Implications of self-managing teams for the HRM function

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Abstract

Purpose – Organisations increasingly implement self-managing teams (SMTs) to empower their employees. By drawing from the HRM process model and multilevel thinking, this paper explores how the HRM function changes in terms of actors and activities when introducing SMTs.

Design/methodology/approach – An in-depth, multilevel case study was conducted at a large healthcare organisation in The Netherlands, making use of 70 interviews, document analysis and observations.

Findings – The findings show that SMTs transform the HRM function by changing the responsibilities of teams, HRM professionals and line managers in the implementation of HRM activities. The analysis shows that many HRM responsibilities are devolved to SMTs, which are supported by the HRM department.

Research limitations/implications – These changes in the HRM function influence the HRM implementation process and provide all actors with new roles and activities. Based on these findings, this paper presents an inductive model of HRM implementation.

Practical implications – The findings help HRM practitioners to transform the HRM function when deciding to introduce SMTs.

Originality/value – This article is one of the first that empirically explores how the HRM function changes as a consequence of introducing SMTs. This is important because more and more organisations are adopting SMTs, while knowledge about the role of HRM is lacking.

Keywords HRM function, Self-managing teams, Implementation of HRM, Multilevel, case study

Paper type Research paper

Introduction

In the last few decades, we have seen a trend of increasing empowerment of employees. In an effort to increase innovativeness, adaptability and involvement (Kirkman and Rosen, 1999; Lawler, 1986), many organisations are increasing team autonomy (Maynard *et al.*, 2012). In the HRM literature, there are many examples of HRM innovations that are used to promote employee empowerment: for example, job-crafting (Wrzesniewski and Dutton, 2001), HRM shared services (Meijerink *et al.*, 2013) and the introduction of high-involvement HRM systems (Lawler, 1992).

In this study, we focus on one particular HRM innovation that is used to empower employees, namely self-managing teams (SMTs). Recently, we have witnessed a new wave of adoption of the self-management approach (Maynard *et al.*, 2012). SMTs are defined as groups of interdependent individuals that can self-regulate their behaviour on relatively whole tasks (Goodman *et al.*, 1988). They take collective responsibility for the outcomes of their work, monitor their own performance and manage their work by changing strategy and activities (Hackman, 1987). The idea behind implementing self-management is that teams and employees become more effective when they feel empowered (Kirkman and Rosen, 1999; Spreitzer, 1995). In fact, SMTs have been associated with enhanced productivity (Cohen and Ledford, 1994), higher effectiveness (Kirkman and Rosen, 1999; Mathieu *et al.*, 2006) and better quality of working life (Cohen *et al.*, 1996). To understand how SMTs can be

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successful, many studies have examined antecedents of SMTs (Magpili and Pazos, 2018; Seibert *et al.*, 2011), but we lack an understanding of the implications that implementing SMTs bring to the HRM function itself.

To fill this gap, we can learn from the HRM implementation literature. Recent studies have suggested that the implementation of HRM is not a straightforward process (Van Mierlo *et al.*, 2018) and stressed that multiple actors are involved (Bos-Nehles and Bondarouk, 2017; Bos-Nehles and Meijerink, 2018). We believe that the implementation of SMTs is dependent on various HRM actors as well, which we refer to as the HRM function – defined as "all managerial actions carried out at any level regarding the organisation of work and the entry, development and exit of people in the organisation so that their competencies are used at their best in order to achieve corporate objectives" (Valverde, 2001, p. 19). In our view, SMT implementation is not only dependent on the HRM function, it also affects the HRM actors and their activities.

The implementation and execution of HRM practices are up to the SMTs themselves, forcing the role of HRM actors to change. SMTs execute HRM-related tasks such as selection and termination of workers, training and evaluating team members (Barker, 1993; Spreitzer, 2008). As a likely result, employees need to get acquainted with the new HRM responsibilities and distribute HRM tasks. Although employees are supposed to implement HRM activities in their own teams, they are supported by line managers and HRM professionals (Bondarouk *et al.*, 2018). Surprisingly however, we know little about how the responsibilities and activities of HRM actors involved in implementing HRM change as a result of SMTs. Therefore, in this study, we have addressed the following research question: "*What are the most important changes to the HRM function regarding its actors and activities when implementing SMTs?*"

To study the changes wrought in the HRM function as a consequence of implementing SMTs, we analysed how HRM activities, implemented by HRM professionals, line managers and employees in teams, change during the implementation of SMTs. We explored this role transformation using the HRM process theory (Bowen and Ostroff, 2004; Wright and Nishii, 2013) and applied lessons from multilevel HRM research (Renkema *et al.*, 2017). We adopted an in-depth, case-study approach and examined the changes to the HRM function at a large care provider in The Netherlands. In doing so, this paper makes important theoretical contributions. By applying principles of multilevel thinking to the HRM implementation process (Renkema *et al.*, 2017), we contribute to the HRM process literature (Bowen and Ostroff, 2004; Wright and Nishii, 2013). We distinguish not only between intended-actual-perceived HRM (Makhecha *et al.*, 2018; Wright and Nishii, 2013), but also between HRM philosophies, policies and practices as well as organisational actors at the organisation, unit and employee levels. We show that changes in the HRM function influence the entire HRM implementation process and provide all actors with new roles and activities.

Theoretical background

Self-managing teams

One of the most influential definitions of SMTs was coined by Goodman *et al.* (1988), who stated that SMTs are "groups of interdependent individuals that can self-regulate their behaviour on relatively whole tasks". Recently, SMTs were defined as "groups of interdependent individuals who have the autonomy to self-regulate their behaviour on relatively whole tasks, they possess a variety of work skills, are responsible for decision making, monitoring and altering their performance, they fulfil traditional management tasks and meet company goals" (Bondarouk *et al.*, 2018, p. 12).

The *degree* of SMTs' autonomy is an important issue in the SMT literature. Some argue that self-management implies no role for managers (Laloux, 2014), whereas others state that leaders remain essential (Morgeson, 2005). In reality, there may be a gradation of the role of

managers between a supervisory or directive role to a coaching or eventually non-role, evolving over time. Hackman (1986) identified three behavioural indicators for the extent to which teams are self-managing: (1) the degree to which team members take collective responsibility for the outcomes of their work; (2) the degree to which a team monitors its performance and (3) the degree to which the team manages its own performance, making changes in work strategies when circumstances change or feedback indicates that a new approach is needed (Wageman, 2001).

More specifically, the responsibilities of SMTs can be divided into two categories: (1) *operational functions* that are related to the primary work process, and (2) *regulatory functions* that are related to management tasks such as planning, monitoring, problem-solving and improving performance (e.g. Amelsvoort and Scholtes, 1994; Tjepkema, 2003). The shift towards SMTs implies that both functions are performed by teams, whereas in a traditional organisation, the regulatory functions were the responsibility of managers. In this paper, we focus on the regulatory functions that are related to HRM, such as recruitment, performance management and training. Given that SMTs are responsible for implementing these HRM activities in their teams, it can be expected that the roles of HRM actors will change.

HRM function and the implementation of HRM

Previous research introduced a variety of models that delineate the actors that jointly constitute the HRM function. Jackson, Schuler, and Werner (2009), for instance, drafted the "HRM triad" to explain that HRM professionals, line managers and employees are the primary players in HRM processes [1]. Valverde *et al.* (2006) noted that the HRM function includes both the corporate HRM department and external HRM agencies that work alongside line and top managers in executing HRM activities. Throughout the years, HRM function typologies have expanded further to include HRM shared service centres (Maatman *et al.*, 2010) as well as HR business partners and centres of expertise (Ulrich *et al.*, 2008). What unites these typologies is that they imply an HRM triad that consists of HRM professionals, line managers and employees. With the advent of SMTs, it is time to add "team" as a separate key HRM actor, with SMTs taking over regulatory HRM responsibilities. Although contributing to the HRM function differently, these four actors are involved in the implementation of HRM.

The implementation of HRM is understood as a process in which HRM policies evolve until they are used by all HRM actors on a regular basis (Bondarouk *et al.*, 2016; Trullen *et al.*, 2018). According to Bos-Nehles and Bondarouk (2017), the implementation of HRM is a multi-level and multi-actor process because HRM practices are present at various levels and are implemented by various HRM stakeholders. Usually, three HRM levels are distinguished: intended HRM practices at the design level, actual HRM practices at the implementation level and perceived HRM practices at the experience level (Makhecha *et al.*, 2018; Wright and Nishii, 2013). HRM professionals are usually responsible for designing intended HRM practices, line managers for implementing actual HRM practices and employees for perceiving HRM practices (Guest and Bos-Nehles, 2013). Since HRM implementation is a "social process in which implementation depends on the social exchange relationships among HRM actors" (Bos-Nehles and Meijerink, 2018, p. 2), it is advisable to consider the contribution of all HRM actors – including SMTs – in the HRM implementation process.

The HRM implementation literature has recently addressed a more dynamic view of the HRM implementation process (e.g. Van Mierlo *et al.*, 2018), in which HRM professionals and line managers become communicators as well as receivers of HRM practices, and HRM actors influence HRM practices because they behave within but also outside of the behavioural boundaries of HRM practices. Employees have been given a more active role in the HRM implementation process because they not only perceive HRM practices (Bos-Nehles and Meijerink, 2018), but also co-create and co-produce them (Meijerink *et al.*, 2016; Meijerink and

Bos-Nehles, 2017), and shape as well as influence them during their design and implementation (Budjanovcanin, 2018). Yet, apart from the studies mentioned in this section, there is a lack of research that focused on understanding HRM implementation where employees become active part of the HRM function and how this changes the organisation of HRM function. By building on the insights of HRM implementation, we aim to understand in what way the responsibilities of the HRM actors in SMTs change during the implementation of SMTs.

Multilevelity cube – holistic framework of the HR function

To analyse the HRM function in organisations with SMTs, we make use of the multilevelity cube of HRM (Renkema *et al.*, 2017), because it provides a holistic perspective on HRM implementation and the HRM function, in terms of which HRM actors are responsible for which type of HRM activity. The cube consists of three dimensions – abstraction levels, internalization levels and organisational levels – each describing one aspect of multilevel HRM. One of the applications of the cube is to analyse how the HRM function is organised in firms by identifying the level of HRM activities. First, HRM activities can be distinguished based on the level of abstraction, referring to the HRM philosophies, policies and practices (Schuler, 1992). HRM philosophies are statements about how the organisation sees its human resources and include guiding principles for the choice of HRM policies and practices (Schuler, 1992). HRM policies describe specific objectives for managing human resources and attaining employee performance. HRM practices are specific instruments that are used to manage employees' abilities, motivation and opportunities to perform (Jiang *et al.*, 2012).

Second, HRM activities can be categorized using the level of internalization, referring to whether HRM activities are intended, introduced or experienced (Wright and Nishii, 2013). Intended HRM is defined as the rationally designed HRM practices during HRM strategy development to realize specific employee behaviours; introduced HRM refers to the actual realization of intended HRM practices; and experienced HRM is understood as employees' perceptions of these HRM practices (Wright and Nishii, 2013).

Third, HRM activities can manifest at different organisational levels, referring to the organisation as a whole, to separate units or teams, or to individual employees (Ostroff and Bowen, 2000). To distinguish between these HRM activities at different levels, it is important to identify the most suitable HRM actors to report on the HRM activities (Banks and Kepes, 2015). In our study, the levels correspond with different HRM actors responsible for HRM activities. The organisational level is represented by the HRM department, the unit level by line managers and teams and the individual level by work floor employees. Therefore, in this study, organisational levels are embodied by the HRM actors, and the internalization and abstraction levels represent the HRM activities.

In the past, most studies assumed that line managers were responsible for the implementation of HRM activities (e.g. Bos-Nehles *et al.*, 2013), or employees themselves were seen as proactive HRM implementation partners (Meijerink *et al.*, 2016). However, in organisations with SMTs, teams are part of the decision-making and implementation of HRM and co-produce the value of HRM. Based on the research of Morgeson (2005) and Wageman (2001), we expect that line managers lose their responsibility for HRM implementation but may still coach the HRM implementation process from the outside. The HRM department is expected to support the employees in this process (Bondarouk *et al.*, 2018). Although some studies provided insights into the role of some of the individual HRM actors, we are lacking empirical evidence that holistically shows in what ways the HRM function is organised to support SMT implementation. What do these expected changes in responsibilities of HRM actors mean for the HRM function? Who becomes responsible for designing intended HRM practices when HRM professionals become supporters of SMTs? These are questions we hope to answer on the basis of a case study about the implementation of SMTs. We do so by

using the multilevelity cube, because it allows to tie together several dimensions of HRM activities at different organisational levels and performed by multiple HRM actors. Although several studies focused on the separate dimensions of the multilevelity cube, a holistic approach that integrates these dimensions is lacking.

Methodology

We used a qualitative research design with a single case study to explore the role of the HRM function in organisations with SMTs (Yin, 2014), because it involves the use of one case organisation to expand the theory on HRM for SMTs based on empirical evidence (Eisenhardt, 1989). We conducted this case study within a large Dutch care organisation, called "HealthServ". This organisation was deliberately selected because it is well positioned to study SMTs and the role of the HRM function, given that it recently decided to introduce SMTs, enabling us to analyse the design and implementation processes.

Data collection

The research was carried out between December 2016 and January 2018. Given the multilevel approach, we collected data from informants at all different hierarchical levels of the organisation. We relied on multiple data sources, including interviews, documents and observations (see Table 1). In total, 70 semi-structured interviews were conducted at ten different locations of HealthServ. All interviewees were assured of confidentiality and anonymity.

Procedure

Given the focus on the activities performed by HRM professionals, first-line managers (FLMs), and employees in teams, we collected data from all these groups of HRM actors. The data collection started with a pre-study phase in which we discussed SMTs in the case study

Data sources	#Number	Notes/Themes	Total (average)
Interviews			
Management team	6	Vision/mission, strategic choices, design/implementation of SMTs, expectations, role-distribution	456 (76) min
First-line managers	13	Design/implementation of SMTs, role-distributions, HRM activities, outcomes	1080 (83) min
HRM professionals	9	Design/implementation of SMTs, role-distribution, HRM activities	498 (55) min
Team members SMTs	42	Experiences of SMTs, role-distribution, HRM activities, organisational support	1815 (43) min
Documentation			
		Examples: Company policies, strategic plans, team-task descriptions, brochures, presentations, vision/mission documents, annual reports, employee surveys, team instruments, intranet, reports, meeting minutes	
Observations			
Formal meetings		Board meeting, HR meetings, meeting of line-managers/ workgroup, information session for employees	
Informal meetings		Informal observations and conversations around interviews, company visits at different locations during 2017	

Table 1. Overview of data sources

organisation and gained formal approval. The first period of data collection consisted of studying official policy documents to gain an understanding of the organisation and its vision, strategy, and approach to SMTs. Subsequently, we collected data through semi-structured interviews with all six members of the management team, to clarify the vision of the organisation and its strategic choices regarding SMTs. Based on an analysis of these interviews and the literature, protocols were developed for semi-structured interviews with FLMs. The second phase of the data collection involved interviews with every of the 13 FLMs. These in-depth interviews focused on the design of SMTs, the role of the FLM and HRM department and team processes. The third phase consisted of 42 interviews with employees working in SMTs. We obtained the sample of interviewees through the internal team-email server, using five criteria. First, we attempted to include employees from the two main business units. Second, we selected teams of various SMT implementation stages, ranging from teams with little experience to teams that are very experienced in self-management. Third, we included employees with different levels of nursing education. Fourth, we targeted employees from different locations. Fifth, interviewed employees from different teams, instead of multiple employees from the same team. In total, participants worked in 23 different teams. These SMT interviews mainly focused on the experience of working in SMTs, the HRM activities they conducted, and the support they need. During this phase, other employees of the HRM department were also interviewed to explore the role of the HRM function in the transition towards SMTs.

Along with the data from interviews, notes from non-participant observations at the organisation were used to add additional insights. To increase the trustworthiness and rigor of our research, we took several actions. First, we used triangulation methods as proposed by Patton (1990). For instance, we used interviews with employees with different functions. Next, several company meetings about SMTs were attended as an observer to gain a more profound understanding of SMTs and to triangulate the interview data. Furthermore, we held conversations with employees from finance and HRM to better understand the performance dashboard and training system. Second, documents and internal communications were analysed and informal discussions held with key stakeholders increase the validity and enhance the credibility of the research findings (Yin, 2014). Third, all interviews followed a semi-structured protocol for which questions were pre-determined based on both the literature and previous interviews. The interview protocols were refined as we progressed from one phase to the other, and were extensively discussed by the team of researchers to align them with the organisational context and the literature.

Data analysis

All the raw data collected from the interviews were transcribed verbatim and imported together with all the documents and observation notes into the data analysis software (NVivo, v10). Because of our explorative qualitative research design, we used several coding strategies based on both inductive and deductive analysis. In our analysis, we focused on the role of HRM actors and corresponding HRM activities. We used the interviews with HRM professionals, FLMs and employees to find out how HRM activities are distributed.

To examine the HRM function and SMTs, we used qualitative data analysis with three successive levels of coding (Strauss and Corbin, 1998). In the first step, all raw data files were read, and notes and ideas were written down and discussed. We assessed the data for themes that were linked to introduction of SMTs and the HRM function. This resulted in core thematic concepts and categories based on SMTs at HealthServ and the existing literature. Next, we coded all texts that were related to specific HRM domains, such as recruitment and training. We went deeper into the data and identified first-order codes, terms, and categories using open coding to identify and describe specific activities (Gioia *et al.*, 2013). These codes came directly from the interview transcripts and words used by the informants (Miles and

Huberman, 1994; Strauss and Corbin, 1998). Then the analysis progressed to theoretical coding, in which we theorise patterns in the data in relation to the literature – specifically the multilevelity cube as described in the theoretical background. Based on codes from the first phase, we analysed and grouped the HRM activities performed by the different HRM actors into philosophies, policy domains and practices, and categorized them as intended, introduced or perceived activities.

From the interviews and documents, we extracted the most frequently mentioned HRM activity-clusters for further analysis. Based on these clusters, we identified first-order descriptive inductive codes (Miles and Huberman, 1994). These codes were grouped into second-order labels – which constitute the most important aspects of the HRM clusters. Subsequently, we identified the focal HRM actors in these activities and categorized the activities using two cross-tables (see Appendix), including HRM policy domains and practices, the identified activity areas and HRM actors and their activities. This led to the identification of the six most important HRM activity-clusters.

Findings

Case description and approach to SMTs

HealthServ is a long-term and elderly care organisation located in the eastern part of The Netherlands, which employs around 2,500 employees and is focused on the field of caring, living and health. HealthServ has two main business units: "Home Care" and "Residential Care". HealthServ believes that people want to lead their own lives and remain independent, and thus focuses on client-centred care. To facilitate this, the care professionals needed enough freedom to act upon the demands of their clients. Along these lines, HealthServ chose to empower those teams by giving them more responsibilities and authority. It developed a set of leading principles for the design of "*professionally organized*" teams: (1) small teams of set employees and clients, (2) shared responsibilities, (3) craftsmanship of individual employees, (4) division of roles and tasks and (5) a coach-manager to provide support when necessary.

HRM activities in organisations with SMTs

In this section, we describe the HRM activities along the lines of the multilevelity cube that was introduced earlier. First, the HRM philosophies, policies, and practices are described as representing HRM activities. Second, we describe how HRM activities are planned and designed, how they exist and are used in the organisation and how employees perceive them. Third, we focus on the role of HRM actors – the HRM professionals, line managers and employees in teams – who are part of the implementation process of SMTs.

Part of the data analysis was based on identifying how HRM activities are performed at HealthServ. We uncovered important differences between the two main business units in terms of HRM activities. Therefore, we created two tables that display the division of HRM activities between the Management Team (MT), HRM department (HRM), FLMs and SMTs in the two business units of HealthServ (Appendix).

HRM philosophies

In terms of the *HRM philosophy*, the *intention* of HealthServ's management team was to empower teams to make their own decisions regarding both operational and regulatory functions of their work by introducing SMTs. The HRM philosophy reflected the strategic choices, as it was aligned with the mission, vision, and newly developed core values of the senior management. Furthermore, it emphasized that employees were seen as the backbone of the organisation, who should be trusted and supported to deliver high-quality care. The

management team was mostly responsible for developing the HRM philosophy. Its members agreed on the value of the employees and expressed that employees are capable of bearing more responsibility.

> It means that every team of employees should work as self-managing as possible, which will lead to increased quality of care and services and through which the employees can practice their profession best. (Management 4).

The data show that the newly developed HRM philosophy was not *implemented* fully at HealthServ, as one of the business units (Home Care) already worked according to the HRM philosophy, while the other business unit (Residential Care) was still in the early phases of the implementation process. Therefore, the actual use of the HRM philosophy in the organisation was limited. This can be partly attributed to the lack of HRM actors taking charge of this process. The new HRM philosophy, the idea to provide teams with more responsibilities and decision-making authority, was being communicated before being translated into a clear set of HRM policies. In other words, there was no clear plan or guidelines for implementing the new HRM philosophy. HRM professionals did not have sufficient capacity to take on this responsibility, and FLMs were too busy with operational activities.

> Like I said, let them first describe what they expect from us, the role division. And I think that we need more time to organise these things; now, we have to do it during working hours, in between other tasks. (SMT36)

The case study also highlighted that there is a wide variety of *employee perceptions* of the newly implemented HRM philosophy. While many employees indicated that they appreciated the increased autonomy, several employees also expressed that they felt the additional responsibilities as an extra burden on top of their operational duties.

> And my task is personnel and recruitment. But I am not very active with those things, because I do not think these are my tasks. I think HealthServ should organise these things first, because I have to do them alongside my own activities. (SMT9).

The interpretation of the HRM philosophy is partly dependent on the communication from the senior management. The data show that mixed messages were sent to SMTs by the organisation. On the one hand, HealthServ repeatedly communicated that the teams were self-managing, but on the other, it intervened with top-down actions and initiatives. This negatively influenced the employees' perceptions of HRM's underlying intentions:

> I think that many things are still decided by HealthServ. I think if you want us to make our own decisions, you have to support us. You should not still impose your ideas on us. (SMT23)

HRM policy-domains

Regarding the *HRM policies* to realize the newly introduced HRM philosophy, managers agreed about the important role of HRM. A number of HRM policies were developed by management and HRM with the *intention* to empower and develop employees at HealthServ. These activities included the policy domains focused on enhancing employees' abilities (recruitment and training), motivation (performance management) and opportunities (job design/self-management, scheduling and staffing). Substantial investments were made in HRM activities. At the same time, the teams became responsible for the design and execution of many HRM practices themselves, such as recruitment and selection, training, performance appraisal, scheduling and staffing. HealthServ developed these intended policies by describing 'team-tasks' that covered the above domains. The intention by the management and HRM was that these HRM activities would be performed by SMTs, with the support of the HRM department. This also meant that SMTs actually became responsible for 'intended

HRM'. Some SMTs developed their own specific objectives for performing HRM activities, for example by creating their own performance appraisal, task division, and scheduling policies. In terms of recruitment, some SMTs created guidelines to hire new colleagues that fit with the values of the team.

> We have our own guidelines. We ask them what they find important within the team. That is not determined 'from above', we as a team have certain issues we think are important. (SMT4)

Concerning the targeted *implementation and use of HRM policies*, the data show that there were large differences between implementation in the two main business units and teams within those business units. HealthServ chose for phased implementation of HRM policies, and started by introducing SMTs. To support the implementation of the HRM philosophy, the HRM department initiated several HRM projects simultaneously, some of which were only partially implemented. For example, the HRM department launched a tool to support SMTs to effectively organise team meetings for decision-making, but only a small number of teams made use of this instrument. First, the function of FLM was turned into coach-manager and later on into coach-coordinator [2], reflecting the loss of an hierarchical position. At the same time, a number of FLMs needed to leave the organisation due to of redundancies. The remaining ones were made responsible for coaching-coordinating many more teams, after going through a coach-specific assessment. This made it more difficult to implement HRM policies in the SMTs. In many SMTs, the FLM still had to act as manager instead of coach, because SMTs did not adopt their HRM responsibilities. Moreover, FLMs were formerly responsible for carrying out most of the HRM functions and did not receive sufficient information and support to implement the new HRM philosophy and corresponding policies. FLMs particularly lacked information about the boundary conditions and performance indicators for their teams:

> If you give them [the teams] boundary conditions, they are quite capable of acting, provided that you give them the right tools to manage themselves. And that is something we note is missing. Especially when you look at the financial information. Teams have to keep themselves in the black, but there is no dashboard for these teams available at the moment. How should they do that? (FLM1)

In "Residential Care", many of the HRM activities were still being executed by HRM and FLMs, while in "Home Care" the SMTs performed most of the HRM activities with the support of HRM. At a policy level, HRM professionals developed instruments to support SMTs to implement HRM activities, and SMTs developed their own policies and procedures to cope with these additional responsibilities. For example, HRM created a team development instrument, while SMTs developed their own recruitment policies, including the use of their own networks and design of flyers; and SMTs created their own app to coordinate scheduling issues. Therefore, many of the responsibilities of the HRM policy domains were actually shared between SMTs and HRM. With many of these HRM activities, the FLM plays a prominent role in the transformation process:

> What we are doing at the moment is looking at which task areas can be combined, to look at how we can cluster certain tasks. And then you can choose to develop them into team tasks. (FLM11)

Regarding *employees' perceptions* about the HRM policies, employees received inconsistent messages about the implemented HRM policies, and these in turn were not always in line with the overarching HRM philosophy. The most pressing issues were that SMTs received additional responsibilities for HRM policies, but not sufficient time and resources to execute them, and they were reproached for not attaining the rigid performance goals. Several additional tasks were unclear to SMTs, for example because of the absence of clear task descriptions or boundary conditions. Employees also had difficulties with apparent contradictions between HRM policies. For example, SMTs did gain a lot of autonomy to

make their own decisions, but HealthServ decided to squeeze performance goals, which led to problems in implementation:

> I think they are very much focused on production, this really is a production-driven organisation. Nurses have to be 80% production, but that is impossible, while you should focus on the question of the client. (SMT6)

HRM practices

With respect to *HRM practices*, the *intention* of the management and HRM department was that SMTs would perform most of the HRM activities themselves. When looking at *intended HRM practices*, most of them involved ideas to provide SMTs with responsibilities and decision-making rights. Nevertheless, the findings show that in both "Residential Care" and "Home Care", the most important HRM practices were not fully performed by SMTs. At the same time, SMTs in both business units were more involved in HRM activities than before their implementation. In "Residential Care", most of the FLMs were still focal actors in the *implementation* of HRM activities. The tasks and responsibilities were often unclear for SMTs, and management information and instruments were largely unavailable. In "Home Care", almost all SMTs actively engaged in implementing and using HRM activities. For example, they were independently hiring new colleagues and adapting work structures and working hours in line with the demand for care. Strikingly, we found several cases in which FLMs were ignored by SMTs when performing HRM activities, evidencing their independence.

> Recently, there was a vacancy in one of the teams, but I did not see one letter, not one candidate and took no decision. The team did this all independently. (FLM5)

Combined with the lack of clarity from the management team, this led to FLMs feeling less in charge and ambiguous about their role in the whole transformation process. The data show that FLMs predominantly helped underperforming teams, by creating structures and making important decisions, such as outplacement of employees or taking the lead in team meetings.

Employees' *perceptions of HRM practices* reveal a wide variety of different interpretations. We can derive from them that the HRM philosophy is not completely and successfully implemented. Employees were often unaware of the available HRM instruments and initiatives or indicated that these instruments were not available to them. One of the most frequently mentioned experiences of SMTs executing HRM practices was the lack of clarity about the exact HRM responsibilities and the lack of time to actually implement the HRM practices. Many interviewees also emphasized that authorization often lags behind organisational developments, leading to employees' negative interpretations.

Nevertheless, the data reveal that many teams already perform many of the HRM activities that they were made responsible for, occasionally with the help of the FLM or HRM professional. Our data show that SMTs determined the need for hiring, developed a job profile, interviewed and selected candidates, monitored and assessed both individual and team performance and developed and implemented their own long-term planning and working schedules. For example, regarding recruitment and selection, the *intention* of HealthServ was that SMTs would be independent in selecting their own colleagues, and supported by HRM. The management team and HRM determined rules for qualifications and team composition. The *actual* recruitment practice was that HRM developed job profiles and contacted recruitment channels. HRM, FLMs and SMTs were involved in selecting candidates and conducting interviews. HRM conducted employment conversations and handled the administrative actions. Employees *perceived* this practice in different ways: some appreciated having an influence in hiring new colleagues, while others saw it as a burden and

a task for HRM. Hence, the results indicate that many of the HRM activities at the practice and process level are already devolved to the SMTs, who successfully engage in them.

Overall, we can conclude that the way in which HRM activities are designed, introduced and implemented significantly changed as a result of implementing SMTs. The implementation and use of HRM activities were disrupted because of the shift in responsibilities of HRM actors. Formerly, HRM activities were designed by higher management and HRM professionals, and subsequently implemented and used by the HRM professionals and FLMs. When implementing SMTs, HRM activities are no longer designed exclusively by higher management, the SMTs also contribute. HRM activities are implemented in both a top-down and a bottom-up fashion. HRM activities such as appraisal tools were developed by HRM professionals, while SMTs developed their own recruitment and scheduling practices. SMTs work more on the practices-level, while HRM professionals react to bottom-up policy development and proactively design new policies. FLMs become coaches and have an important role in the transition phase by introducing HRM activities to the SMTs, and afterwards predominantly help SMTs with performance issues.

Most importantly, the prominence of HRM actors shifts towards employees; the intended-introduced-experienced process becomes a mixture of top-down and bottom-up implementation; and the responsibility for attaining horizontal and vertical alignment across philosophies, policies, and practices in the HRM system is distributed over several HRM actors.

Implications for the HRM function: a multilevel perspective

Our results have implications for the HRM function. We show how the HRM function changes given the introduction of self-managing teams and the active role of employees in HRM activities. The case study allowed us to map the changes of the HRM function as a consequence of introducing SMTs (Figure 1). This is a process that develops through several cycles – as is represented by top-down and bottom-up arrows. The left half shows the (regular) HRM function in organisations *without* SMTs, where intended practices are developed at the organisation level by senior management and HRM, implemented at the unit level by FLMs and perceived by employees at the individual level. The right half illustrates the HRM function in SMT organisations, where HRM philosophies are co-designed by HRM professionals and SMTs, and HRM policies and practices are implemented and used by SMTs. The line between the individual and team level fades because employees become active participants in decision-making processes at the team level. Intended HRM activities are found at both the organisation and team level, since SMTs develop and implement their own HRM activities. Lastly, there is a direct link between HRM departments and SMTs since the role of the FLM is marginalized.

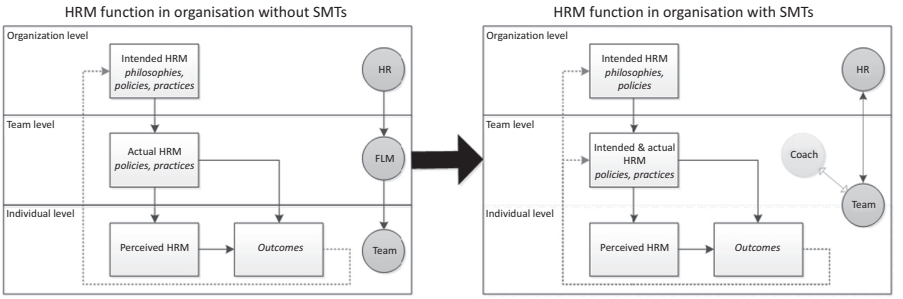

Figure 1. Inductive model of changes to the HRM function as a consequence of introducing SMTs

Discussion and conclusions

This study empirically uncovered how the HRM function changes as a consequence of introducing SMTs, which redistributes HRM responsibilities over multiple HRM actors. In doing so, we developed an inductive model that specifies how the HRM function is changing under the influence of employee empowerment. Our findings contribute to a more nuanced view on multilevel HRM (Renkema *et al.*, 2017), a view that incorporates multiple organisational actors and highlights that employees are key HRM players. More specifically, we have shown how HRM actors and activities change when introducing SMTs: teams design and perform HRM activities themselves, FLMs coach from the outside and the HRM department becomes a service department that facilitates HRM being developed in a bottom-up fashion. For that reason, the HRM function in SMT contexts represents an "HRM quartet", consisting of HRM professionals, FLMs, teams, and individual employees.

Theoretical implications

This study makes important contributions to the HRM literature. First, the HRM implementation literature has predominantly relied on the top-down process model of HRM (Wright and Nishii, 2013). This study is one of the first to integrate organisational-, unit- and individual-level processes to study how HRM innovations change the HRM function and how this in turn affects HRM implementation. We suggest that more attention should be paid to the active role of multiple HRM actors in the process of developing, implementing, and experiencing HRM activities. Introducing SMTs demands an adapted version of the process model of HRM, in which the dynamics between intended, actual and perceived HRM change due to the changing responsibilities of HRM actors. These findings have important implications for the research on HRM implementation. We point at a two-way street when analysing HRM and its effects on employee outcomes: HRM implementation works in both a top-down and a bottom-up fashion. Recent work on HRM implementation has argued that it is an iterative process of policy development and adaptation between HRM professionals, managers and employees (Van Mierlo *et al.*, 2018). We build on this assertion and provide empirical evidence that shows that HRM implementation does indeed work top-down as well as bottom-up.

Second, our findings contribute to the research into the implementation gaps in the HRM literature (Makhecha *et al.*, 2018), as the changes in HRM function can explain why gaps exist between intended and perceived practices. SMTs become HRM actors and thereby designers and implementers of HRM activities, who are able to ignore, adapt or initiate HRM policies and practices. As a consequence, a multiplicity of HRM activities can arise within organisations, leading to increased intended-actual-perceived gaps. An important factor that determines the plurality of activities is the extent to which intended HRM provides leeway for alteration. Intended HRM policies could theoretically strictly determine how SMTs should perform HRM activities. Paradoxically, this will lead to a decreased sense of empowerment in teams, as they should be able to make their own decisions. We therefore propose a dual responsibility for intended HRM activities in which the HRM department and SMTs take on the tasks related to this role. By developing new HRM practices and processes, implementing intended ones, and perceiving the results of their own actions in implementing these practices, employees gain the most important and influential role in the HRM implementation process. Our findings also have wider implications for the research into HRM systems. In earlier research, there has been a focus on HRM *systems*, where researchers examine discrepancies between HRM professional reports in the design of a bundle of HRM activities, line manager reports on whether they implement such systems, and finally, how employees perceive HRM activities. As a consequence, disconnections in intentions, actions and perceptions of *individual* HRM activities are considered limited. Our results show that there

are significant differences for each individual HRM activity, with gaps being non-existent for some HRM activities, while other HRM activities were highly disconnected across levels. To better understand gaps across these internalization levels, future studies can best consider differences for *individual* HRM activities.

Third, our insights add to the HRM devolution literature (e.g. Guest, 1987; Purcell and Hutchinson, 2007) as we have shown that the role of the FLM significantly decreases in terms of HRM responsibilities. When teams take on HRM responsibilities, the FLM formally loses influence and becomes a coach without decision-making authority. Nevertheless, they remain important in helping teams to get used to their new HRM responsibilities and responding to questions and problems through coaching and mentoring. The devolution of HRM and decline of the influence of the FLM have important implications for the HRM implementation literature, as the FLM is often regarded as a principal actor in implementing HRM activities (Makhecha *et al.*, 2018). Whereas FLMs gained more HRM responsibilities due to devolution efforts from HR specialists to FLMs, we see here that FLMs get less HRM responsibilities because they devolve them to SMTs. Our findings show that the number of FLMs was already significantly lower, and their role on the work floor significantly reduced. We have seen that several HRM activities are not being implemented in the organisation, because responsibilities are not clearly distributed or tasks are unclear. FLMs no longer performed any HRM activities, but SMTs did not always adopt them. The introduction of SMTs meant that managers stopped the top-down development and implementation of HRM activities, while SMTs were not ready yet to take over this role. The idea behind the new HRM philosophy was that SMTs are responsible for designing and implementing HRM activities, to shift the implementation process from top-down to bottom-up. A similar process was observed by Van Mierlo *et al.* (forthcoming) in a case study in a Dutch service organisation, which adopted a bottom-up approach to change the hiring policy. In this study, the actions of actors from this organisation were explored in a context of a so-called non-envisioned routine creation. Without a clear plan or guidelines, several organisational actors (e.g. HRM professionals, managers, and FLMs) created their own new hiring routines (Van Mierlo *et al.*, forthcoming). The FLMs in our case study experienced trouble with the ambiguous expectations regarding their role in the implementation process of the new HRM philosophy. Although they were supposed to facilitate teams becoming more independent, they also felt the need to make decisions for their teams. Thus, although the intended policy was to devolve HRM responsibilities to team members, FLMs decided to ignore the policy, sometimes together with their teams and modified the intended policies according to what they thought worked best in the given situation.

Practical implications

This study has several implications for HRM actors. First, HRM professionals who decide to introduce SMTs should provide a clear idea about the redistribution of HRM responsibilities and provide employees with sufficient time to accustom to their new responsibilities. Going too fast leads to failure, because SMTs are not ready yet to perform their new tasks. SMTs and FLMs need to know what is expected of them in order to organise themselves. During the implementation process of SMTs, HRM professionals should not monitor the top-down enactment, but actively support teams to take on their new HRM responsibilities. They also need to be open to bottom-up policy development. Second, FLMs need to adjust their role during the implementation process towards self-management. At first, a more active role is required to hand over and coach SMTs about new HRM responsibilities, while in later phases FLMs need to step back and trust that the teams can act independently. Correspondingly, FLMs should stay involved as coaches, rather than decision-makers. They should identify problems in SMTs and help them with issues that transcend individual teams. Third, employees should familiarize themselves with their new role as a HRM specialist. They

should invest in HRM-specific knowledge in order to increase the effectiveness of HRM activities. SMTs should make use of the autonomy to organise themselves by developing and implementing HRM activities that are tailored to their specific context.

Limitations and suggestions for future research

This study has several limitations. We address three of them and suggest opportunities to tackle them in future research. First, although we focused on shifts between intended, actual, and perceived HRM practices, our analysis was limited to the causes of these shifts that resulted from the change in responsibilities and activities. We did not explore other reasons for multilevel implementation gaps between HRM activities. Although this study did not focus on identifying and explaining gaps between intended-actual-perceived HRM, some of our findings correspond to the factors found by Makhecha *et al.* (2018). Future research could examine whether these factors indeed influence the implementation of HRM in organisations with SMTs.

This research focused on the transformation of the HRM function due to the implementation of SMTs. Since the HRM function is not only affected by the implementation of SMTs but also actively shapes the implementation process, this research has neglected the double role the HRM function plays in SMT implementation: being influenced by the SMT implementation and actively influencing the implementation of SMTs. This limitation offers another direction for future research by examining how the changes in the HRM function actually contribute to the implementation of SMTs.

The third limitation is related to the prominent role of employees in the HRM implementation of SMTs. Although we knew from the SMT literature that employees gained HRM responsibilities in SMTs, this research paid more attention to them than to the other HRM actors. Since our aim was to explore the entire HRM function, we acknowledge that by regarding employees as just one of the HRM actors, we missed the chance to identify what they need to effectively implement HRM. Future research could focus on the role of employees in HRM implementation effectiveness, similar to other research on the role of line managers in the implementation of HRM (e.g. Bos-Nehles *et al.*, 2013). As we are now experiencing a second wave of HRM devolution, there is a need to examine which factors influence their effective implementation. It would be valuable to investigate whether SMT employees need the same factors as FLMs to implement HRM practices effectively.

Notes

1. The HRM triad does not correspond with the "three-legged" stool (Ulrich, 1995).
2. The difference between coach-manager and coach-coordinator is that the latter has no formal management responsibilities. This change was predominantly a semantic one; to emphasise the coaching role.

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Appendix

Supplementary material is available for this article.

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