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Leadership within the health care sector

D-paper in Management

BY:

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ABSTRACT

Title	Leadership within health care
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Background and problem   The managerial role has during the last couple of years become less attractive for employees according to studies, which have made it hard for organizations to fill the managerial positions. One organization that is working with this problem is Sahlgrenska University hospital (SU) in Gothenburg. Last year SU had problems with a lot of their managers resigning from their positions as managers which caused problems for the departments working with replacing these vacancies. Therefore we received an assignment from the HR-department to investigate this further.

Aim   In this thesis, we aim to develop the knowledge on how to make the managers want to remain in their managerial role.

Method   Besides using previous research within the field we have based our study on a qualitative research method where we have conducted interviews with both resigned managers as well as current managers. We have through these interviews received information to why managers choose to stay in their managerial role and why they choose to resign. The aim is to compare our own empirical study with the previous research made in the field.

Result and Conclusion   Our result shows that the managers at SU face similar problems as previous studies in the field have shown. We have seen that many of the problems for managers within the health care such as the role being to time demanding and too high expectations from the organization is reasons to why managers choose not to remain in their managerial role. We therefore argue that if changes within the managerial role would be implemented, for example provide more support for existing managers and reduce the administrative work tasks, fewer managers would resign. By reducing the work load on managers and making sure that the demands that are put on them are reasonable the organization could facilitate for managers to remain longer in their managerial role.

PROBLEM FORMULATION

In this first part we will present our problem formulation, where we start by presenting the managerial role in Sweden and the implemented reforms within the health care sector. We will also present some of the problems that managers face in order to get a deeper knowledge about why the managerial positions are hard to fill today. After this we will give a short background description of the problems with the managerial role at SU. We will also present the aim of our thesis and our research questions.

According to a study made by Ranstad six out of ten employees in Sweden have no ambitions in being promoted. This result places Sweden at a second place after Denmark as the country where the population has the least ambitions to become manager. This indicates that the managerial role has lost its status in Sweden and that there is a general unwillingness to apply for a position as manager (Ranstad work monitor 2011). According to the Central Statistics Office of Sweden many of the existing managers in Sweden feel that it is a demanding role and 70% of the managers feel that they have a too heavy work load, 62% claim that the job is too time demanding and that they therefore need to work overtime frequently. 65% also claim that they have a hard time not thinking about work issues during their free-time (Rapport from the Central Statistics office of Sweden on work environment from 2006). When seeing these figures we find it interesting to examine why managers choose to stay in their managerial role despite this and to examine what can be done in order to facilitate for new managers. The health care is a sector where most of these problems are found and therefore we think that it would be an interesting case to examine.

In 1991 a chief medical reform was implemented called "chefsöverläkarreformen" which gave doctors the sole right to the managing role over clinics and with this, responsibility for the administration (Norbäck and Targama, 2009). In 1997 the health and hospital law was changed in order to make the leadership within hospitals clearer and a director of operations (verksamhetschef) was introduced. Due to this change the requirement of medical knowledge was abolished which means that the manager no longer needed to be a health care professional. The view before within the health care sector was that it was better if managers were health care professionals because it was the medical knowledge that was valued the highest but with this change a new leadership style within the health care sector was implemented where instead of focusing on the medicine, the

managers started to focus more on organizing the activities and on questions concerning the employees (Öfverström, 2008).

Despite this change few people within the health care sector wanted to be a manager and still today the managing positions within health care are hard to fill. Normally, being manager results in higher status, better salary and appreciation from both the organization and the employees (Johansson 1999). But this is not true in terms of managers within the health care, where instead becoming a manager means more responsibility and less salary (Öfverström, 2008). The informal structures of power within the health care also reduce the willingness to become a manager, especially for health care professionals as they already have the power and the possibility to affect the daily operations in their profession. Another problem is that within the health care sector, it is considered to be against the norm to want to be a manager. Often people who become managers have been asked to take that role which means that it is not a decision they make solely by themselves (Öfverström, 2008).

Another problem today with managers within the health care is that they often continue to work part time as health care professionals when taking on the role as a manager (Arman et al., 2010). This puts the employees in a situation were they are often torn between two roles, one as a manager and one as a health care professional. The different roles make it hard for managers to prioritize since their decisions as managers might go against their beliefs as professionals. Both physicians and nurses often see to one particular patient when making decisions while the manager has to consider the whole organization. (Llewellyn, 2001)

PROBLEM BACKGROUND

We received an assignment from the Human Resource Strategic Department of Sahlgrenska University Hospital where we were asked to investigate why managers at SU resign from their managerial role and what could be done to prolong their managerial period.

Last year SU had problems with a lot of medical managers who resigned from their positions as managers at the hospital which caused problems for the departments working with replacing these vacancies. For the hospital these replacement processes were both costly and time consuming (Sahlgrenska, 2011). It can also result in low morale among the employees and low trust in managers among the rest of the staff. When analyzing the question further we started thinking of the reasons to why it was important for SU to understand why the managers resigned and came to the conclusion that they needed to understand why their managers chose to resign because understanding that is a key to understanding how they can improve the managerial role in order for new managers to stay longer in the position. If the organization understands why the managers

resign they might be able to prevent this from happening to frequently and therefore save both time and money.

AIM

In this thesis, we aim to develop the knowledge on how to make the managers want to remain in their managerial role.

RESEARCH QUESTIONS

Our main research question for this paper is:

1. **What can we learn from managers about how to encourage them to remain longer in their managerial role in the Swedish health care sector?**

To answer our research question we also need to understand the following questions:

- Which problems do managers describe with being managers within health care that make it difficult for them to remain in their position?

- What are the factors that make managers remain in their managerial role?

To answer these questions we have chosen to use Sahlgrenska University Hospital (SU) as an example.

METHOD

In this part we will present the method used and our way of working, as well as giving motives to our choices of researching. We will look at the empirical method and discuss issues such as validity and coding. This part also contains a short analysis of the research strategy, where we show our overall direction of the thesis. This parts end with a description of how we planned and performed our interviews.

According to Remenyi et al. (1998) a research should start with three basic questions, these are: Why research? What to research? and How to research? When starting this thesis we had the answer to the first question, it was to help the organization of Sahlgrenska to understand why managers within the organization decide to resign and how that knowledge could be used in order to facilitate for new mangers so that they will remain in their role for a longer period. We also knew what to research: the problems for managers within SU and the reasons for resigning. But in order to answer the last question we decided that we needed more information about the subject. We therefore started the work on this thesis by examining earlier articles and dissertations by researches within the field. A lot has been written in the subject, both on the managerial role in general as well as on the managerial role within the health care sector. These articles helped us to get a deeper understanding of the problem as well as it gave us a sense of direction in our own research.

After receiving a clearer picture of the problem we had a meeting with an employee at the Human Resource strategic department at Sahlgrenska University hospital in Gothenburg. This provided us with more practical information about the daily-work at the hospital and a clearer picture of how the replacements of medical managers are made. To help us understand the problems that the organizations are facing because of the resignations we received information about how the organization is built. We also received access to information about the leadership programs that are offered to new managers by Sahlgrenska, what the job as a manager entails as well as the job descriptions. We were also recommended a book used by the organization in their work with replacing managers.

RESEARCH STRATEGY

After receiving all this information we decided that we were ready to choose a research strategy. A research strategy means having a plan for the overall direction of the research and how the research should be conducted. According to Remenyi et al., (1998) choosing a research strategy early on in the research process can give advantages such as facilitating communication between the researches. Since we are two writing this thesis it is important that both authors have a clear view on how to

proceed with the research and it also makes it easier to validate the information that is found (Remenyi et al., 1998). We decided to use a qualitative research approach instead of a quantitative, this because we felt that we would receive a deeper understanding of the problems with personal interviews instead of gathering quantitative data. It would also give us a chance to ask our respondents more open questions.

To receive the information needed to answer our research questions we decided to interview the resigned managers to receive their point of view. We believed that by interviewing resigned managers we would receive answers to both which problems managers within the health care face as well as answers to why managers resign. This information could later be helpful when trying to understand what can be improved within the managerial role to make managers remain longer in their position.

Empirical information could be gathered either by a survey, focus groups or by interviews. Since a large number of surveys are made by the organization itself every year we decided not to do a survey ourselves but instead use the surveys provided by the hospital. We therefore wanted to work with either focus-groups or interviews. A focus group is a group of more than four highly specialized individuals who debate an issue (Remenyi et al., 1998). By using focus groups we would receive evidence in a rather intense and concentrated way and by having a debate we might receive a deeper understanding of the problems that a manager faces (Remeneyi et al., 1998). In our case we found that the pressured schedule of the resigned managers made it hard to gather four or more of them at the same time. We also believed that private interviews could give us more honest answers, since the reasons for resigning as a manager might be very personal. Therefore our empiric study was made through personal interviews with resigned managers. We also supplemented these interviews with phone interviews with current managers to receive an understanding of the positive aspect of the managerial role.

THE INTERVIEWS

When starting planning the interview questions we returned to the literature. By using the database of the Gothenburg University library we searched for dissertations, books and articles in the same research area. After receiving too much information in the databases we decided to change strategy and instead focus on a few articles and use the references in these articles. We tried to find articles that were heavily quoted to secure the validity in the information.

We decided to use open-ended interviews, not using for example a questionnaire but instead ask open questions in order for the interviewed persons to have a possibility to tell us their point of view. To receive better reliability in our interviews we pre-tested the questions on a test-person before

starting interviewing (Remeneyi et al., 1998). We then based our interview questions both on research and on different surveys made by the hospital.

Because we received an assignment from the Human Resource department where we were asked to investigate why managers resign our research was partly limited. We received contact information to 27 resigned managers from SU which limited the selection of possible respondents to employees at SU and managers that had resigned during the last two years. It also limited our selection to managers that had chosen to resign on their own and we did not receive the possibility to interview employees that had been dismissed by the organization. Because of this many of the employees that we interviewed had resigned under quite un-dramatic circumstances and for natural reasons such as age and different prioritizes in the personal life. Therefore we wanted our interviews to reflect what the core reasons for resigning were; if a manager resigns because s/he wanted to spend their time on other things, this might be a symptom of the managerial role being too time consuming. If a manager resigns because of issues within the organization, it might be a symptom of a general problem within SU. To answer our research questions properly we needed to understand the problems that managers face and through that understand why they chose to resign.

Out of the 27 sent e-mail we received answers from seven people who we later interviewed. Out of the seven interviewed three were nurses, one dietician, two physicians and one administrator.

Gender	Age	Profession	Managerial position
W	61	Nurse	Care unit manager
W	62	Dietician	Unit manager for dieticians
W	61	Nurse	Care unit manager
W	49	Nurse	Care unit manager
W	57	Administrator	Administrative unit manager
M	59	Physician	Team manager for a unit
W	62	Physician	Unit manager

We started the interviews by presenting ourselves and our project followed by some information about the interview. After this we asked the respondent some short background questions, followed by questions concerning their managerial position, frequent problems that occurred in their role, their resignation and in the end of the interview some question about what can be done to further improve the conditions for the managers at SU. We also asked each person if they were comfortable with us recording the interview. Almost everyone agreed to this and where willing to share the information that was necessary to answer our research question. We planned every interview ahead and after conducting the first interviews we learned to focus on the questions that were more

comprehensive because this gave us answers to questions we did not ask for but was issues in the every day work for manager. After every interview we discussed what we thought was the most important outcomes of that interview and wrote down a conclusion of each interview. After interviewing our seven respondents, we took the most interesting and relevant answers and put together as a text with suitable headlines. Since many of the respondents had belonged to the same age-group and gender we thought that we might need a more variable selection and therefore decided to contact once again the individuals that did not respond our first email. This time by attaching the interview questions, asking them to return their answers by email. Out of the email that we sent out we got 0 answers. We then, after a discussion with both the responsible teacher for the course and the mentor, decided that we needed to broaden the picture in order to receive the answers needed to do a proper analysis. Therefore we added six phone-interviews with managers that had decided to re-apply for the managerial role after their first time-period was over. The contact information to the managers was once again handed to us by SU. This helped us understand the positive aspects of the managerial role as well as giving us a chance to investigate if the managers that stay are facing the same problems as the managers who chose to leave.

Gender	Year starting working as a manager	Profession
w	1987	Biomedical analysist
w	1985	Nurse
w	1985	Nurse
m	1994	Physician
m	1997	Physician
m	1985	Physician

CODING

When coding the theory we decided to first present the more general models and there after present problems that was frequently brought up by the literature. When coding the problems we decided to use areas that were the most frequently brought up by both the literature as well as in our own interviews. But when we started coding the empirical study we decided to divide the information into four main sections; Becoming a manager, Being a manager, Staying as managers and Resigning as a manager. We did this to receive more structure in our presentation. When dividing the information given to us by the respondents into the different sections we realized that the sections used in our theory chapter were not sufficient and therefore added three more sections: The recruitment process, A lonely role and Demands from the organization. In the section Becoming a manager we mostly received discussions about why the respondents had decided to apply for the managerial role and what expectations they had before applying. In the section Being a manager

many of the respondents spoke about the problems they faced as managers. In staying as managers we added the answers given to us by the current managers where they explained why they have chosen to stay in their managerial role and in Resigning as manager we received answers to why the resigned managers chose not to remain in their managerial role. By using the same headlines in both the theoretical and empirical chapter we were able to keep the red thread throughout the thesis and helped us in our analysis of both the literature and the empirical study.

DATA ANALYSIS

When conducting our analysis we decided to use the same headlines as used in our empiric presentation. We did this to make sure that our analysis was focused on the important aspects that were brought up by our respondents. We then compared our findings to what we had seen in the literature and analyzed the differences and similarities. This helped us to draw conclusions and clearly present the findings of our research.

TRUSTFULLNESS

Since we received an assignment from SU, and by that were handed contact information to managers by them, the sample we received for our interviews was not as random as it could have been otherwise. Employees that had been dismissed by the organization were not a part of our sample and therefore we did not receive their view of the existing problems for managers within SU. The fact that it was not the researchers but the interviewed people themselves who made the choice on who was going to participate in the survey might also reduce the validity of the research. It could for example be people who are unhappy with their jobs as managers who were willing to be interviewed. Despite this we believe that our research can provide some answers to the problems managers within health care face and why they decide to resign from or remain in their managerial position. We also believe that the similar answers received from both resigned and current managers' increase the validity of the result.

THEORY

In this part of our thesis we will look at the research that has been made in the field, we will take a look at some theoretic models that we later will use in our analysis. In order to understand the hospital as an organization we will start by presenting some theories about professional leadership and public managerial work. Then we will present a theory on motivation and reasons for becoming a manager. This will be followed by a presentation of some of the problems that managers face and reasons to why managers resign. We will end this chapter will a short summary.

1. PROFESSIONAL LEADERSHIP

A hospital is seen as a professional organization and in a professional organizations the management function is often different than in other organizations because it is the employees themselves that are responsible for the work-process (Mintzberg, 1983) and the control mechanism is between the employees since they are the only ones who can decide if the work is done properly (Friedson 1971). This means that in a professional organization an important aspect is social control. A person working in a professional organization is quickly being socialized into a role where specific knowledge is used to resolve problems. S/he also learns quite quickly what expectations are put on him/her and how it is appropriate to act in this certain profession (Winroth, 1999).

A difference between a professional organization and other organizations is that the administration is only seen as an aid in the professional work and has not been in focus in the past although this has started to change in professional organizations such as private law-firms and within the health care (Winroth, 1999 and Öfverström, 2008). Much of the problems that are seen within the health care sector are also seen in other professional organizations such as law-firms. In the book "when management came to the lawyers office" Winroth explains the new management that have occurred in this business. Before, economic questions were not something that was prioritized by the lawyers but with the new view of management, the lawyers started to focus more on these issues. They integrated economy more in their daily work and even started to focus a bit on marketing, something that up until then had been almost forbidden (Winroth, 1999).

According to Golden, 2000, professional organizations often have a problem with the division between the workers and the managers. The workers are seen to represent the issues concerning their profession whilst the managers are seen to represent the issues concerning the whole organization and sometimes these issues are competing against each other which create a ripe

between the workers and the managers (Golden, 2000). Winroth writes in her dissertation about a law firm in which this has become a problem. She sees a difficulty with being both a colleague and a manager and in a law-firm it might be more important to be a good colleague than to be a good manager and when being a good colleague it might be hard to be a good manager. This can created a situation where the manager has to choose between the two roles (Winroth, 1999, p.177).

The view on administrative tasks as a help in the daily work has changed in many of the professional organizations during the last years, especially in public professional organization such as hospitals and law-firms. In many of these organizations a new management has been implemented called New Public Management (Hood 1991).

2. PUBLIC MANAGERIAL WORK

New Public Management (NPM) was implemented to create a new way of managing within the public sector where new the focus was on slowing down government growth, shift the public management towards privatization, and develop automation and a more international agenda. Hood (1991) brings up several components that should be a part of the new managing role. The manager should be visible and active and have clear definitions of goals and targets. There should also be a resource allocation and the performance of the employees should be measured by the manager. There is also a focus on cutting direct costs and raising labor discipline (Hood, 1991). But how has this shaped the practical managerial work within the public sector?

Noordegraaf (2000) made a research where he investigates the work of 12 public managers; he examined what their work as a manager contained and also which problems they were facing. The overall role of the manager, according to him, is to organize, plan and control but according to Minzberg this is seldom true in practice. Instead the main job of the public manager is to participate in meetings, almost 80% of their time, where 60% of the meetings were planned ahead and 17% of the meetings were unscheduled. These meetings are hierarchically driven, where the highest ranked manager is in charge of the meeting (Mintzberg, 1973). The rest of their time is spent on more administrative work, such as paperwork and answering calls (Noordegraaf, 2000). Linda A Hill (1992) found in a study where she followed nineteen managers, that most of the time spend as a manager is spent on "people challenges". This was not what the managers had expected when taking on the role as a manager (Hill, 1992). So what drives employees to apply for the managerial role? To understand this it is important to understand the motivations for becoming a manager.

3. THEORY ON MOTIVATION

To understand why managers decide to become managers it is important to understand the motivations of the managerial role. According to McClelland and Burnham there are three different

focuses among managers. A manager can focus on being popular among the employees, on the work itself, or on power aspects of being manager, which means getting work done by affecting the people around you. According to the authors a good manager uses the power of his managerial position in a smart way in order to make people work efficiently. What motivates a manager is the power of achieving something or contributing to changes within the organization in order to do better. This is referred to as power, where the manager often have a need of wanting to improve and affect what is going on around them. Therefore as a manager it is important to have a good understanding about who you are as a manager, and what motivates the employees, since a team is needed in order to succeed. A manager cannot only control and give directions to his/hers employees without rewarding them and encouraging them, then the employees will get unsatisfied and will lose their willingness to contribute towards the goal of the organization. As a manager it is also important to have a balance between the three different focuses in order to succeed and to become motivated. A good manager also looks to both the needs of the organization and at the needs of the employees since the managerial role is about influencing. (McClelland, Burnham, 1976)

But to understand the managerial role it is not only important to investigate what motivates employees to apply for the managerial role but also to understand who applies for the managerial role.

4. REASONS FOR BECOMING MANAGER

In questioning who becomes a manager within the health care Öfverström (2008) in her dissertation identifies four different types of managers. She believes that employees at hospitals who become managers belong to one of the following different categories:

The Heir: Either the heir has worked at the same hospital for a long time and is appointed by their manager to take over the managing role. They often possess both medical skills as well as skills about the organization.

The strategist: The employees can also choose to become a manager because they see it as a step on their professional carrier. These people often work at academic hospitals and sees the role as a manager as something that they need to have on their c.v.

"Seize the moment": An employee can also use structural changes and become a manager because s/he want to have a possibility to affect in which way the organization will proceed.

"For the best of the clinic": The forth reason Öfverström identifies is that the employee become a manager because s/he feel that no one else has the right qualities and rather work as a manger him or herself than working under someone else within their organization (Övferström, 2008).

In such an organization as a hospital it is also important to understand the differences in professions within the organization. Do the reasons for becoming manager differ between the professions?

5. THE DIFFERENT PROFESSIONS BECOMING MANAGER

According to Mintzberg and Glouberman the different professions with in the health care sector all have different priorities and this can make it hard for example a nurse to be a manager over physicians (Mintzberg and Glouberman, 2001). We will present a short overview of the two biggest professional groups that applies for the managerial role.

PHYSICIANS

Physicians have according to Mintzberg och Glouberman enough knowledge of the daily operations to manage a hospital but they can still see some problems with physicians becoming a manager. Physicians have the medical knowledge but the work as a manager requires a high degree of integration and just having medical knowledge is not enough to be a good manager. Physicians are also taught to take decisions individually while managers need to take decisions collectively (Mintzberg and Glouberman, 2001). Öfverström writes in her dissertation that when a doctor becomes a managers s/he often get less paid, less free time and a more exposed position. They also often face a medical profession that has a quite negative view of the word manager (Öfverstöm, 2008).

NURSES

According to Mintzberg and Glouberman the nurses have the knowledge that is needed to manage and they are also used to collaborating which would make them a good candidate for the job as a manager. In fact, a part of a nurse job is to manage. But often it is hard for the physicians to accept a nurse as a manager which can cause problems for nurses to practice their leadership. The solution that Mintzberg and Glouberman suggest is that a manager is not chosen for his or her profession but instead for the leadership skills they have and their potential to inspire the people around them (Mintzberg and Glouberman, 2001).

When a nurse becomes a manager they often receive a higher salary, have more influence over the organization and receive a higher status among the co-workers (Öfverström, 2008, p.3).

We have now looked at why employees choose to apply for the managerial role and had a short overview of the two biggest professional groups that apply for the managerial role but when working as managers many of the professions face the same problems. We will now look at what these problems are according to the literature.

6. PROBLEMS FACING MANAGERS WITHIN HEALTHCARE

When investigating what these problems are according to the literature we have found the following problems:

CONFLICTING WORLDS WITHIN ONE ORGANIZATION

Hospitals are seen to be extraordinary complex organizations and are one of the organizational types that are the hardest to manage. Mintzberg and Glouberman claim that one of the difficulties about a hospital as an organization is that it can be seen as four different worlds within one organization. They have the care world where the nurses are, the cure world where we find the physicians, the control world were we find the hospital board and the community world that are a mixture of external interests. The four different worlds all have their own way of functioning and they need different types of managing. According to Glouberman and Mintzberg these different worlds and views are the cause of many of the problems that the health care sector faces daily and that no fundamental changes will happen within the healthcare sector as long as we see these different worlds exist (Mintzberg and Glouberman, 2001).

According to Mintzberg and Glouberman it is essential that these four world start to work together towards breaking down the barriers between them. This would according to the authors make it easier to relocate resources within the hospital and make the healthcare more efficient. To decrease the gap between these worlds it is important to focus on the similarities in the mindset of the employees. People working in the healthcare sector tend to be highly dedicated to their patients and to the medicine and often sacrifice their own time and resources for the good of the society. And this is true to all the four worlds of the hospital (Mintzberg and Glouberman, 2001).

Since the hospital environment has a high degree of differentiation and a low degree of integration Mintzberg and Glouberman suggest either lowering the degree of differentiation or raising the degree of integration. Since the differentiation also can be seen as a strength of the organization and is a big part of the system the authors believe that it is the integration that is the key to (Mintzberg and Glouberman, 2001, part 2).

Hospitals often have strong cultures within the organization but seldom have a strong corporate culture. The clinical operation needs to be viewed as somewhat of a flow or a network where instead of focusing on one procedure, the best for the patients in whole is in focus. Another important part of the culture that needs to be further developed is the informal communication among the employees. The informal communication can lead to better cooperation and a bigger understanding of the work and priorities of others. The positive aspects of a strong corporate culture is that when a culture is strong people tend to be prepared to take a lot of individual actions for the best of the

collective need (Mintzberg and Glouberman , 2001,part 2). In a report made by Wikström and Dellve for the Västra Götalands län they suggests, after interviewing managers within the health care, that team building should be a higher priority within the organization. But making it possible for the different worlds to engage together in different questions the cooperation between the different units in a hospital might be better (Wikström and Dellve, 2006). The different worlds can also result in that the managers, who live in the control world, can become lonely in their role if they do not get the support needed from other managers. Wikström and Dellve discovered in their report that a lot of the managers who work within health care feel that they are alone in their role and that when facing problems they have no one to turn to. This is also a reason to why the managing role both stressful and ungrateful to take on (Wikström and Dellve, 2006).

PROBLEMS WITH PRIORITIZING AND LACK OF TIME

According to a study made by Braithwaite the main domains that a manager is working with are finances, staff, organization matters and customers. They also have secondary work assignments such as handling external part, strategy and planning and processing data. Most of the managing job is made through meeting with the staff, both planned and unplanned (Braithwaite, 2002). For managers all these activities can be hard to manage in terms of time. It can also be hard to choose which activity to prioritize.

In a survey made by Arman et al. they discovered that health care managers were on average engaged in seven activities per hour and 63 activities per day. First line managers had twice the number of activities than second managers had and the average activity lasted for ten minutes (Arman et al., 2010). This can lead to priority problems between the role as a health care profession and the role as a manager where it is hard to handle all of the requirements at the same time. Some of the requirements are, for example, to handle the administrative work but also coping with relationships between employees etc. Other problems could be power struggles or bad behavior within the organization. The managers feel that they want to plan more of their time on their own, instead of strictly following the work-rules template (Dellve and Wikström, 2006).

Another problem for managers is that administrative work is very time consuming. In a research made by Wikström and Dellve they claim that administrative work has during the last couple of years taken a more important role and has pushed a lot of the strategic work away from the focus. The administrative work should be a help in the cure and care of the hospital but instead it has become a focus for the managers. This problem could be reduced if the managers received more help and support from for example a secretary or other people within the organization (Wikström and Dellve, 2006).

There are also other types of problems that managers face. One of the biggest problems today for managers within the health care is dealing with stress. According to a report made by Wikström and Dellve many managers within health care consider their stress-level as unhealthy. The managers feel that they are stressed both because of formal and informal demands as well as a lack of support from the organization. In their report Wikström and Dellve interviewed several managers and when asking the managers what they think would reduce their stress-level one of the solutions that are frequently talked about is to form new roles within the organization, such as employing secretaries who would be able to take some of the administrative burden away from the managers. This would reduce the amount of work for the managers and would make it easier for them to prioritize (Wikström and Dellve, 2006).

Arman et al. also brings up the subject of stress among the studied managers. A lot of the managers felt that they have pressure from many different directions (Arman et al., 2010). According to Karasek and Theorell (1990) the high pressure on the managers and the low ability to control what is going on combined with low social support can be one of the reasons to why managers within the health care are stressed (Arman et al., 2010, page 8). It can also be stressful for the managers to step out of there profession and make decisions as managers.

CONFLICTING ROLES; BEING BOTH MANAGER AND HEALTH CARE PROFESSIONAL

According to Llewellyn there has been a shift in roles in the health care sector, before it was the managers that were in charge of the medical staff while now it is instead the medical staff that has been trained as managers. Llewellyn states that the two roles, as a professional and as a manager, can be seen as two different windows that are now put together as one and this leads to a struggle with coping with problems that arises with both of the roles at the same time. Llewellyn also states that medical employees are more willing to be led by managers with a background in the health sector rather than just managers (Llewellyn, 2001). This difference in thinking creates a gap between the two worlds and therefore it is important when communicating between these worlds that the message is clear and that the receiver understands it, according to Lemert, 1994. But it is not only conflicts within the managers there are also conflicts between the manager and the employees

CONFLICTING PRIORITIES AND INTEREST BETWEEN MANAGER AND EMPLOYEES

One of the most important tasks and also one of the most complex parts of being a manager is to handle the people within the organization and it is important that the managers are well aware of potential conflicts among the employees (Wikström and Dellve, 2006).

The two most fundamental differences between a manager and an employee within health care are that the employees is, in his or her schooling, going through a long process of socialization which

increases the own identification with the profession (Golden, 2000). A person working within health care often makes his or her profession a part of his or her personality. This also helps in creating group identification and often an employee within health care feels more obligations toward the other employees than towards the organization. The managers, on the other hand, often feel obligations toward the organization that employed them. The other difference is the accountability. Managers are often accountable to their organization while the employees feel accountable to their patients. A physician or a nurse for example can find the same work that they do in other organizations and are therefore not as socially bound to one organization as a manager might be. There is also a difference in decision-making where the employees often base their decision on what is best for one single patient, especially if it is a life or death decision, while the managers needs to base their decision on what is best for the whole organization (Golden, 2000). Golden take an example of a decision about an X-ray film in his article, when basing the decisions on whether to buy a new machine the employees see the device as something that could save life while the managers look at it as a cost for the organization (Golden, 2000). This different in prioritizing can make the manager quite lonely in his or her role.

All these problems are reasons to why the managerial position is a hard position to have. But is these problems the reasons to why managers within health care resign?

RESIGNING THE ROLE AS A MANAGER

Skytt (1997) made a survey based on 19 nurse first-line managers who had resigned their role as a manager. According to this study the main reasons for resigning from the managerial role is often based on reorganizations or changes, or on the managers own initiative. When managers resign on their own initiative it is often based on problems such as coping with all of the expectations from the organization in both the role as a manager and as a professional. Some managers wanted to focus more on their professional role as an employee instead of having to focus on the administrative work. Some also thought that they had too much to do, and therefore it was hard to engage rest of the employees (Skytt, 2007).

SUMMERY

WHY BECOME A MANAGER WITHIN THE HEALTH CARE SECTOR?

To be able to answer our research question we find it important to understand the motivation for becoming a manager in order to later be able to see if the motivations of becoming a manager are actually a part of the managerial work. McClelland and Burnham (1976) claim that managers are motivated by the possibility to achieve something or to contribute to changes within an organization. But is this the true reasons for why managers within health care apply for the role? To investigate this further we brought in a model by Öfverström (2008) where she has created four different types of employees who apply for the managerial role. She claims in her dissertation that a manager often inherit the role from their own manager and the reasons for accepting the role is that it is a carrier move or that they feel that it is in the best interest of the clinic. In accordance with the aim of this thesis we will investigate if the reasons for applying for the managerial role effect the managers will to remain in their position.

WHAT ARE THE PROBLEMS FOR MANAGERS WITHIN THE HEALTH CARE SECTOR?

To understand what can be done in order to make managers want to stay longer in their position it is important to understand the problems they face. We found four main problems described in literature. The first problem that we found was that in a hospital there is often conflicting worlds within one organization and conflicts between the worlds appears because of different priorities and languages. (Mintzberg and Glouberman, 2001) The differences in the worlds can also make the managerial role a lonely role since the manager operates in a different world than his or her employees. This leads us to the second problem area which is the conflicting priorities and interests between managers and employees. This is a problem that is brought up by Golden (2000) where he claims that this is often the case with professional organizations where managers tend to focus on the organization while employees focus on the other employees and the patients. Related to our aim, in this thesis we will see if this is a problem that managers at SU face and if so what could be done to improve the communication between the worlds? According to Mintzberg (1983) another problem with professional organization such as a hospital might be that the manager lacks legitimacy since it is the employees themselves who are responsible for the work process and not the manager. When reading this we ask ourselves: What can be done to facilitate for managers in such situations, so that they will want to stay in their position? Is the lack of legitimacy a reason why managers choose to leave their positions at SU? What do the ones that stay say about it?

The third problem we found in the literature was the problem with priorities and lack of time for the managers. According to Dellve and Wikström (2006) the problem is that the administrative job is

often prioritized over strategic work today which can create a problem if the managers applied for the position because they wanted to work with strategic questions. Thus this could be yet a reason for why managers resign. The fourth problem we found was that managers often feel torn between their profession and their managerial role. Llewellyn (2001) explains this as different windows that are put together as one which this leads to a struggle when coping with problems that arises affect both of the roles. What problems do these different roles cause managers at hospitals when it comes to their choice to stay or leave their position?

REASONS FOR RESIGNING

To investigate why managers remain in their managerial role we find it important to also understand why they choose not to remain in their role and therefore we also brought in a model by Skytt (2007) on why managers choose to resign. Skytt claims that there are four reasons to why managers resign. The first reason according to him is that they resign because of reorganizations and changes which could be related to the problem with legitimacy. If the power structure changes because of the reorganization does this make it hard for the manager to remain in his or her position? The second reason for resigning is that the managers resign because of the expectations that are put on them by the organization. Are these expectations fair, and what could be done in order to help the managers reach the goals and demands? The third reason for resigning is according to Skytt (2007) is that managers wants to focus more on their profession and not focus as much on the administrative work. Is this related to the problems with combining the two roles as we saw in previous research or is it because the managerial role simply did not live up to its expectations? The fourth and last reason is that managers within health care have too much to do and feel that they do not have the time that is required, something that has been frequently brought up as a problem in a number of researches (Dellve and Wikström, 2006). If these reasons are true in practice, can these reasons for resigning be a help in understanding how to encourage managers to want to stay longer.

EMPIRICS

Our Empirics are divided into two parts. In the first part we will look at the organization that has been the basis for our research where we look at the background information, the vision and the managerial role of SU in order to get a better knowledge about the organization and its goals. In the second part we will present the interviews conducted. We divided our answers into the following themes: Reasons for becoming a manager, The expectations on the managerial role, The recruitment process and The problems with the managerial role. We will also examine why managers choose to remain in their managerial role and why they choose to resign and discuss possible improvements. Our interviews consists of both resigned and current managers in order to get a deeper understanding about the managerial role

BACKGROUND INFORMATION ABOUT THE STUDIED ORGANIZATION

The following part is based on information handed out to us from the manager of the HR-strategic department at Sahlgrenska University Hospital. This information can be found at SU: s web-page as well as in different handouts.

BACKGROUND INFORMATION ABOUT SAHLGRENSKA UNIVERSITY HOSPITAL

Sahlgrenska Hospital was founded in 1899 but it was not until 1997 that the current organization was created by a merger between Sahlgrenska Hospital and the two other big hospitals in the region, Östras Hospital and Mölndals Hospital. The merger was created in order to gather the best resources in the region in order to be able to provide an improved healthcare. In 1999 Sahlgrenska University Hospital became a part of the Västra Götaland region and today the health care is the most important sector of the region and is accounted to affect 91% of the regions budget (Sahlgrenska, 2011).

Sahlgrenska University hospital in Göteborg is today an organization that contains of 4 hospitals, Sahlgrenska Hospital, Östra Hospital, Mölndals Hospital, Högsbo Hospital, and multiple out-patient wards. The organization has about 2100 patients beds and 15 000 employers. It is counted as one of the biggest employer of the region (Sahlgrenska, 2011).

THE MANAGERIAL ROLE AT SAHLGRENSKA UNIVERSITY HOSPITAL

Manager definition

The overall managerial role involves responsibility for the employees, operation, economy and the working-environment (Sahlgrenska 2011).

Becoming a Manager

When managers resign from Sahlgrenska University Hospital a management succession-strategy has been created and it has become very important for the organization to find new managers and maintaining a good leadership at SU. The strategy is created around a concept of what is needed in order to recruit and maintain successful managers. Since the new leadership within the hospital should be more result-oriented and more strategic the hospitals have been forced to change and improve their management succession-strategy (Sahlgrenska 2011).

Identification of future managers

When choosing a new possible manager there are two ways of doing so, either it is a manager higher up in the system that identifies potential managers by identifying employees with the right leadership skills required by the job specification. These potential managers are then chosen to participate in the Assessment center. The Assessment center is a program where potential managers go through different tests and interviews and are then scored. If their score is high this indicates that they have a potential of becoming a good manager (Sahlgrenska, 2011).

Three different management-programs

SU and Västra Götalands region is currently offering 3 management programs to newly recruited managers. These programs are a candidate program with a duration of 20 days, a regional-training program with duration of 15 days and regional post-graduate program which can be attended after graduating from one of the two programs above.

Acclimatization of new managers

According to SU the new chosen medical-managers have to be well-prepared for the managerial role. Therefore it is important to make sure that they know their responsibilities as managers. They start with an introduction-program where they get a plan on how to work and a checklist of what to do in their managerial work. The new managers are also offered a mentor who often is a more experienced manager. The managers should also know that in case of a problem they have a support network to turn to which can offer help in communicating inwards toward the organization and the employees and help to create overall guidelines. The managers are also in charge of the up-following work of subordinated managers, with performance-reviews and guidance conversations. Employee surveys are also distributed as a help in the follow-up work. The most important part in the managerial role is to be well aware of the goals and the vision of the hospital and to communicate this to the employees (Sahlgrenska 2011).

THE INTERVIEWS

BECOMING A MANAGER

REASONS FOR BECOMING A MANAGER

"The main reason to why I applied for a managing position was that I saw what my manager had done and I had an idea that I could make a difference for the better."

The reasons for becoming manager are different for each individual but when asking the interviewed managers, we saw four main reasons to why they became managers. The first group took on the managerial role because they felt that they could make a difference. They saw the managerial role as a chance to be a part in changing the organization in some way. The second major reason for taking on the managerial role that we noticed in the interviews was that the managers had inherited the role from their own manager. Many of the respondents had seen their own manager retire or resign for some other reason and wanted to further pursue the work of the older manager.

'I was recruited internally and I inherited the managerial role after my own manager. For me it was an easy choice to accept when being asked to take the role as a manager because I had worked closely with my manager and we had done a lot of organization changes together so it felt natural to take the role when s/he retired; it was my chance to pursue our developments further.'

Another reason to why many of the managers had applied for the managerial role was that there were reorganizations within the organization and that there was no other applicant to the managerial position. Therefore the manager felt that s/he had no other reason than taking on the role him or herself for the best of the unit.

'I decided to apply for the managing role because there were problems within my unit. My unit was moved from Sahlgrenska to Mölndal and some of the people who had been working at Sahlgrenska did not want to move with the unit to Mölndal, therefore a lot of the staff resigned. Another problem was that the unit was lacking a manager because our old one had moved to U.S.A and because of these problems there was a risk that the unit was going to be shut down. Since I have spent most of my professional carrier researching about this specific field of health care I decided that I could either resign or do something about the situation so I applied for the managerial role myself.'

The forth reason we observed in our interviews was employees who applied to become a manager simply because they had an interest in leadership and enjoyed the work tasks of a manager. This person was often someone who had been interested in leadership before and saw this as a new carrier where they stopped working as a health care professional and solely focused on the work as manager.

Out of the seven resigned managers all had been recruited internally and none of the respondents had attended any leadership program before taking on the managerial role or received any job-descriptions and there was a general feeling of being thrown into the managing role without enough preparation. When becoming a manager they had to learn how to work with budgets and questions concerning personnel, something that they had never done before and without proper education it took time to learn which made it difficult to enter into the role as manager. Another problem for many of the interviewed managers was that it was hard to know the expectations from the organization.

> 'Coming into the managing role I would have liked to have some kind of a manual, not a checklist but something that shows what a manager needs to think about and what the job contains. What is expected of a manager and what are the obligations? I think that it would help the manager to get the right basis and then s/he can build from there.'

Many of the respondents feel that they had some leadership experience before taking on the managerial role because of their profession, either as a nurse or a physician. All of the respondents saw leadership as a natural part of their work within health care and many believed that the experience helped them to enter into the managerial role

> 'When I worked as a nurse it was often only one nurse working on the unit during weekends and nights and then that nurse were responsible for the whole unit and was a manager over the other people working at the same unit.'

Some of the interviewed spoke about the problems of being both a health care specialist and manager because in case of conflicts it is easy to go back to the old profession in the way of prioritizing. When asking if they received any support in understanding how to deal with the conflict between being both a health care profession and manager many of the respondents describes being a part of mentorship programs and the help that this has given them. All of the respondents that have participated in mentorship programs have a positive view of these.

None of the respondents attended any leadership program or course before entering into the managerial role but several of the interviewed have attended programs and courses while working as managers. These courses have been provided by both SU and Västra Götalands region. Some of the interviewed has also attended programs at University level. The overall view of these programs is that they have been very helpful in understanding the complexity of the managerial role and have given a better knowledge concerning economy and questions concerning personnel. Some of the respondents believe that SU can become better at offering managers courses and programs and many say that it is themselves that have found and applied for the courses that they have attended.

'There are a lot of opportunities for managers to attend courses and programs but it is the manager him- or herself who have to ask about them, you are never asked if you want to participate in different courses.'

The respondents that have participated in the course and programs provided feel that there is room for improvement even of they in general are satisfied with them. Many wish for more practical exercises to receive a deeper understanding of the leadership role and one participant believed that self reflection should be in focus in the course.

'I think there needs to be more self-reflection in order to receive a better knowledge about who you are as a manager and what you want to achieve. That would also help when a manager gets torn between higher managers and the employees.'

EXPECTATIONS ON THE MANAGERIAL ROLE

When asked about the expectations on the managerial role before becoming manager we received multiple different expectations. Some of the respondents had been working with similar questions before or had been involved in the managerial work of their own manager and therefore thought that they had a clear picture on what the managerial work contained but when starting to work as a manager they realized that their expectations differed from the reality. Many of the respondents said that the work load was much heavier than expected when taking on the role.

BEING A MANAGER

WHAT ARE THE PROBLEMS WITH BEING A MANAGER?

When asked what the biggest problems for managers within the health care were we received many different answers but we did see six main problem areas that were related to the purpose of this thesis that could be found in most of the interviews, both in the interviews with the resigned managers and the current managers. The areas were: problems in the recruitment process, conflicting worlds within the organization, problems with priorities and lack of time, conflicting roles for the manager, conflicts between managers and employees and problems with the contact with the organization.

PROBLEMS WITH THE RECRUITMENT PROCESS

When asked about the problems concerning leadership within health care some of our respondents believed that the problems start as early as in the recruiting process. Many of the managers within SU are health care professionals and have no or little experience and knowledge of the managerial role before applying for it and according to some of the interviewed one difficulty with leadership within the health care sector is the lack of professional leaders. One of the problems within the

health care sector is also that managers are judged on their medical knowledge rather than their leadership qualities.

> 'In the past I think that the medical knowledge has been confused with the knowledge of how to be a leader and therefore people with the most medical knowledge have become managers. This has started to change but there still need to be more discussions about whom we want to have as managers.

When assigning managers in the past many of the interviewed claim that it was often the employees that had been in the organization the longest that were asked to apply for the managerial role and not the employees with the right leadership qualities. This has according to some of the respondent started to change but is still today a problem. When asked what could be done in order to change this some of the respondents believe that a new view on managers needs to be implemented and many bring up the possibility of assigning managers that do not have a medical background but rather come from a more leadership oriented background. But according to the respondents there are difficulties with bringing in a manager that lacks a medical knowledge because of the complexity of an organization such as SU.

> 'The health care is a very special organization, which has its own life and codes, therefore it is hard for outsiders to act and speak in this type of organization.'

There is also a tradition within health care that the managers are health care professions and to change this many of the respondents believe that there is a need for a change of attitude among the employees. There needs to be a better understanding of the complexity of the managerial role from both the organization and the employees. In several of the interviews the respondents speak about a change in the managerial role that has made it more time consuming than it has been in the past and with this change there is little possibility of being both a health care professional and manager.

One of the respondents have worked at a unit where they provided a part of health care that s/he was not familiar with and s/he expresses the difficulty with receiving the needed respect in the beginning of the managerial period but because of a change of attitude among the employees after a period of time s/he could manage without that specific medical knowledge.

> 'We have a tradition within health care that makes it hard to be accepted, especially if someone comes in that does not have a background in health care, so to come from the outside is never easy. But in my last managing role I worked in a unit where I did not have a knowledge of the health care that was provided at that unit and in the beginning I think that there were people who thought that it was a disadvantage for me but after a while I do not think that anyone cared anymore. In that situation I was clear with the fact that I was working with questions concerning the management and not the health care that was provided there.'

CONFLICTING WORLDS WITHIN ONE ORGANIZATION

One of the problems with working as a manager at a hospital is, according to the respondents, that there are different professions in the group that they manage. These different groups have different languages and different priorities because they come from different backgrounds. Physicians come from an academic background while nurses have a different way of speaking and seeing the world. The manager has to take all these groups into account when making decisions. Another difficulty is that the different groups sometimes compete over the same work tasks. The respondents speak about conflicts between nurses and physicians concerning the care of the patients and conflicts between nurses and administrative staff concerning the administrative work tasks.

> 'As an administrative manager you sometimes have to have a certain tactic. If I as an administrator goes directly to the nurses and tell them that I am taking over some of their work tasks because I feel that they are more involved with administration they will probably tell me that I cannot do that because I do not have the competence needed to do that specific task. But if I instead go to a physician and say that I want to take over some of the administrative tasks from him or her s/he will probably answer me that 'great, then I can focus on what I am good at'. So by going to the physicians first I can create envy among the nurses and therefore have they come to me to ask for help. This is a result of the competition for the different work tasks. The nurses are today administrators naturally in their work.'

Some of the respondents also believed that the dynamic of the group sometime made it hard to be clear in the leadership. When asked how this was solved many of the interviewed describes the importance of focusing on the similarities between the groups. Everyone who works at a hospital have one common goal, to provide the best care for their patients and for a manager who manage these mixed groups it is important to always have that as a main focus.

PROBLEMS WITH PRIORITIZING AND LACK OF TIME

The problem that the majority of the interviewed saw as the most difficult was the constant lack of time. Many of the interviewed felt that they had too many work tasks and not enough time to handle it all. Ten out of thirteen interviewed wished for more support for managers, either by having shared leadership or having an extra person to help with administration when time is not sufficient for the manager.

> 'When working as a manager I worked a lot of overtime and I think that the biggest problem with being a manager within the health care is that time is not sufficient. I think that there needs to be more support for the managers so that the time is not always a problem. A lot of what is happening is the manager's responsibility and I think that it is important that we start looking at the organization around the manager.'

Many of the respondents also spoke about the sizes of the units as a problem for managers within health care. Some of our respondents managed smaller groups and it was clear that the managers with smaller groups felt that they had more time and better conditions to practice their leadership

than the managers that had bigger groups to manage. With bigger groups there is also a problem with employees becoming more anonymous and it might be hard to know what to expect and how much to demand from the employees.

> 'I managed a very small group and I think that the size of the group helped in the work as a manager. The smaller the group is the easier it is to get to know the employees and the easier it is to know how much you can expect and demand from them.'

The sizes of the units are especially a problem for new managers. One of the respondents suggested that new managers could be placed at smaller units and then get transferred to bigger units after learning the role. But this requires that the organization start viewing the managers as mobile.

> There needs to be a bigger perspective where the managers look at the best solution for the organization, even if that means leaving the small world of "their" unit.'

When asked what the biggest challenges in their managerial work were many of the employees felt that questions concerning the personnel was the area that was both the most challenging and the most time consuming. Some of the resigned managers had managed groups where the group dynamic was not functioning. Several of the respondents had employees within their group that had a negative impact on the rest of that group and as managers the respondents felt that is was their job to improve the situation. Many of the interviewed also spoke of the importance of support from the organization in a situation where there are problems within a group and felt that that support was sometimes lacking.

CONFLICTING ROLES; BEING BOTH MANAGER AND HEALTH CARE PROFESSIONAL

Two of the interviewed continued to work as medical professionals while working as managers. These two had smaller groups to manage over than the rest of the interviewed which made it possible for them to continue working within their profession. They experienced little problems with mixing the roles but some of the respondents had seen other managers battle the problem with having two roles, one as a health care professional and one as manager.

> 'Something that I can see could lead to a problem if a manager keeps working with his or her profession part time while being a manager is that the person is both co-working with and managing the same people which can lead to conflicts and therefore I believe that a manager who manages nurses for example does not gain that much in being involved with the activities concerning the health care.'

All but one interviewed had a background within the health care sector and when asked if their profession sometimes influenced their way of managing, few people perceived that they had problems with this during their managerial work. For many of the interviewed it was clear to step into the managerial role in a conflict.

CONFLICTING PRIORITIES AND INTEREST BETWEEN MANAGER AND EMPLOYEES

Another issue concerning the personnel that was brought up by the respondents was the lack of understanding of how the organization and economy worked. If the personnel had little or no knowledge of budgets and organizational work it was hard for the managers to explain why things were done in a certain way.

> 'I believe that the main problem is the lack of organization-perspective among the employees. They can not see their operation as a part of the overall hospital, which causes problems for the manager.'

A LONELY ROLE

Another problem that was brought up during some of the interviews was the attitude of the existing managers. Since a lot of the assigned managers had worked as health care professionals at the unit where they after became managers they often see that unit as a separate part and fail to see their unit as a part of an organization. One of the respondents believes that this is due to the size of the organization; because the organization is so big it is easier for the managers to decrease the world around them to only their unit because it is easier to grasp. But this view creates distances between the units which can result in that managers feel alone in their role. One of the respondents said s/he wish that there were more help and support among the units and more flexibility among the staff so that when one manager have difficulties with staffing the unit s/he has help and support from the surrounding units.

DEMANDS FROM THE ORGANIZATION

Many of the managers also describe a feeling of frustration because there is a feeling of 'being stuck' between demands from employees and higher managers where the manager sometimes feel that there is little understanding of his or her work.

> 'A lot of the managers today feel that their ideas are being suffocated along the way and they are not heard. Another problem is that managers feel that they are asked to be a part of a decisions process when the decision is already made from the beginning. '

Some of the respondents also think that there are a lot of demands from the organization that is hard to live up to. One of the interviewed gives the example of competition from private health care centers where s/he feels that the hospital board does not seem to understand the unevenness of the competition. Private health care centers can choose which patients to accept while a public hospital, such as SU, need to accept all patients. This and the pressure from budget cuts make the condition in which a public and a private health care center compete very different. This seems to be forgotten among higher managers who do not work with the daily operations.

STAYING AS MANAGERS

When we asked the current managers why they have chosen to stay in their role as managers we received different answers. One reason was that they enjoyed working with the people within the organization and found it stimulating to work with development. Another reason was that they received a better understanding about themselves as managers as well as about the people that they worked with and found that part stimulating. Some of the interviewed had worked as managers for many years and had seen the managerial role change a lot during that time. One of the interviewed spoke about a much reasonable work load in the beginning of his/hers managerial carrier as well as more help with for example recruitment and economical questions. One thing that was frequently brought up as one of the reason to why they manage the demanding role is that they have learned how to prioritize among the tasks and delegate some of the tasks to other employees.

> 'It is important for managers today to learn how to delegate. I had a nurse at my unit who was not able to work with the daily activities anymore because of health issues which for me was a great opportunity to receive some extra help. In stead of working as a nurse she became my assistant and I could hand her the administrative task that I did not have the time to do. This gave me an opportunity to work more with questions concerning development.'

Almost all of the managers, both resigned and still working, believed that the most stimulating part of being manager was seeing the employees grow and working with development. They also found it stimulating to be a part of shaping a unit.

RESIGNING AS A MANAGER

REASONS TO RESIGN

When asking why our respondents chose to resign from their managerial role we received four major reasons for that. Some of our interviewed believed that the managerial role was too time consuming and there was too much overtime and the resigned manager felt that s/he wanted to spend his or her time on other things. Another major reason for resigning was conflicts within the organization or with the manager above. When not receiving the support needed in such a conflict many felt that it was no longer possible to be the manager they needed to be. Reorganizations were also a reason to why some of the managers chose to resign, either because their managing role simply disappeared or because the conditions for the manager dramatically changed. The last reason that we saw was that the manager felt that s/he had done what s/he could and wanted someone else to continue the work.

Another possible change that was brought up by many of the interviewed was the problems with having budgets of just one year. There was a general feeling that the time period of the budget created a short-time planning within the organization. Some also believed that it would be easier to handle budget cut-backs with a longer time perspective. One of the interviewed also wished for better knowledge concerning economy among the employees. If the employees receive a better knowledge on how budgets works it would be easier for them to understand why things are done and the employees would have a better understanding on what applies.

When asked what the interviewed believed could be done to attract more employees to the leadership role we received multiple answers. One of the most frequent was that SU needs to make sure that the current managers are satisfied with their job. To reduce the amount of work that is put on the managers in the organization was also a change that many thought was needed. Most of the interviewed also believed that with more help and support the managerial role would be more satisfying and therefore more attractive for employees. Many of the resigned managers had a constant feeling of frustration because of the lack of time which reduced the motivating parts of being a manager.

SUMMERY

BECOMING A MANAGER

When asking our respondents why they decided to apply for the managerial role we received four main reasons. The first reason was that they felt that they could make a difference for the better and the managerial role helped them to receive that chance. The second reason was that the employee inherited the role from their own manager. The third reason that we saw was that there had been reorganizations and that the manager had felt that there was no other option than to apply for the managerial role themselves, either because there was simply no other applicant or that the manager felt that it was expected of her/him to apply for the role. The forth and last reason that we saw was that the manager had applied for the role simply because s/ he had an interest in leadership and enjoyed the work tasks that came with the position.

When asked what expectations they had of the managerial role many of the respondents had worked with similar questions before and thought that they had a sense of what the job contained but all of the respondents believe that when becoming a manager, the work load was heaver than first expected. When asked how they had prepared for the managerial role it turned out that none of the interviewed resigned managers had attended any leadership course or program but there was a general believe that both leadership courses and mentorship programs have a positive effect on managers.

BEING A MANAGER

When asked what the biggest problems with being a manager at SU were we received six major problem areas. The first problem area according to some of the respondents was the recruitment process, many lacked professional leaders within the organization and some of the respondents also felt that managers were chosen for the wrong criteria. There was a sense that medical knowledge was sometimes confused with knowledge on how to be a good leader and the organizational knowledge and therefore it is often employees that have been with the organization for a long time that are asked to apply for the managerial role and not the employees with the best leadership skills. Some of our interviewed felt that it could be a solution to bring in managers from other backgrounds than the medical to receive a more professional leadership within the organization.

The second big problem area we discovered was that there are conflicting worlds within one organization. In an organization such as SU there are many different professions working together and our respondents spoke about the problems with the different groups having different languages

and different norms. Some of the respondents also spoke about some professions competing about the same work tasks. When asked how this was solved many believed that it was important to always have the patients in focus because this was the similar link between the different worlds.

The biggest problem according to many of the respondents was the lack of time and knowledge of how to prioritize. All of the managers with bigger units to manage spoke about a constant lack of time, many believed that the size of the units today makes the managers more pressured and some of the work tasks are left behind because of lack of time. Some of our interviewed also spoke about a mentality with the managers were they tend to see their unit as a unique part and fail to see their unit as a part of a big organization. Many also spoke about the managerial role as very lonely and that there is a lack of support for the managers within SU. The most complex problems for managers to face is issues concerning the personnel, it is also the most time consuming work task. Many of our respondents wished for more support for managers, either by having more shared leadership or having an extra person to help the manager when time is not sufficient.

Two of our respondents worked as a health care professional while working as a manager. These two both had smaller units to manage and did not experience working both as a manager and health care profession as a conflict. When asked about conflicting interests between managers and the employees many of our respondents believed that there was a lack of understanding of the managerial role among the employees and that more knowledge about general leadership and about how a budget works was required. When asked about problems concerning contact with SU as an organization many of the interviews spoke about the size of SU as a problem in certain situations. Many also had a feeling of being stuck between demands from the organization and the employees and felt that they sometimes were suffocated in their managerial role.

STAYING AS A MANAGER

When we interviewed managers that have chosen to stay in their managerial role for multiple periods many of them told us that the reason that they stay is because they find the work tasks stimulating but they all agree that it is a hard role to have. Many of the managers had experienced a lot of the same problem as our resigned managers but felt that the positive parts of the managerial role made it worth all the stress and overtime. Some of our respondents also see a changing managerial role with more work tasks and less help and have felt the pressure rise during the last couple of years. When asked if they would apply for a managerial role today many say they would not because of all the stress and pressure that is put on managers within the organization today.

RESIGNING AS A MANAGER

When asked why the respondents chose to resign we received four different reasons. The first reason was that the resigned manager had felt that the managerial role was too time consuming and wanted to spend their time on other things. The second reason was that the resigned manager had experienced conflicts within the organization and therefore chose to resign. The third reason was that they had resigned because of reorganizations within SU, either because their managerial role simply disappeared or because the managerial conditions drastically changed. The forth and last reason that we saw was that the managers felt that s/he had done what s/he could and wanted someone else to over the work.

When asked what could be done to improve for new managers many of the respondents believed that SU needs to find the right people within the organization to apply for the role but also to reduce the size of the units. To bring in extra support for managers or develop mentorship programs further was also suggested.

ANALYSIS

> *In this chapter we will discuss the findings of the managerial role related to staying in or resigning from the managerial role and how this is related to the theory and previous studies. By this we can further investigate what can be learned from this study which later will lead to the conclusions.*

MOTIVATIONS FOR BECOMING MANAGER

In this thesis we want to answer the research question: what can be done in order to make managers want to remain longer in their managerial role within the health care sector? But to answer this question we also need to understand what problems managers within the health care sector face and what factors are important for managers when remaining in their position. We started our examination by trying to find the motivations for becoming a manager within health care. We saw both in the literature by McClelland and Burnham (1976) and in our own research that the main motivations for becoming manager is to be able to contribute to the development of the organization and/or the people within the organization but also to have the possibility to achieve something. Many of the interviewed in our research said that they applied for the managerial role because they believed that they could make a difference for the better.

But many also said in our interviews that the motivating parts of being a manager within health care today is disappearing more and more in favor of administrative tasks. Instead of working with development and strategic questions many managers feel that they spend almost all their time on paper-work. We wonder if this change in the managerial role affects the willingness to apply for the position. Is this a reason to why managers chose to resign today, because they feel that the managerial role did not live up to their expectations? If this is the case, what can be improved in order to make them want to stay longer in their managerial position? To understand this further we need to look at what the work of a manager contains and which problems managers face in health care today that contributes to them not wanting to remain in their managerial position. In our interviews we found six reoccurring problem areas that were brought up by several of our respondents which will be presented below.

PROBLEMS WITH THE RECRUITMENT PROCESS

The first problem that was brought up by our interviewed managers was the problem with the recruitment of managers within the health care sector. Many of our respondent lacked professional leaders within the organization and some of the interviewed also felt that managers were chosen

from the wrong criteria. There was a general belief that medical knowledge was sometimes confused with knowledge on how to be a good leader and organizational knowledge and therefore it is often employees that have been with the organization for a long time or that have specific knowledge that were asked to apply for the managerial role and not the employees with the best leadership skills. As we saw in Winroths dissertation (1999) this is something that is quite common in professional organizations. Managers in the past have often been asked to apply for the managerial role by the organization and as seen both in research made by Öfverström (2008) and in our own research many chose to apply for the role because they felt that it was in the best interest of the organization or that it was demanded of them rather than having a genuine interest in leadership. Based on this analysis, it is fair to assume that that this affects how long a manager remains in his or her position. If someone applies for the role out of loyalty or pressure the risk is that s/he will not be satisfied with his or her position and resign after only a couple of years.

But this was not the only reason to why our respondents applied for the role. We also interviewed managers that had chosen to apply for the managerial role because they felt that they could make a difference or because they enjoyed the work tasks that came with the role. This could indicate that the recruitment process of new leaders is changing and that there is a better focus on administrative knowledge when assigning new managers today than it has been in the past. But we argue that it is important to continue this development. If the organization instead can find employees who want to become manager because they are interested in the work tasks it would be easier to motivate managers to remain longer in their managerial position, according to the previous studies and theories.

Another problem according to many of the respondents is that there is little focus on leadership and organizational questions in their education and therefore the managerial role might be hard to understand in the beginning of a managerial carrier. There was a general feeling among our respondents of not being prepared enough when being thrown into the role. Some of our respondents felt that it could be a solution to bring in managers from other backgrounds than the medical to receive a more professional leadership within the organization, but for this to be a solution many felt that there was a need for a change in attitude among the employees. Many had experienced a negative view from employees on managers without a medical knowledge and many spoke of the importance of explaining to the employees what a manager's work contains. This is something that is brought up in Llewellyn's article (2001) where she speaks about a tradition within health care where the medical staff wants to be lead by managers that have a background within health care. Some of our respondents believed though that if the employees received a better

knowledge on managerial work they would more easily accept a manager with a different background than the medical.

CONFLICTING WORLDS WITHIN ONE ORGANIZATION

The managerial role is a hard role to have in any organization but being a manager at a hospital might be even harder than normal. One problem that we saw in our research that is specific to the health care is that when being a manager over a unit there are different groups to manage within that unit, Mintzberg and Glouberman (2001) write of different worlds within health care in their articles. This study states that this is another factor to why the managerial role within the health care sector is such a hard role to have. We argue that when being a manager over different professions it is crucial to understand how to communicate with the different groups. If a manager can not communicate properly with his or her group this can result in low respect from the employees as well as create a lack of understanding between the employees and manager which makes it hard for the manager to manage. Another problem that can occur when there are different worlds within one organization is that there is competition among the worlds. Some of the respondents spoke about some professions competing for the same work tasks and that this sometimes caused conflicts within a unit. So solve this problem many of our respondents spoke about the importance of creating common goals and as manager it is important to focus on the similarities among the different professions, this is in line with the research by Mintzberg and Glouberman (2001).

A LONELY ROLE

Many managers also spoke about a feeling of being alone and we argue that the different worlds can be one of the answers to why many managers within health care feel lonely in their role. When an employee applies for a managerial role they have to leave their secure world of their profession and instead enter into the managerial world and if they do not receive support from fellow managers this can create a lonely role.

According to Skytt (2007) one of the reasons to why managers resign is reorganizations and changes and in our empirical study we interviewed some managers who had resigned because of this reason. When the organization went through changes the power structure changed and the affected manager did not receive the respect needed from the employees in his or her new unit which created a situation where they felt that they were alone in their decisions and in the end felt that they had no other choice than to resign -a problem that was also brought up by Wikström and Dellve (2006). In a professional organization such as SU where there is a lot of informal leadership the problems with power-struggles might be more common than in other organizations. This can be explained by the fact that managers are usually not assessed by their employers on if they are a good

leaders and organizers but on their medical knowledge. In a professional organization there is often a socialization process where the employees learn how to handle problems with specific knowledge in their education and therefore there might be a different view on leadership in such organizations (Winroth 1999). We argue that in an organization such as SU it is crucial that managers receive the legitimacy that is needed to manage. If managers feel that they are legitimate leaders it might be easier for them to implement decisions and feel that they can affect their unit, something that many managers feel is hard to do today. If the managers felt that they would receive the legitimacy needed and have the possibility to affect the organization our analysis supports the argument that some managers would remain longer in their position.

PROBLEMS WITH PRIORITIZING AND LACK OF TIME

The fourth problem that was brought up by our respondents and according to Skytt (2007) is a reason to why managers resign is problems with prioritizing and lack of time. According to our empiric research, managers within SU feel that the work tasks become more and more while the support that they receive becomes less. This results in a lack of time and priority issues for many managers. According to previous studies made by both Arman (2010) and Dellve and Wikström (2006) many managers within the health care feel that their stress level is un-healthy. We argue that if the stress level could be reduced this could result in managers staying longer in their role. With a more reasonable work load the stress level could be reduced and the quality of the work performed by managers could become better. One solution to this problem, according to our respondents, could be to place new managers at smaller units, where the work load is smaller, in the beginning of their managerial carrier. Our analysis supports the fact that this would not only reduce the stress-level and time problem but also give new managers more time to reflect on what they want to achieve with their leadership.

In our own empirical research many of the respondents decided to resign because they felt that they wanted to reduce their overtime as well as focusing their time on other things. This could be an affect of that they had too much to do as managers. Many also believed that the amount of work that is put on managers within SU was a reason to why many employees hesitated to apply for the role. When seeing their own manager being drowned in work many believed that it was a price that was too high to pay for becoming manager

When we asked our respondent how this could be solved many asked for more administrative support such as bringing in secretaries, a solution also brought up by Wikström and Dellve (2006), or having shared leadership. If managers would receive a better administrative support we argue that it would not only make them less stressed but also give them a chance to focus more on strategic work

tasks as well as being more visible and active in the daily operations, which would be in line with using New Public Management as a management strategy.

CONFLICTING ROLES; BEING BOTH MANAGER AND HEALTH CARE PROFESSIONAL

When becoming manager within the health care some choose to remain in their profession and work part time as a manager while some decide to focus all their time on the managerial role. In our interviews we saw that managers with bigger groups often had to spend all their time on their managerial role. For a nurse for example who studied for three years to work with patients this might not be an easy choice to make. According to Skytt (2007) this is a reason to why managers within the health care resign, that they want to spend more time focusing on their profession rather than the administrative work. We argue that this is connected to the problems with the recruitment process. If the organization would find the employees who wanted to work with administrative questions fewer managers would resign because of this reason. But if an employee applies for the role because of pressure from the organization or because s/he feels that it is expected of him/her, s/he might feel that s/he needs to give up too much for the managerial role and therefore are not willing to remain longer in his or her managerial role.

Another reason that makes the managerial role a hard role to have in the health care sector is the lack of understanding of the managerial work among the employees according to our respondents. Many believed that more knowledge about general leadership and how a budget works were required. According to some of our interviewed a deeper understanding of the managerial role would make it easier for the manager both to explain decisions and implement them among the employees. We saw, as Golden (2000) wrote about in his article, that many of the employees believed that the administration should just be a help in the daily activities and does not understand the importance of the managerial work. If a better understanding of the managerial work would be implemented among the employees we argue that the manager would receive more respect as well as having an easier time implementing changes within the units.

CONFLICTING PRIORITIES AND INTERESTS BETWEEN MANAGER AND EMPLOYEES

Some of our respondents also brought up the problems with the conflicting priorities and interest between employees and managers. According to Öfverström (2008) conflicts between managers and employees are quite common in professional organizations. Our respondents spoke about the difficulty with the differences in focuses between them and their employees. For a manager it is important to see to the best of the organization while the employees can see to the best of their patients. Some of our respondents spoke about the difficulty with implementing decisions because there was a lack of understanding among the employees. This could be an effect of the employees

not being included in important decision-making and therefore having a hard time accepting the decision. This could also indicate that there is a lack of legitimacy for managers within the organization.

To solve this we argue, again, that there is a need for the employees to receive a bigger understanding of the managerial work and work tasks. By making a division between medial work and managerial work the health care can receive a clearer and more professional leadership. There has to be a clear communication from the organization on what the managerial work contains and what the managers responsibilities are but it also needs to be clear what rights the manager have. If the manager is responsible for certain parts of the unit, s/he needs to have the proper resources to be able to manage this, something that many managers feel that they are lacking today.

DEMANDS FROM THE ORGANIZATION AND EMPLOYEES

The last problem area that we saw was high demands on the managers from both the organization as well as from the employees, something that Wikström and Dellve (2006) also wrote about. Skytt (2007) claims that one of the reasons to why managers resign is because of too many demands and in our research many of our respondents spoke about a feeling of being stuck between demands from the organization and the employees. This created a frustration among the managers and many felt that their possibility to influence was smaller than expected and the demands much higher than expected. Many also felt that there was a lack of understanding about the work and the managerial situation from both higher managers and the employees and therefore a lot of the demands that were put on the managers felt impossible to fulfill which created a frustration among many of the responding managers. To reduce the frustration among the managers we have learn that it is important to both limit the work load that is put on the managers as well as making sure that the demands that are put on managers are possible to fulfill and that the managers have the right resources to fulfill the demands. If the managers feel that they have a possibility to reach the goals of the organization the frustration might be reduced and the chances of managers remaining longer in their managerial role will increase.

WHY DO MANAGERS REMAIN IN THEIR ROLE?

It is not only important to understand what problems managers within the health care sector face but also why some managers chose to remain in their position regardless of these problems. Do the managers that remain in their role face fewer problems than the managers who chose to resign or have they just learned how to deal with the problems in a better way? In our empirical study we found that our current managers experienced the same problems as the resigned managers but the managers who have remained in their role believed that the positive parts of the leadership such as

helping the employees to develop or seeing their unit grow, outshine the problems that they face. Many of the current managers have also found their own solutions to problems such as having too much work tasks and too little time. Some of the managers that have remained in the managerial role for a long time have learned to prioritize and seek help that is not offered by the organization. One of the managers had for example used a nurse who could not be a part of the daily activities because of health issues as an administrative help in her/his job. This made it possible for the nurse to keep working as well as it made the work of the manager more manageable and s/he had more time for the strategic parts of being manager. This indicates that some of the factors to why managers remain in their role are factors created by the managers him or herself. Maybe it is the managers who create his or her own conditions and not the organization?

It is also crucial to understand why employees become managers to understand what the factors are that make them remain in their managerial role. When managers feel that they make a difference they tend to be satisfied with their managerial role but when they feel stuck between demands many feel that the motivation of being manager decreases. It is therefore crucial that a managers' work does not only become administrative but that they receive the chance to be a part in the development of both their unit as well as their employees. We also argue that it is crucial for organizations to see to the expectations on the managerial role among the employees who decides to apply for it. We have seen in our research that when the expectations from new managers are in line with the reality of the role they tend to be more satisfied with the managerial role.

According to our empirical study, by reducing the problems that managers within the health care faces, more employees would apply for the position and the managers would remain longer in their managerial role. With less work tasks, the managers would be able to be more visible for the employees at their units which could result in better communication between manager and employees as well as receiving more satisfied employees that feel that they are seen by the organization.

CONCLUSIONS

In this part we will present our results and conclude the thesis by looking at what problems we have found in our study and how this have been explained in previous research. We will also look at how these problems can help us to understand how organizations can prolong the managerial period for managers and what could be done to facilitate for new managers.

THUS, TO ANSWER OUR MAIN QUESTIONS:

WHICH PROBLEMS DO MANAGERS DESCRIBE WITH BEING A MANAGER WITHIN THE HEALTH CARE THAT MAKE IT DIFFICULT FOR THEM TO REMAIN IN THEIR POSITION?

We have found several problems with the managerial role within the health care sector described in both previous researches as well as in our own empirical study. Many employees enter into the managerial role with an expectation to be able to make a difference and influence the direction of the unit that they managed. This was the reasons to why our respondents gave up their profession in order to instead work with managerial questions. Did their expectations come true? In this thesis we argue that they did not. Both in our empirical study as well as in the literature within the field we see that the managerial role within health care is becoming more and more administrative today and with that looses some of its focus on the strategic and operative work, it also makes the role very time-demanding. Some of the interviewed that had worked as managers during a long time have seen great changes within the managerial role. A lot of the managers felt that they had lesser work tasks before and received more support. Does this change in the managerial role affect how people view the position?

Another problem that we have seen is that the demands on managers today are too high. Many feel that they have little possibility to affect their daily work and reach the goals and demands that are put on them by the organization which creates a frustration among managers where they feel stuck between demands from both the organization and the employees. Could Skytt (2000) be right in his assumption that this is a reason to why managers resign, and if it is true what can be improved in order to reduce the feeling of being stuck between demands? We argue that one important aspect is to *have reasonable demands on the existing managers*. There needs to be a discussion about if managers have a possibility to reach the goals and demands from the organization and how they should be reached so that all the responsibility does not lie with the manager. It is also important that the managers receive the resources needed and that they feel well prepared for the managerial

role. If the managers instead see the goals as something to strive for and not something that is unreachable and stressful we believe that the goals and demands can be a motivation to remain in their managerial role instead of a reason to resign.

Another factor that influences the managerial role is that a hospital is seen as a professional organization and therefore the managers might experience conflicts that are specific to those kinds of organizations. We have seen in our empirical study that one of the problems that managers within the health care face are issues concerning legitimacy. In a professional organization there are often informal leaders and when entering an operating-room for example there is a clear hierarchy that the manager of the unit is not a part of. There is also a problem with the different focus; the manager needs to focus on the best of the organization while the employee can focus on the best of his or her patients. Both these issues can create conflicts between managers and the employees. We argue that there is a need for a clearer leadership within health care where it is clear what the rights and obligation of a manager is. We also argue that a better understanding of the managerial role needs to be implemented among the employees within health care.

SU has during the last couple of years had a hard time finding suitable managers because there are few applicants for the managerial role. We have argued in this thesis that the recruitment process needs to be improved within SU to receive a more professional leadership, but is this possible when so few employees wish to become managers? We believe that a change of the managerial role needs to be implemented, both to make the managerial position more attractive for employees but also to facilitate for the managers within the organization today. Many managers today feel overwhelmed with work and this is not an issue that is isolated only to the health care sector but in our society in general we see a decline in the willingness to become manager. We also see existing managers who feel that their work load is unreasonable. As showed in the beginning of this thesis, 70% of all managers in Sweden feel that they have too much to do and too little time according to a study made by the Central Statistics Office of Sweden in 2006. 65% of the managers have a hard time disconnecting the thought on work on their free-time, 62% feel that they need to work overtime or bring home work to be able to manage time wise and 31% have a hard time sleeping because thoughts on work is keeping them up. Is this a sign of the managerial role being demanding to the point where it is almost impossible to handle?

WHAT ARE THE FACTORS THAT MAKE MANAGERS REMAIN IN THEIR MANAGERIAL ROLE?

We find it interesting that both the current and the resigned managers in our empirical study have similar problems with the managerial role. Both the current and the resigned managers also describe

the possibility to affect both the unit and the employees as the most rewarding aspect of being manager and the reasons to why they chose to apply for the role. But if this is true, what factors determents who remains in their role and who resigns from their role? We argue, with support from our empirical study, that it is the manager him or herself who partly creates his or her own conditions. By seeking help and administrative support themselves managers can prioritize better and focus on the rewarding parts of being a manager. If managers are able to work with development and strategic questions they tend to be more satisfied with their position. But we also argue that the organization must help by provide better general conditions for managers which could result in a less demanding role and therefore fewer resignations.

WHAT CAN WE LEARN FROM MANAGERS ABOUT HOW TO MAKE THEM WANT TO REMAIN LONGER IN THEIR MANAGERIAL ROLE IN THE SWEDISH HEALTH CARE SECTOR?

When asking how this thesis can help in order to understand what could be improved to make managers want to remain longer in their managerial role, we have found several possible improvements for the managerial role. We have seen that there is a need for more *administrative help* for managers if the organization wants them to remain longer in their managerial role. The role of a manager today is both time consuming and demanding and many feel that they are constantly behind in work. This creates both a frustration among the managers and makes the managers less reachable for the employees. We have also seen that many managers feel alone in their situation and wish for *more support* by for example mentorship programs etc. This is a part of the program created by SU for new managers today but it is important that this help is available to all. More mentorship programs would make the manager more prepared in their managerial role. A mentor could be someone to talk to for the manager if there are problematic situations or hard decisions to make etc.

We also argue that there is a need of a *better focus on leadership abilities* when assigning new managers. It is important that the managers have the qualifications that are needed to be able to manage the role. It is also important that the manager receive a proper *education within leadership* and organization so that all the new managers know their rights and responsibilities, this is something that is being implemented at SU today but it is important that the organization keeps working with the development of these programs. One other possibility to finding new leaders could be to bring in managers from other sectors than the health care. If the managerial role became more clearly directed towards leadership questions and organizational questions that knowledge would be more valuable than having knowledge about the health care. This could be a possible solution for especially second line managers.

FUTURE RESEARCH

As we have seen in our research the managerial role is a complex role and it is becoming less attractive for employees according to studies. The role is also becoming more time demanding and the demands on managers are today extremely high. We argue that this is a subject that needs to be highlighted more, is the managerial role an almost impossible role to have today? And is there anything that can be done in order to change this trend and to make the managerial role more attractive to employees again?

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