g.* regular meetings with stakeholders such as nurses and other professional staff to explain key developments/propose future plans) and also interacting informally with employees (Rouleau, 2005). Through day-to-day communication as well as behaviour and action, line managers may endorse HR values such as staff well-being and service quality that

matter – especially to health-care employees (Shields and Ward, 2001). There are individual differences in the interpretive responses of line managers that can be connected with the Ulrich (1997) typology of HR roles. When the HR system communicated through the line manager indicates values that are consistent with personal values, employees will react more favourably, and the relationship between line manager HR role enactment and employee attitudes will be positive (Aumann and Ostroff, 2006).

Strategic HR literatures attach growing importance to the implementation of HR strategy (Bowen and Ostroff, 2004) and the role of line managers in this (Hutchinson and Purcell, 2010; Veld *et al.*, 2010; McDermott *et al.*, 2013). Purcell *et al.* (2003) reveal that employees who are enthusiastic about work and willing to invest extra time and effort have a sense of the 'big picture', in that values set out by the organisation permeate all aspects of their working lives and their own aspirations matter. Although a growing body of work points to the effect of high commitment HR practices on organisational outcomes including employee commitment (*e.g.* Aiken *et al.*, 2002; Baluch *et al.*, 2013), simply having HR systems in place is not sufficient (Conway and Monks, 2008; Townsend and Wilkinson, 2010; Veld *et al.*, 2010). To the extent that employees have limited access to senior management, they are reliant on immediate line managers to communicate what HR policy and practice means for them (McDermott *et al.*, 2013). In an in-depth study of a Dutch hospital, Veld *et al.* (2010) found that supervisor-informing behaviours affect hospital safety climate, which in turn influences ward-level commitment, arguing that supervisors act as interpretative filters of organisational processes and practices for values that matter to employees. Townsend *et al.* (2012) suggest that line managers are crucial for hospitals to exhibit a 'strong' system to employees (Haggerty and Wright, 2010). However, it remains unclear what HR roles and priorities are required of line managers in health care to influence employees' work attitudes.

Ulrich, HR roles and line managers

Ulrich (1997) devised a two-dimensional framework to classify how managers add value to the organisation. One dimension is the 'people versus processes' aspect implicit in classic leadership theory (Avolio *et al.*, 2009). Ulrich *et al.* (1995) argue that some HR roles are strongly oriented towards relational activity, while others are instead concerned with transactional aspects that imply little or no relationship with employees. The second dimension refers to activities that tend to be concerned with strategy in contrast to operations (Hales, 2005). The two-dimensional framework gives rise to four functional roles each of which could potentially add value, depending on context. While originally devised for HR specialists, Ulrich is clear that HR falls outside the remit of any one functional identity and that the line manager has a key role to play (Ulrich, 1997).

The HR role typology proposes four roles: Strategic Partner (SP), Employee Champion (EC), Change Agent (CA), and Administrative Expert (AE). The SP influences the strategic agenda and works with senior managers to achieve strategic goals. The EC involves concern for employee well-being, making connections between individual aspirations and HR policies and practices and acting as an interface between employees and senior management. The CA requires an orientation towards the external context, embracing new initiatives set out at strategic level, while the AE manages systems with an eye to operational efficiency. In what follows, we consider each role in turn, including the potential each role presents for examining the way in which line managers might create meaning for employees in the health-care setting.

EC. The EC role, which is people centred and operational in orientation, involves listening, advising, supporting and guiding employees, fits well with the line manager's relational role

and is likely to appeal to employees in health care. Line managers adopting the EC role indicate concern for employee well-being through understanding the needs and aspirations of staff. EC-oriented managers emphasise opportunities for employees to benefit from valued practices, such as work-friendly hours (Ulrich, 1997) and will tend to mitigate the impact of unpalatable demands by senior management, such as cost-cutting and extended hours. Considering the challenges that health-care employees face, such as dealing with distressed and sick individuals, this support is vital in assisting employees to deliver sustainable, high-quality patient care (Bakker *et al.*, 2004). Line managers performing an EC role are also likely to be seen as embracing deep-seated organisational values that chime with employee expectations. Listening and supporting employees demonstrate that the hospital is a caring environment and that employees and patients deserve support and respect. The EC-oriented manager is therefore a role model to others who seek to emulate not just the behaviours, but also the underlying values that the role embodies. This sense-giving is likely to create positive attributions among employees and influence important employee attitudes (Nishii *et al.*, 2008), hence commitment. Based on this reasoning, our first hypothesis is as follows:

Hypothesis 1: Line managers' prioritisation of the EC role is positively related to employees' commitment.

Another potentially important role is that of SP who works to achieve strategic goals and has power over resources and influence across key stakeholders. Line managers adopting this role are expected to deliver service excellence and operationally effective outcomes (Hutchinson and Purcell, 2010). SP-oriented managers achieve this via effective people management, for example, staff recruitment and development and delivering extra inducements, even financial benefits, to employees where a strong business case is made. Although more task- than people-focused, prioritising an SP role will create the sense that delivery of high quality care is important. This will in turn resonate with employee priorities (Shields and Ward, 2001) and positively impact employee attitudes (Nishii *et al.*, 2008) such as commitment. Accordingly, our second hypothesis is as follows:

Hypothesis 2: Line managers' prioritisation of a SP role is positively related to employees' commitment.

The CA role requires an orientation towards the external context, embracing new initiatives set out at strategic level. Line managers adopting this role in health care are required to actively embrace new initiatives proposed by senior management, and evidence suggests these are myriad and contested and that employees in health care often experience change fatigue (MacIntosh *et al.*, 2007). In employees' eyes, reform may represent at best a potential disruption to good patient care; at worst, a distraction from the needs of patients (Dubois *et al.*, 2014). Thus, line managers adopting a CA role may give a sense of renegeing on deep-seated values associated with excellence in delivering patient care. As one health-care commentator noted: 'the widespread diffusing of new models for organisational care that have no evidence base may be part of the problem rather than the solution' (Aiken *et al.*, 2004: 272). Added to this, Caldwell's (2003) study showed that HR specialists seeing themselves as CAs are more strongly aligned with the organisation than with employees. Thus, line managers who prioritise this role are probably more distant from and less supportive of employees, and consequently less committed to the operational demands of meeting patient needs. Change may be interpreted as attempts to reduce costs, thereby adversely impacting employee rewards and leading to deteriorating working conditions (Marmour, 1998; Aiken *et al.*, 2004). Given that professionals working in health care highly value 'helping others' and 'doing rewarding work' (Shields and

Ward, 2001; Veld and Van De Voorde, 2014), these arguments, taken together, suggest that line managers prioritising a CA role may fail to communicate deep-seated values that chime with employees in this sector. Accordingly, our third hypothesis is:

Hypothesis 3: Line managers' prioritisation of a CA role is negatively related to employees' commitment.

The AE manages systems with an eye to operational efficiency and is perhaps the least relevant of the four roles for line managers. Line managers adopting this role are concerned with routine administration, for example, management of leave and sickness absence levels. Although Ulrich (1997) argues that the AE role adds value, HR specialists seeking to influence senior management have tended to play down this element of their role on account of its non-strategic, routine characteristics (Caldwell, 2003; Francis and Keegan, 2006), and line managers may repeat this to avoid suggestions that their role is relatively insignificant. Enthusiasm for patient care and employee interests are likely to be downplayed. In the absence of line manager support and facing often stressful patient-related problems, work can more easily become a burden. Employee commitment is likely to suffer. Consequently, we propose a negative relationship between the AE role and employee commitment. Our fourth hypothesis therefore is as follows:

Hypothesis 4: Line managers' prioritisation of an AE role is negatively related to employees' commitment.

Finally, we consider the four roles in combination. Ulrich (1997) argues that effective HR specialists will combine all four roles and that to neglect one or more roles risks operational inefficiency. Caldwell (2003) shows that HR specialists frequently enact several roles even where there is a preference in one direction or another. Research has, however, demonstrated HR specialist preference for the SP role (Francis and Keegan, 2006) and the consequent negative impact on employee attitudes of neglecting the EC role (Hope Hailey *et al.*, 2005). The question of how these roles play out from a line management perspective has not been examined either in health care or more generally.

We expect that combining the EC and SP role in a health care context will reinforce the positive impact of line managers on employee commitment. The EC role creates the sense that care and concern for employees are important. Employees then reciprocate by giving back to the organisation, demonstrating employee commitment (Allen and Meyer, 1990). However, in a sector where vocational values are often fiercely upheld (Shields and Ward, 2001), if employees are not given a sense of direction that they value, this commitment may be dissipated. Combining the EC role with the SP role means that line managers provide a strategic umbrella and reassurance that operational challenges are achievable and that patient interests take precedence over other priorities. Line managers' adoption of a combined role is likely to reinforce and sustain employees' sense of organisational commitment. Consequently, our final hypothesis states that:

Hypothesis 5: When line managers attach priority to both the EC and SP roles, employee commitment will be higher than when either one role is prioritised over and above the other.

Study context. Dutch health care is generally highly regarded: The Netherlands was ranked first in a study comparing the health care systems of the US, Australia, Canada, Germany and New Zealand (Boot, 2011). This study was undertaken in 2003 in four major 'top clinical' hospitals located in the Netherlands (see also Dorenbosch *et al.*, 2006; Sanders *et al.*, 2008). The hospitals were relatively large and offered a level of care equivalent to that offered by hospitals

directly affiliated with a Dutch university. In order to deliver service excellence, HR policies target positive work experiences and employee skill development. Dutch hospitals operate highly formalised HR practices that are similar in content but not necessarily implemented in a standardised way (Veld *et al.*, 2010). Having a policy framework in place that articulated strategic level concern for employee work experiences allowed us to examine the role of line managers in policy implementation. As we pursue a sense-giving perspective (Gioia and Chittipeddi, 1991) in our focus on HR implementation via line managers, we control for the content of HRM (high commitment HRM) (see discussion below).

METHODS

Sample and procedure

The four hospitals in our study were selected after consultation with the Board of the 'top-clinical' hospitals. In selecting the employee sample, we utilised a two-step stratified sampling approach. This entailed establishing a fixed sample of departments within hospitals together with a random sample of employees within departments. Eighteen departments in each hospital were classified within four areas: clinical (cardiology, intensive care, internal medicine, child department, orthopaedics, chirurgic), outpatient (chirurgic, cardiology, neurology, kidney dialysis), support staff (kitchen, door and gatekeepers, financial administration, and warehouse) and para-/peri-medical (laboratories, physiotherapy, dietetics and pharmacy). This approach led to our collecting data from 509 employees (67 per cent response) and 67 line managers (98 per cent response). Line managers responded to questions about the importance of the four HR roles in executing their job (Ulrich, 1997). Within each department, employees were randomly selected to answer questions about their AC.

All data were collected by means of a paper and pencil survey. Board support in collecting the data enabled high response rates from both employees and line managers. The employee sample is representative in terms of age, gender and level of education. The data set included 74 per cent female employees and 46 per cent female line managers. The mean age of the employees was 38.92 (SD = 9.12).

Measures

Employees' AC (Allen and Meyer, 1990) was measured by a scale consisting of five items with anchors 1 = totally disagree to 5 = totally agree (Cronbach's $\alpha = 0.83$). Examples include 'This organisation means a lot to me' and 'I feel at home in this organisation'.

In order to assess *HR roles for line management*, line managers were asked about the importance of HR roles in executing their job, with a general statement at the start of the section stating: 'Please answer the below questions with reference to your own role as line manager'. We used the Ulrich (1997) four roles (five items for every role): *SP* (e.g. 'Line Management ensures that goals are achieved'), *CA* (e.g. 'Line Management can adapt to changes in the environment'), *AE* (e.g. 'Line Management supervise the implementation of administrative tasks') and *EC* (e.g. 'Line Management takes care of the personal needs of the employees'). Line managers were asked to give their opinion about the different items based on Likert-type scales ranging from 1 = not important to 5 = very important. Cronbach's α s varied between 0.82 (*CA*) and 0.89 (*EC*).

Control variables. As indicated in previous research (Allen and Meyer, 1990), sex (0 = female, 1 = male), age (in years), level of education (1 = low; 6 = high) and number of working hours

a week (1 = working hours between 8 and 12, 2 = working hours between 12 and 24, 3 = working hours between 24 and 32, and 4 = working hours between 32 and 40) were added as controls.

In addition, we controlled for high commitment HRM (HC-HRM) which was measured with ten items (Sanders *et al.*, 2008). Line managers were asked to use a five-point scale (1 = totally disagree, 5 = totally agree). Examples of this scale (Cronbach's $\alpha = 0.80$) are 'In this organisation a lot of attention is paid to training', and 'A plan for employee's career is made in collaboration with the supervisor'.

Analyses

The data set consists of employees nested in departments, nested in hospitals; the data of the line managers were added to the data set on the department level. This means that the data can be conceptualised at three levels (employee, department and hospital level). Level 1 captures the information of the employees in each department (employee commitment), level 2 captures the variability between departments in relation to HR role (ratings from line managers), and level 3 captures the variability between hospital. To test Hypotheses 1–5, we used a hierarchical 3 level modelling approach that simultaneously models effects at the within and between department level (Raudenbush and Bryk, 2002).

RESULTS

Table 1 presents the means, standard deviations and correlations of the studied variables.

The results show that employees' commitment is positively related to HC-HRM ($r = 0.26$, $p < 0.01$): The more line managers report HC-HRM, the more employees are committed to the organisation. Additionally, commitment is positively related to the importance of the EC role for line managers ($r = 0.09$, $p < 0.05$). Employee commitment is not related to the importance of the SP role ($r = 0.02$, n.s.), the CA ($r = 0.03$, n.s.) nor the AE role ($r = -0.04$, n.s.). The importance of EC, SP, CA and AE roles are all positively related (>0.25 , $p < 0.01$), but not strongly related (<0.39 , $p < 0.01$). In addition, commitment is positively related to age ($r = 0.19$, $p < 0.01$) and hours a week ($r = 0.10$, $p < 0.05$) of employees, and is negatively related to level of education ($r = -0.22$, $p < 0.01$). Male employees report less commitment.

To test Hypotheses 1–4, hierarchical linear models were calculated with commitment as the dependent variable. After calculating the empty model (model 0), the control variables employees' sex, age, number of working hours, level of education and HC-HRM were added to the model. In addition, all the four roles were included in this model. To test Hypothesis 5 (line managers prioritising both a SP and a EC role are positively related to commitment of employees), the interaction of the (standardised) EC and the SP role (Aiken and West, 1991) was added in model 2. The results are presented in Table 2.

The results of the empty model show that most of the variance in employees commitment ($0.40/0.445 = 89$ per cent) can be attributed to the employee level. Ten per cent of the variance (0.04) can be attributed to the department level, and only one per cent can be explained by the hospital where the employee is working. Age and number of working hours a week were positively related to employees' commitment; level of education was negatively related. The strongest effect on employees' commitment is HC-HRM as reported by line managers. Additionally, the results show a positive relationship between line managers' prioritisation of the EC role and employees' commitment (0.17 , $p < 0.01$) confirming Hypothesis 1. The other three roles, SP, CA and AE, for line managers show neither positive nor negative significant effects on employees' commitment, meaning that H2, H3 and H4 are not confirmed.

TABLE 1 Means, standard deviations and intercorrelations

Variables	Mean	SD	1.	2.	3.	4.	5.	6.	7.	8.	9.
Individual level											
1. Commitment	3.09	0.66									
Department level											
2. Line manager Employee Champion	3.08	0.71	0.09*								
3. Line manager Strategic Partner	3.48	0.67	0.02	0.39**							
4. Line manager Change Agent	3.16	0.65	0.03	0.33**	0.36**						
5. Line manager Administrative Expert	3.28	0.70	-0.04	0.35**	0.26**	0.25**					
6. HC-HRM	3.28	0.59	0.26**	0.20**	0.12**	0.13**	0.17**				
Controls											
7. Sex	0.74	0.44	-0.10*	-0.22**	-0.09*	0.20**	0.24**	-0.05			
8. Age	38.92	9.12	0.19**	0.01	-0.04	-0.04	-0.05	-0.12**	0.01		
9. Hours a week	3.56	1.08	0.10*	0.08	0.03	0.01	0.08	0.10*	-0.43**	-0.19**	
10. Education level	4.25	1.06	-0.22**	0.02	0.03	0.02	0.01	-0.12**	-0.08	0.27**	0.11*

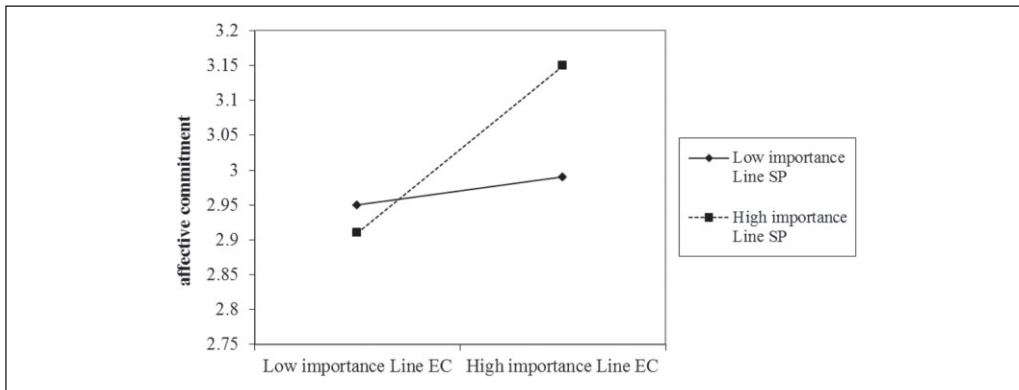
Note: *n* = 509 employees and 67 line managers. * *p* < 0.05, ** *p* < 0.01.

TABLE 2 Results of hierarchical linear models with commitment as dependent variable

Variables	Model 0	Model 1	Model 2
Individual level			
Sex		-0.08	-0.08
Age		0.10**	0.02**
Hours		0.07*	0.07*
Education level		-0.07**	-0.06*
Department level			
HC-HRM		0.31**	0.31**
Line Employee Champion (H1)		0.17**	0.16**
Line Strategic Partner (H2)		0.07	0.07
Line Change Agent (H3)		0.11	0.11
Line Administrative Expert (H4)		0.06	0.06
Line EC × Line SP (H5)			0.09**
Model fit	970.43	927.45	913.28
Deviance in model fit		42.98**	14.17**
Variance within teams	0.40	0.37	0.36
Variance between teams	0.04	0.02	0.01
Variance between hospitals	0.005	0.005	0.004

Note: n = 509 employees and 67 line managers. * p < 0.05, ** p < 0.01.

Figure 1 Relationship between the importance of the Employee Champion and Strategic Partner Roles for line managers and commitment of employees



Although the effect of the importance of the SP role for line managers was not significant (0.05, n.s.), the interaction between the importance of the two roles was significant (0.09, $p < 0.01$, model 2). This interaction effect, shown in Figure 1, indicates that the relationship between the importance of the EC role for line managers and employees' commitment is stronger when line managers rate an SP role for themselves as simultaneously important (simple slope = 0.13, $p < 0.05$) in comparison to line managers who report the SP role as less important (simple slope = 0.02, n.s.). This result confirms Hypothesis 5.

In addition, we analysed the other role combinations. No interaction effects were significant ($EC \times AE$: 0.06, n.s.; $EC \times CA$: -0.01, n.s.; $AE \times CA$: -0.04, n.s.).

DISCUSSION

Although senior leaders of hospitals have responsibility for steering their organisations through competing demands and expectations, it is employees, nurses, therapists and other front-line staff, who directly interface with patients and deliver care (Buchan, 2004). These employees are often motivated by vocational principles and values such as 'helping others' and 'doing [intrinsically] rewarding work' (Shields and Ward, 2001; Veld *et al.*, 2010). A growing body of research reveals that when an HR system communicates values that are consistent with the personal values of employees, they will react more favourably and respond with positive attitudes (Bowen and Ostroff, 2004; Veld *et al.*, 2010). As intermediaries between senior-level managers and employees, line managers play a key role in this respect.

Theoretically, our work is novel in that we connect line manager HR roles with an emergent theme within the sense-making strategic management literature (Gioia and Chittipeddi, 1991; Rouleau, 2005; Bean and Hamilton, 2006). Organisation members seek to understand the organisation's rationale by making sense of higher level developments in a way that fits into some interpretive scheme or system (Gioia and Chittipeddi, 1991). Although research has generally examined sense-giving from the perspective of Chief Executive Officers and board members (*e.g.* Gioia and Chittipeddi, 1991), there is growing interest in understanding the way in which lower level line managers and supervisors shape employee perceptions through regular sense-giving in social interaction (Rouleau, 2005; Bean and Hamilton, 2006). Sense-giving patterns that are reproduced on a daily basis are anchored in managers' tacit knowledge and embedded in the wider social environment (Rouleau, 2005). It is often the tacit knowledge that carries significant meaning (Nonaka, 1994). Combining contextually derived, tacit knowledge with explicit, formal knowledge in the course of regular social interaction confers legitimacy to the messages conveyed by lower line managers to employees (Rouleau, 2005).

Our study speaks to these emergent themes. In health care, as in other organisations reliant on employees' professional skills, managers lead through example, performing a set of behaviours that convey tacit and explicit knowledge. They do so usually by consensus rather than by unilateral imposition. This means that managers must interpret employee needs and priorities and integrate these with their own intentions. Given that vocational values embracing the principle of caring for others are all-pervading in health care (Shields and Ward, 2001), it follows that certain line manager roles confer stronger legitimacy than others. By performing the two HR roles described above ('Employee Champion' and 'Strategic Partner'), line managers speak to deeply held values and behave in ways that increase their status as legitimate meaning givers in relation to employees. Consequently, their influence on employees' job-related attitudes is stronger than those line managers who prioritise other roles (such as 'change agent' or 'administrative expert').

Although using HR roles as a way of exploring line managers' sense-giving carries implications for line managers more widely, the insights of our work are especially significant for hospitals. Typically, it is clinicians and other medical professionals whose behaviour is thought to most strongly influence health-related outcomes (Marmour, 1998; Pisljar *et al.*, 2011). Yet as we show in the opening pages of the article, in health care, *committed* employees offer a different level of service and quality of patient care relative to disengaged staff, or in more extreme cases, those experiencing burnout. Therefore, it is beholden on all the stakeholders

concerned about the quality of patient care in hospitals to examine ways of helping direct line managers to sense-give in order to evoke positive attitudes and behaviour from employees.

A further contribution of our research concerns HR implementation via the line manager (Boxall *et al.*, 2007). We find that the effect of line managers prioritising certain HR roles is over and above the effect of HC-HRM on employee commitment. Although we cannot control for all aspects of HC-HRM (see below), this is an important and novel finding. Our work supports a wide and growing body of literature attesting to the positive impact of HC-HRM in health care on employee commitment (Tremblay *et al.*, 2010; Baluch *et al.*, 2013), but goes beyond this in bringing the line manager centre stage and focusing on HR implementation (Bowen and Ostroff, 2004). Other than broad indications (*e.g.* Veld *et al.*, 2010; Townsend *et al.*, 2012), to date, it has not been clear which HR roles line managers can perform to help the organisation achieve its strategic goals by encouraging high employee commitment as a precondition for successful individual and organisational performance. Our work sheds light on this crucial area.

Another insight is that in prioritising the EC role, line managers significantly and positively influence employee commitment. In an EC role, the line manager is likely to spend time listening to employees and sharing insights that employees perceive as important. This finding chimes with other recent work showing that the immediate supervisor providing staff with pertinent information is the most important predictor of organisational health in hospitals (Dubois *et al.*, 2014). The line manager attaching importance to the EC role demonstrates support for employees and willingness to address their concerns. This in turn engenders reciprocity on the part of employees (Allen and Meyer, 1990). For example, in an earlier qualitative study by one of the authors examining the effect of the line manager implementing HR practices to support employees (Atkinson and Hall, 2011), an employee stated that:

I think that at the end of the day, if as an employee you feel valued as an individual and that your home life is of great importance and I think if you feel that people do try and help out. . .if you know you can go to your employer and discuss things you will feel a lot happier in your role.

Furthermore, by supporting employees, line managers provide cues about caring in a more general sense, conveying signals that align with deeply held convictions that health-care organisations exist to care for others (Ang *et al.*, 2013). Employees make assessments about how effectively line managers enact caring principles in their daily interactions with others, for example, through behaving in a supportive way thereby generating positive attributions and attitudes (Nishii *et al.*, 2008). Conversely, the reluctance of HR specialists to adopt an EC role has negative attitudinal outcomes (Francis and Keegan, 2006). Our research suggests that line managers, in prioritising the EC role, generate positive attitudinal outcomes, and, similar to HR specialists, there are likely to be negative outcomes if this role is neglected.

Turning to other roles, we anticipated that an SP role would be important in creating a sense that strategic effectiveness was essential, particularly given the emphasis on quality and delivery in the health-care context (Shields and Ward, 2001; Veld *et al.*, 2010). Line managers were expected to mirror HR specialists in favouring this role (Hope Hailey *et al.*, 2005; Francis and Keegan, 2006). Indeed, our results (see Table 1) indicate that all three other HR roles, SP, CA and AE, were prioritised above the EC role. Despite this, the SP (or indeed CA and AE) role was *not*, in isolation, significantly related to employee commitment, notwithstanding employee concern for delivery of high-quality care (Ang *et al.*, 2013). This may be because an SP role in isolation may lead employees to attribute managers with neglect of their interests: a strategy discourse that positions employees as resources to be effectively employed rather than as people with specific concerns to be addressed. Consequently, employees may regard the

enacting of the SP role in isolation with ambivalence or distrust. When the CA and AE roles are adopted by line managers, there is no significant relationship with employee commitment. It may be that these roles do not signal positive or negative intent by management regarding employees' concerns and so do not influence employee commitment.

Our last significant finding is that combining prioritisation of SP and EC roles has a stronger influence on employee commitment than line manager prioritisation of the EC role in isolation. While Nishii *et al.* (2008) argue that both care and concern for employees and an emphasis on service excellence are separate sense-giving signals on which employees base attributions, our study suggests that solely prioritising the SP role fails to generate these attributions. Only when accompanied by an EC role does it evoke positive employee reciprocation and stronger AC. This is achieved by creating a strong situation that facilitates the attainment of both management and employee goals (Bowen and Ostroff, 2004). In the earlier qualitative study (Atkinson and Hall, 2011), reflection on the combination and reconciliation of both employee and patient interests were frequent, as one occupational therapist noted:

Yes, I mean [head of department] is very flexible, very flexible. . . . we've just had one girl who came back from maternity leave and changed her hours, obviously to go part time and now that's spread over the week, so she's very flexible [EC], . . . Obviously she's always got to look at service needs as well [SP] but I don't think anyone's really ever refused what they need. . . . This department and a good manager reflects how the whole team works and our whole team has a very good relationship.

EC and SP may, in combination, influence employee commitment more than the EC role alone because, taken together, these two roles speak most eloquently to the values surrounding what hospitals exist to achieve: caring for others, *i.e.* both patients *and* employees. In prioritising these roles, line managers engage in sense-giving (Gioia and Chittipeddi, 1991) that emphasises these guiding values for health-care organisations. While it is not new within the HR literature to suggest that employees care deeply about the delivery of (what they see as) strategic priorities, this may be more prominent in health care, given its vocational nature, than in a commercial setting. In health care, engaging in roles that simultaneously show respect and understanding of employee groups together with a commitment to put the patient first is likely to promote such value alignment, and correspondingly higher commitment.

Research limitations and future opportunities

We acknowledge that controlling for HC-HRM may be incomplete, that is, there are other aspects of a high commitment system that may influence attitudes. Our findings are nevertheless important in distinguishing between HRM content and process (implementation). A further issue is the generalisability of our results. Although we have data from both employees (commitment) and managers (importance of HR roles), our focus was restricted to the health-care context. Hospital settings might be so unique as to limit the relevance of our findings. While beyond health care customer service has become a business imperative in an era of intense competition and financial crisis, it is often combined with a widespread ideology of individualism and self-help. Hospitals prioritise the customer (patient) more strongly than many organisations, and contextual influences might mean that line managers might be expected to emphasise employee interests. Research in other industries is, therefore, required. A final issue is the possibility of reverse causality: employees who report higher commitment can facilitate line managers' prioritisation of HR roles. While this makes some sense in relation to the EC role, it does not seem likely for the SP role. Nevertheless, only longitudinal studies can examine this further.

Our results suggest more elaborate theorising along several lines. First, there is the meaning and relevance of the EC and SP roles. How do these support sense-giving and -making? What activities associated with the EC/SP combination do employees find attractive? And what is it about the SP role that means it was not, on its own, significantly related to commitment? Against the backdrop of tension regarding devolution of HR responsibilities to (Caldwell, 2003) and their effective implementation by line managers (Purcell and Hutchinson, 2007), further work is required to understand how these roles are enacted and the characteristics and behaviour of the most and least successful line managers. Regarding strategic cognition and the extent of shared understanding among stakeholders in relation to HRM roles, we acknowledge that there are other stakeholders involved, for example, HRM specialists, the senior management team and unions and work councils. We have focused on only two stakeholders: line management and employees. Further elaboration of a process-centred theory would include the extent of agreement among the stakeholders concerning the sense-giving achieved via role execution and the outcomes of this. Agreement on this may moderate the relationship between HC-HRM and employees' AC.

Finally, in order to address the HRM-performance literature more directly, it would be desirable to include in the process model-dependent variables that measure relationships to both employee and organisational performance, for example, (medical) error rates and/or patient attitudes towards their care providers.

Practical implications

Our findings suggest that line managers should address underlying expectations, being aware of the impact of their HR role preferences on employees, in particular the need to balance service priorities and employee interests. Indeed, it may be advisable to revise reward systems to incentivise the adoption of EC/SP roles in combination. This begs the question of whether HR roles are adequately understood and executed by line management. Are sufficient resources made available for line managers to undertake these roles and what training is offered? What assessment measures are in place for management to gauge whether this role is being undertaken effectively? A whole raft of measures may be required to facilitate effective execution of these roles. Our findings lend support to Townsend *et al.*'s (2012) call to invest more resources in the line managers' role in hospitals, given its centrality to sense-giving and -making.

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