A case study exploring the professional identities of a group of middle managers in a school of healthcare.

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Annette Thomas-Gregory

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Abstract

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In recent years modernisation practices introduced by successive governments and university funding bodies have converged to bring about a much larger and more academically diverse student body, alongside an increase in bureaucracy, marketization and government accountability. Middle managers in schools of healthcare have confronted these changes in tandem with obligations to the on-going pressures of integration with higher education and collaborative relationships with major stakeholders.

Previous research into the role of the middle manager suggests that recruitment to the role is haphazard, that post-holders have little training, and that they struggle to manage aspects of their role. However, there has been little published research specific to the role of the middle manager in schools of healthcare. This study explores the professional identities of 14 middle managers in a single case study school of healthcare in a selected chartered (pre- 1992) UK university. The study adopts an interpretive approach, in line with social constructivism, exploring their beliefs, feelings and perceptions with regard to their career background, identities and role.

The findings show that leaders in healthcare education claim legitimacy for their role from their credentials as clinical practitioners, managers and academics. This group of middle managers shared an early appreciation of the competitive nature of their field, and the importance of symbolic and academic capital. They were inclined to attribute their career success less to situated than core or dispositional aspects of their identity, and spoke of high levels of job satisfaction. It is recommended that new understandings of this role be incorporated into more specific job descriptions, shaped by the strategic vision of the university. Middle managers are identified as pivotal agents of change, and mediators who encourage staff to work with strategic, cultural, political and economic realities Senior leaders of higher education institutions might wish to consider employing individuals who are at a point of professional mastery, managerial expertise and academic acumen to equip them to juggle the multiple identities within this post.

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Chapter One

Introduction and Background

This thesis examines the professional identities of a group of middle managers in a school of healthcare in a selected chartered (pre – 1992) UK university. It aims to explore the career backgrounds of this group of academics and understand the circumstances that led them to becoming middle managers in higher education.
It also aims to examine how these middle managers describe their own identity and the interactional balance between the professional, academic and managerial aspects of their role. In order to meet the aims of the thesis, research was undertaken within the interpretative paradigm, in line with social constructivism. Data was collected from questionnaire responses and fourteen interviews with middle managers in a school of healthcare in a selected chartered (pre-1992) UK university. The data were then analysed using coding and thematic techniques outlined by a wide range of qualitative researchers, including; Guba and Lincoln (1994), Miles and Huberman (1994), Streubert and Carpenter (1995), Langdridge (2004), Bryman (2008), and King and Horrocks (2010).

This chapter justifies the need for research into the career background and identity of middle managers in a school of healthcare. A rationale will be offered why this topic is worthy of study, and the potential contribution that it will make.
Discussion will focus upon the author's position in relation to the study, and the decision to collect the data from the case study chartered (pre-1992) university.
The study will be placed in context by examination of two central influences upon this role:

- The modernisation of nursing and integration of non-medical healthcare education into higher education.
- The reform and reorganization of higher education

Finally the chapter will explain the development of the research objectives, and the specific research questions.

1.1: Identifying the problem

A plethora of research studies and publications have contributed to the developing body of knowledge concerning the role of the middle manager in higher education institutions in the UK (Mintzberg 1973, Crouch 1979, Mintzberg 1989, Uyterhoeven 1989, Deem 1993, Eley 1994, Dopson et al.1996, Smith 1996, Ghoshal and Bartlett 1998, Deem 1998, Deem 2000, Deem and Johnson 2000, Deem 2001, Hellawell and Hancock 2001, Smith 2002, Deem 2002, Deem 2003a, Deem 2003b, Johnson and Deem 2003, Deem 2004, Clegg and McAuley 2005, Smith 2005, Clegg 2008, Deem et al. 2007, Floyd 2009, Floyd 2012). Much of the interest in this role has been generated by the huge organisational and cultural changes within higher education over the past two decades. Modernisation practices enforced by the government and the university funding bodies have converged to bring about a large increase in student numbers, a more academically diverse student body, an increase in bureaucracy and an increase in market and government accountability (Nixon 1996, Knight and Trowler 2000, Henkel 2002, Collinson 2004).

For academics working in non - medical healthcare education these changes followed the widespread organisational and cultural change encountered during a period on

integration into higher education. Following many years of management by District Health Authorities, nurse education followed in the footsteps of other non-medical healthcare education, relocating financially, legally and structurally out of the NHS and into higher education (Watson and Thompson 2004). This was most powerfully marked by the closure of all hospital- based schools of nursing. Although the role of the middle manager has always been important to university management and performance (Middlehurst 1993, Smith 2002), these policy and cultural shifts have greatly elevated the importance of this position, with the middle managers being pivotal in the alleviation of tensions, and reconciliation between top-level perspectives and lower-level issues related to the implementation and delivery of organisational goals (King et al. 2001).

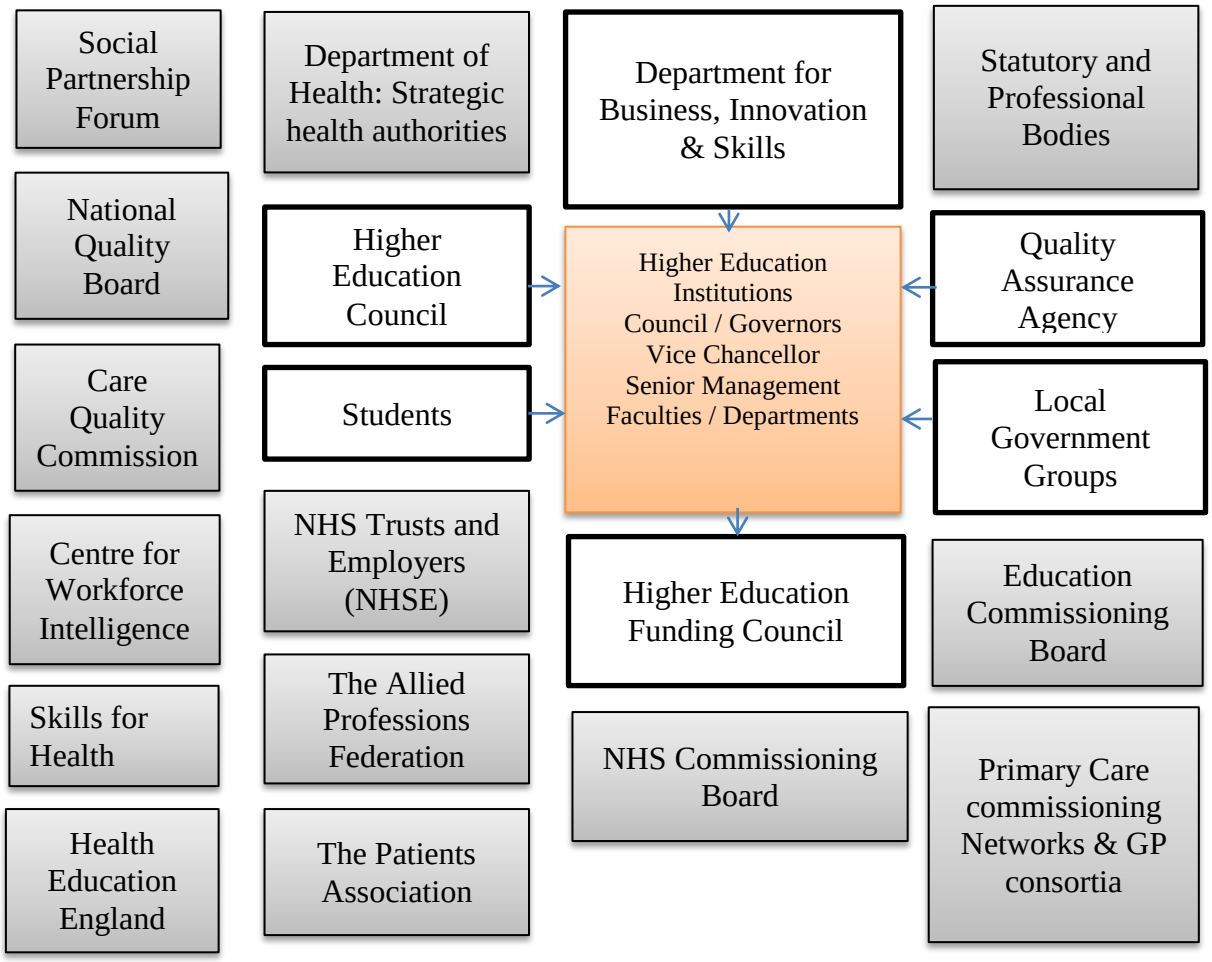
The structural, organisational and cultural changes throughout higher education have necessitated a change in the role of the middle manager, and in consequence there has been an extensive amount of research into this pivotal role. Middle managers are responsible for the operational work of others: lecturers, senior lecturers, and administrators. They have been described as 'a hierarchy of authority between the operating core and the apex' (Mintzberg 1989: 98), and 'those below the small group of top strategic managers and above first-level supervision' (Dopson et al. 1996: 40). The role is considered by many to be pivotal, involving an individual who can shift between different levels of hierarchy (Uyterhoeven 1989) and transfer knowledge effectively (Ghoshal and Bartlett 1998). Crouch (1979: 37) suggests that it is the middle managers who hold the responsibility for the maintenance of internal systems; they are: ‘the disturbance handlers, resource allocators and negotiators’. In an attempt to define middle management, Dopson et al. (2006: 40) conclude that the British legal

tradition which relies heavily on precedent has no legal definition of management, let alone lower, middle or senior management. Indeed, case law provides the most rudimentary definition of management following a ruling by Lord Denning, who stated that:

> The expression 'manager' should not be too narrowly construed… it could be … any person who in the affairs of the company exercises a supervisory control which reflects the general policy of the company for the time being or which is related to the general administration of the company (Denning 1990, In: Dopson et al. 2006:41).

Middle managers in schools of healthcare education are uniquely situated in coping with all the tensions identified, as they do so in tandem with their obligations to the on-going pressures of integration and collaborative relationships with major stakeholders such as the Department of Health, NHS, and Statutory bodies for different healthcare professional groups (see diagram 1.1).

Diagram 1.1: Stakeholders in the education and training of the health professional workforce in England (Adapted from HEFC 2000, DOH 2001 and consultations.dh.gov.uk 2011).



The purpose of education is discussed at many different levels in society, but it is usually the most powerful factions within society who shape the educational agenda (Busher 2000). Essentially, the intention or aim of non-medical healthcare education is to produce a competent practitioner, thus protecting the general public from incompetence, and maintaining professional standards (Lafferty 1997). Decisions concerning where, when and how health professionals are educated are made in close consultation with representatives from all the stakeholder groups identified

in diagram 1.1. The higher education representative involved in this process is often a middle manager.

At a local level, this ‘educational agenda’ becomes a reality through curriculum development and implementation. The curriculum is at the core of almost every educational enterprise, acting as a text of prescribed material for school activities (Karseth 2004:638). Thornton and Chapman (2000: 125) suggest that although the term ‘curriculum’ means different things within different settings, it is ideally conceived as: ‘decision- making action that integrates both intention and the manner in which intention becomes operationalized into classroom reality’. Successful development and implementation of curriculum involves the co-operation and involvement of a committed team, willing to discuss the values and skills necessary to underpin learning. Curriculum planning involves degrees of choice, and the roles of key players (internal and external) in negotiation of the content should not be underestimated (Wise 2000). The planning and development of the curriculum often takes the form of decisions rationalised according to procedural necessity, implemented by those at a level of the hierarchy deeming them qualified enough to interpret healthcare policy and embed it within the curriculum; the middle managers are pivotal in this process.

Changes in health and social welfare, socio-political and economic factors all influence the content of non-medical healthcare curricula. The power of these factors, along with the role of major stakeholders limits the jurisdiction of the middle manager in terms of curriculum design. However, much of the decision-making regarding delivery of the educational programmes is within their domain. The degree of

negotiation and involvement of the whole team may vary substantially according to the micro-politics in the locality. Micro-political organisations are described by Bush (1995:73) as those in which:

> policy and decisions emerge through a process of negotiation and bargaining. Interest groups develop and form alliances in pursuit of particular policy objectives. Conflict is viewed as a natural phenomenon and power accrues to dominant coalitions rather than being the preserve of formal leaders.

The framework for non-medical healthcare education may well resemble flat pack furniture, with great emphasis upon the middle managers who assemble the component parts in delivering the programme. The reality of programme delivery may well vary in accordance with the dominant traits of educators or groups of educators involved in this process.

Ball (1998) disputes that management and micro-politics are part of the same process, assuming that management concerns rational processes of control. This perspective overlooks the importance of non-rational processes (Stoll and Fink 1995) through which people attempt to give meaning to their lives and gain some ownership of the organisational processes of which they form a part. Stoll and Myers (1997) suggest that rational processes rely upon the enthusiasm of the staff and stakeholders through collaborative working and effective leadership.

Collaborative working represents a form of micro-political strategy through which a leader meets the needs of the staff and in return gains involvement and compliance

with organisational objectives (Etzioni 1964). Edwards (1985) suggests that decision making should only really be reviewed in terms of its relationship with leadership. The idea of leadership is difficult to capture, open to numerous definitions and interpretations, and is commonly associated with 'being in charge'. However, it is also associated with an influence over people, events or outcomes. Woods (2005:xvii) discusses leadership in terms of democracy, collective decision making and empowerment. whilst Middlehurst (1993:7) states that:

> Although spoken about as a concrete and observable phenomenon, it remains an intangible and elusive notion, no more stable than quicksand.

There are numerous theories of leadership, including: trait theories, based upon the behavioural traits of the individual (for example: intelligence) and style theories, relating to autocratic / democratic principles. There are two broad categories of leadership style often referred to in the literature: transactional approaches which are more commonly associated with bureaucracy, administrative tasks, and what Bennett et al. (1992) call 'fixing and dealing' behaviours and transformational approaches, which Macgregor Burns (1978) defines as a process in which leaders and followers raise one another's higher levels of motivation. Woods (2005) argues that contemporary theorising about leadership has moved away from the polarised transactional versus transformational divide into a more sophisticated amalgam. Many authors refer to the value of adopting an eclectic approach towards these theories (Bennett et al. 1992, Handy 1999). Handy (1999) suggests adopting an approach relevant to the situation, referred to as a contingency theory or a 'best fit' approach. Bennett et al. (1992) conclude that the majority of educational managers adopt a hybrid approach, and alter their leadership style according with the myriad of

situations that they encounter.

More recently the ‘new sciences’ – chaos and quantum theory - have attracted considerable attention within the fields of administration, management and public policy. Margaret Wheatley, a management consultant and author of ‘*Leadership and New Science*’ (written in 1992) suggests that most managers are fixated with structures rather than processes, and that most organizations are capable of dissipating structures and reconfiguring at higher levels of complexity in order to better deal with the new pressures and demands. She shows how the new science demonstrates that many physical systems have organizing tendencies to help move towards self-order in the face of fluctuations, disturbances and imbalances. Most importantly, she demonstrates that disturbances should be regarded as a primary source of creativity and renewal, and that new science allows us to view order and disorder as ‘partners in the dance of life . Wheatley (1992) suggests that chaos theory encourages managers to adopt a new appreciation that the chaos, uncertainty and stress that they so desperately try to control may in fact allow for real change and creativity, and that instead of trying to manage tasks that the key is leading and facilitating collaborative processes.

West-Burnham (2009:3) suggests that leadership is primarily determined by a range of human qualities reinforced by knowledge and behaviours; it is described less as a portfolio of skills, traits and competencies, and more as being about the person as an integrated human being. Effective leadership is more than just doing the job, it is a complex interaction between a range of personal and professional qualities within a context of a moral purpose (Sergiovanni 1992, West-Burnham 2009). This view is reinforced by Senge et al. (2004: 186):

> If you want to be a leader, you have to be a real human being. You must recognise the true meaning of life before you can become a great leader. You must understand yourself first.

Although West-Burnham (2009:110) presents leadership as primarily determined by a range of individual human qualities, he also emphasises that it is far more effective when seen as a collective capacity. Woods (2005: xvii) asserts that 'Leadership is not simply a set of free – standing actions, but is a collective property', not about an individual, but concerning the culture, infrastructure and processes within an organisation.

By the 1970s and early 1980s the idea that the context within which leadership was staged was an important aspect to consider, was beginning to come to the fore. Fiedlers (1967) contingency theory and Blanchard and Hersey's (1977) notion of situational leadership gained prominence. Contingency theory presented leadership as the unification of person and the situation, giving consideration to the power of the leader, the structure of the task and the leader-led relationship. Hersey and Blanchard (1977) developed a complex model of four leadership styles; delegating, supporting, coaching and directing, all dependent on factors such as the level of support needed and the development level of the team members. Situational leadership therefore meant that the leader at any level in the organisation needed to choose the right style of leadership behaviour to suit the development level of the team and the job or task.

Power and influence also feature in the theories of leadership. Earley and Weindling (2004) suggest that key questions about power and leadership, include: who exerts influence? What are the sources of that influence? And what are the purposes and outcomes of influence? Hofstede (1984) refers back to the early sixteenth century and contrasts the ideologies of two significant and influential characters: Machiavelli in Italy, and Thomas More in England. Machiavelli describes leadership as akin to a form of manipulation, with leaders having much more power than followers, in contrast to Thomas More who described Utopia, where power was distributed more equally. Hofstede (1984) suggests that ideologies are concerned with the cultural context, for example; in Machiavelli's Italy a 'large power distance culture', and in Thomas More's, ' small power distance culture'. These traits are identified in the culture and leadership approach adopted by modern leaders within a multitude of situations. West-Burnham (2009: 2) asserts that:

> Leadership is the most significant of a range of complex variables that determines the success of schools. Many variables cannot be controlled directly: of those leadership is easily more controllable and the one with greatest potential impact and leverage. It is therefore essential to differentiate leadership from management and to recognise that, although they may have to be in a symbiotic relationship, it is leadership that makes the difference.

At times it is difficult to distinguish between the terms management and leadership, the terms are often used interchangeably. Marquis and Huston (1996) outlined a number of key differences between the two: managers are usually assigned a position

within an organisation, they have a legitimate source of power related to delegated authority, they are expected to carry out specific tasks and they usually emphasise control, decision making and are goal orientated. Leaders by contrast, may have no delegated authority, but may obtain power through other means, they may have a variety of roles, they are not necessarily part of the formal organisation. Leaders often focus upon information gathering, feedback and empowerment. Contemporary management and leadership theorists focus on the need to unite these skills, and acknowledge that although a person could be one without the other, a complement of both is ideal.

The author's personal experience as a senior lecturer in a Faculty of Health and Social Care within a statutory (post -1992) university is more akin to Machiavelli's large power distance culture, than More's Utopia. The management and leadership that I have experienced since the integration of non-medical healthcare education into higher education has retained what Monyatsi (2005:354) called the characteristics of the Weberian Model of Bureaucracy, including: division of labour, specialisation, a hierarchy of authority, rules, regulations and career orientation. Weick (2001:288) explained these structural and organisational characteristics in terms of a concept called: 'loose coupling'. The looseness of system structures suggests a need for professional reflexivity, yet the demand for product uniformity over time necessitates rationalisation and bureaucracy. More recently, Docherty (2011:111) argues that there is a crisis of leadership in higher education in the UK, furthermore he suggests that this crisis has been provoked by the rise of the managerialist class, and that leaders have been replaced by managers, and followers replaced by resources.

> Within all this, followers have become human resources. As a mere 'human resource', I am placed on a par with the paper clips … as a resource, I am like the paper clips – fundamentally interchangeable with others in my category. All that is now required is that I am properly managed, not offered leadership' (Docherty 2011:116).

Personal experience in a statutory (post -1992) university highlighted to me the importance of the role of the middle manager in relieving the tensions associated with curriculum planning, delivery and implementation. However, recruitment to this role appeared to be haphazard, and the role description seemed to be broad and idealistic. Colleagues who had assumed the role complained of enormous pressures outweighing any perceived rewards.

Middle managers within this context appeared to have varying clinical specialisms, but all had a background in nursing. Their academic portfolios were tremendously irregular, with many having Degrees and Masters, but only a small minority having doctoral qualifications. The increasing emphasis upon research and publication, and the impact of the Research Assessment Exercise (RAE), 'quality- related research' funding and the new Research Excellence Framework (REF) has made post-holders without doctoral qualifications insecure, and yet those I spoke to were quite clear as to the impossibility of pursuing doctoral studies while in this role.

My own experience as a clinical nurse and healthcare educator motivated my enquiry into the role of the middle manager in non-medical healthcare education. As my studies progressed I became more convinced of the pivotal role of this group of middle managers and equally despairing of the approach towards recruitment and

support for these individuals. A number of factors prompted changes to my original intent, including my own deepening appreciation, knowledge and understanding of this field of study, and on-going political, and economic pressure confronting all public-sector workers. It also became clear that insider research would be ethically and logistically impractical and, following a great deal of discussion and deliberation, my research was by necessity relocated to an external site. In the interest of avoiding any discord in my workplace and removing potential bias the case-study site for this study was a School of healthcare in a chartered (pre-1992) university distant from my work-base. This decision will be discussed in detail in the chapter on methodology (chapter three). The next section of this chapter places this study in the context of the two central influences upon current practice in non-medical healthcare education.

1.2: Background: setting the context:

1.2.1: Modernising nursing and the integration of non-medical healthcare education into higher education:

> Recognition of nursing as a profession equal to any other is only likely to come when the nurse has a university education similar to that of other health workers. (Akester 1955: 920).

The integration of all non-medical education (including nursing) into higher education has been a significant chapter in the history of healthcare education, affecting all within the healthcare professions, but none more so than educators. The origins of nurse education programmes in the higher education sector can be traced back to the early 1970s with the Report of the Committee of Nursing, more commonly known as the Briggs report (DHSS 1972) which offered a strong indictment of the overall

neglect of nursing in the NHS and argued for root and branch reform focusing particularly on the separation of service from education (Kitson 2001). In July 1983 a new statutory structure for nursing was inaugurated, which had at its heart a single UK central council, whose principal function was to establish and improve standards of professional conduct and training (Humphreys 2000). The creation of the UKCC marked the beginning of a new phase in the professionalization of nursing. Reflecting on its strategic objectives, the UKCC identified:

> as a chief priority … the total and radical review of the professional foundation for nursing … with no options foreclosed and no proposals, however radical, eliminated.
> (UKCC 1986 cited in Humphreys 2000: 264).

In 1984 all but 2% of nurse training was delivered within the NHS, but following the UKCC Project 2000 review 100% of initial nurse training was to be relocated in Higher Education. Following many years of management by District Health Authorities, nurse education was removed financially, legally and structurally from the NHS, with the closure of traditional hospital-based schools of nursing (Watson and Thompson 2004).

A number of factors have been cited as determining this significant change in the history of nursing. There was a concerted push among professional nursing organisations to address the lack of parity amongst all health professionals. These issues within and among health professionals coincided with broader social concerns relating to equal opportunities for women. There was also increasing awareness of the importance of education rather than purely service needs, and the need for the development of evidence-based practice through nursing research. Issues that

integration with higher education could address were cited as:

- Conjoint validation which would allow for the rewarding of both academically and professionally recognised qualifications.
- The traditional education system isolated nurses from other academic disciplines and from the considerable educational resources of higher education.
- The shift in educational venue from hospital to the tertiary education sector was seen as a means of developing nursing epistemology.

(Owen 1988, Barton 1998, Russell 1990, Deans et al. 2003).

It would be naïve to suggest that the government would be swayed by such ideological perspectives without serious consideration of the financial consequences. The British government's agreement to the implementation of the educational reforms was influenced by the prospective planned changes to the National Health Service (NHS Act 1990). In the late 1980s a series of government White Papers were published with dramatic consequences for the NHS.

Working Paper 9, *Working for Patients* was implemented through the Conservative Government's National Health Service and Community Care Act (1990). This was intended to provide greater efficiency in the NHS by introducing an 'internal market' in healthcare, via the creation of a purchaser / provider split. This raised important issues concerning the funding and commissioning of nurse education, as previously the funds for education had been largely conflated with the funds for care delivery. If this arrangement continued within an internal market, the service providers would be tempted to cut nurse education costs in favour of more competitive pricing on care

delivery (Francis and Humphreys 1998). A further White Paper was commissioned in order to investigate and recommend a method of educational funding separate from health service monies. Working Paper 10 advocated greater competition and marketization of nurse education, and devolvement of responsibility for education commissioning to employers (1989). The funding for nurse education was channelled to the Department of Health, meaning that this department would be able to purchase education from higher education providers (Francis and Humphreys 1998).

Unlike nursing, radiography, physiotherapy and occupational therapy had been moving towards integration with higher education prior to Working Paper 10. However, this process was accelerated and schools of occupational therapy, physiotherapy and radiography were also dismantled despite increasing numbers of students. In 1986 there were 27 schools of physiotherapy with only one in a university but by 1996 there were 21 universities offering places on physiotherapy pathways (Waters 1997). Different arrangements emerged during this integration process as universities either merged nursing schools with existing medical or health faculties or established new departments of non – medical education and training (NMET) (Fletcher 1995).

Throughout the process of integration there was never a clear statement of intent from the government about whether integration within higher education was wanted or intended, so it is still questionable whether it was planned, a historical inevitability, an academic / professional necessity or an accidental outcome of the creation of the internal market in the NHS (Burke 2003). Between 1999 and 2000, the NHS spent £703 million on pre-registration training places and student bursaries

for some 50,000 nursing and midwifery students. Training for these students was provided in some 100 or so NHS pre – registration contracts, by about 73 higher education institutions (NAO 2001).

1.2.2: Higher education reform and reorganisation:

> Higher education is so obviously and rightly of great public concern, and so large a proportion of its finance is provided in one way or another through the public purse, that it is difficult to defend the continued absence of co-ordinating principles and of a general conception of objectives. (Robbins Report : The Committee on Higher Education 1963:5)

The NHS is not the only part of the public sector that has seen large-scale change over the last few decades. Higher education institutions have also been subject to massive reorganisation, and once again some of the more recent reforms date from as far back as the 1960s. The 1963 Robbins report offered a model for significantly expanding access to higher education institutions. It set a national goal to shift higher education from a small collection of elite institutions to a broad and geographically dispersed set of universities and colleges. This included the proliferation of ‘greenfield’ universities (institutions placed just outside urban areas in relatively open land) and a grouping of new polytechnics. In England, this structural approach created a binary structure of universities and polytechnics, built upon a promise of a reformed secondary school system and a proliferation of Further Education Colleges.

This binary structure existed for over twenty years, However in the 1980s a number of factors contributed to a further shift in vision for higher education.

Douglass (2004: 2) suggests that the changes were in part influenced by Margaret Thatcher's clear dislike of the liberal elitism of Oxbridge (accentuated by the Oxford faculty voting to deny her the usual pro forma honorary degree offered to Prime Ministers). Certainly Thatcherism launched the beginning of the end of liberal allocations of funding for universities, and introduced an array of bureaucratic models of management. The Committee of Vice Chancellors and Principals (The Jarratt Report 1985) took on the responsibility:

> to promote and co-ordinate, in consultation with the individual institutions which it will select, a series of efficiency studies of the management of … universities (The Jarratt Report 1985: 6).

This committee challenged conventions that were part of the two-tiered system of university governance and further suggested that universities should be regarded as corporate organizations engaging in strategic academic and financial planning (Dearlove 2002).

In 1988 the Education Reform act freed polytechnics and colleges from local authority control and effected 'root and branch reform of institutional governance' (Bargh, Scott and Smith 1996: 9). Ownership of the polytechnics and colleges was transferred to LEAs, with increased power of Chief Executives and subordination of Academic boards of Governors.

The White Paper: Higher Education: A New Framework (HMSO 1991) proposed the abolition of the 'binary line' between university and polytechnic education. The main features of the new framework included a single funding structure, the

extension of degree awarding powers to all major institutions, a UK- wide quality audit developed by the institutions themselves, and the extension of the title University to Polytechnics. Legislation to implement these changes was introduced in 1992, in the form of The Further and Higher Education Act.
Douglass (2004: 3) suggests that collectively these reforms, peaking in 1992 under John Major's government, put an end to consensual, collaborative relationships between government and the higher educational community.

If the higher education sector hoped that the election of a Labour government, under Tony Blair, would change their fortunes, they were to be disappointed as Blair, similar to his stance on the NHS, failed to challenge the Thatcher model. The direction of the New Labour government's initiatives for higher education was set by the publication of the Dearing Report (NCIHE 1997) in July 2007. Although formally commissioned in 1996 by the Conservative government, the Committee of Inquiry had been agreed by both major political parties in recognition of a sense of crisis in higher education (Watson 2007). This 'crisis' had been emphasised by the Vice Chancellors' revolt in Autumn 1995, and their threat to introduce 'top-up' fees in response to the absence of additional public funding.

The Dearing Committee of enquiry responded to an expanding debate on the nature, purposes and funding of higher education, focusing in particular upon:

- The major expansion of student numbers that had taken place between 1987-1997 – creating serious funding problems – as the amount paid per student had halved.

- The shift to a mass system and abolition of the binary divide, which had created a sense of uncertainty as to the nature and purpose of higher education.

- The pressures of increasing global completion and wider imperatives of globalisation (Lunt 2008: 742).

Tony Blair's legacy to higher education is a highly marketised system, in which global competition has become a major driver. Student funding remains a major challenge, as does widening participation. University competition has been driven through the purchaser / provider model, the Research Assessment Exercise (RAE), 'quality- related research' funding and the new Research Excellence Framework (REF). Commenting on this period of reform, O'Leary (2007: 468) states that:

> higher education provides one of the enduring mysteries of Tony Blair's 10 years in office. Why, when his mantra of 'education, education, education' focused so tightly on schools and nurseries, did he risk the future of his administration on a half-hearted reform of university funding?

As higher education grows in its importance to national development and economic competition, the efforts of the government to shape and intervene in the activities of higher institutes continue unabated, encompassing the on-going debates on top up fees, incentive funding, and regulatory tools to monitor the quality of teaching (QAA) and Research (RAE, QR, REF). More recently, the 'Browne report' (2010) was commissioned to review the funding of higher education and make recommendations to ensure that teaching within higher education institutions could be sustainably

financed (2010:2). The Browne report (2010:2) celebrated the increased numbers of people entering higher education and acknowledged that graduates add to the nation's strength in the global knowledge-based economy, yet controversially encouraged that a much greater burden of funding be placed on graduates. The coalition government's most recent white paper on the future of higher education accepted the main thrust of the Browne report, even though it had been established by the previous government. The coalition government promises to put 'students at the heart of the system' (Department of Business Innovation and Skills 2011) empowering students as fee-paying consumers. Mroz (2011: 1) argues that this equates to market liberalism dressed up as financial necessity, and suggests that:

> In 1997, Lord Dearing warned in his landmark report on the future of higher education: 'we express here our concern that the long-term well-being of higher education should not be damaged by the needs of the short term.' We can express it no better (Mroz 2011: 1).

1.3: Summary of the introduction and background:

This chapter has justified the need for research into the career background and identity of middle managers within a School of Healthcare in a chartered (pre-1992) UK university. The complexities of the role of the middle manager have been discussed in relation to the collaboration necessary in the planning, and implementation of healthcare curricula. The influential effect of micro-politics and the importance of effective leadership and management styles were discussed with reference to the achievement of organisational goals.

Discussion focussed on the author's position relative to this study, and the influence that personal experience as a clinical nurse and senior lecturer exerted upon the decision to embark upon the study. The last section of this chapter placed the study in the context of the two central influences that have influenced current practice in non-medical healthcare education:

.

- The modernisation of nursing and integration of non-medical healthcare education into higher education.
- The reform and reorganization of higher education

The purpose and intent of this study have evolved over the course of my developing understanding of the body of knowledge associated with the field of Leadership and Management, and specific to the role of the middle manager. The study has radically altered as a consequence of methodological and ethical deliberations that will be discussed in detail within chapter three. The next section will review the literature related to the research objectives and specific research questions.

The main research objectives for this thesis are;

- To determine the circumstances that led a group of healthcare practitioners to become middle managers in higher education.

- To explore the professional identities assumed by this group of middle managers.

- To map the characteristics of this group, and explore the interactional balance between the professional, academic and managerial aspects of their role.

In order to address the main research objectives the following specific research questions are posed:

Research Question 1: What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to middle management in higher education?

Research Question 2: How do middle managers in this school of healthcare describe and understand their own identity?

Research Question 3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

Chapter Two

Literature Review

This thesis describes and interprets the professional identities of a group of middle managers within a school of healthcare in a selected chartered (pre – 1992) UK university. The main research objectives for this thesis are:

- To determine the circumstances that led a group of healthcare practitioners to become middle managers in higher education.
- To explore the professional identities assumed by this group of middle managers.
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This chapter critically examines literature that links to the central research questions. It investigates the processes of socialisation and how the journey to this role may have been influenced by wide-scale changes in both the National Health Service and higher education. The second section develops this discussion by exploring elements of identity. The third section examines the evolving role of the middle manager, including discussion about the impact of educational reform, commercialisation and the emergence of new managerialism. In order to demonstrate how the main research objectives and specific research questions were determined, questions are identified at the end of each relevant section. At the end of the chapter these questions are then mapped to the specific research questions and presented in a summary table.

2.1: Section one: Socialisation and the journey to middle management:

Socialisation is a process of interaction by which an individual learns to behave and act in accepted ways in given situations in order to belong to a particular society (Turner 1994, Marsh and Keating 2006). Primary socialisation begins in childhood, the initial years of life being the most important in learning fundamental cultural behaviours (Giddens 2006). This is where the core skills of communication and interaction are learnt, with the immediate family acting as the main ‘ agent of socialisation’ (Giddens 2006:166). Secondary socialisation occurs as the individual grows older, and begins to interact with people outside the immediate family, including school, peer groups, college, work, and in recent years the media and internet. These processes of socialisation continue from life to death and it is through these processes that a sense of identity is developed.

Fulcher and Scott (2007) argue that primary and secondary socialisation experiences are central to developing the social worlds in which individuals live, and these social worlds are reproduced from one generation to the next. The notion of social role is important because 'people learn the social roles that comprise their society and they play these roles out in their interactions with others' (Fulcher and Scott 2007: 140). The social structures in which people operate are socially constructed realities. Although these can change, this would need an appropriate degree of individual or collective effort over a period of time. This might explain how an individual's career choice or pathway may be rooted in socially constructed realities of primary and secondary socialisation experience: family, school, peers, organisations, education and work experience. Turner (1994:79) suggests that individuals require certain capacities in order to function within their society, including the capacity to:

- Acquire motives to play a particular role in society;
- Be able to accept cultural directives built on shared values and beliefs;
- Be able to recognise what type of person they are;
- Adopt a range of role playing skills that help with interaction in different situations.

These forms of cultural socialisation experience can be further explored by examining the theories of Pierre Bourdieu (1930-2002). Bourdieu, a French Sociologist, explains social structure using the following classifications, which he refers to as forms of capital: cultural, social, economic and symbolic (1984). Cultural capital is concerned with the advantages acquired via primary and secondary socialisation, especially family and educational experience. Social capital relates to the social networks of friends and associates that are reproduced and expanded upon the primary unit which

is the family. Economic capital refers to material goods that may include money, income, property, and finally symbolic capital is the individual's reputation or status. Bourdieu argued that an individual's social class was based not only on economic capital, but on a combination of cultural, social, economic and symbolic capital, all of which are presented as un-fixed and dependent upon variable social contexts.

The founding fathers of theoretical thinking concerned with socialisation are the symbolic interactionists: George Herbert Mead (1863-1931) and Erving Goffman (1922-1982). Mead's theoretical influences were wide-ranging. He had immersed himself in continental philosophy, as well as the developing American Sociologists, Psychologists and Philosophers, including: Charles H. Cooley (1864-1929), William I. Thomas (1863-1947), Charles S. Piece (1839-1914), William James (1842-1910) and the slightly more familiar John Dewey (1859-1952). Mead drew liberally from these authors to develop and present a powerful account of the emergence of a sense of self.

In *Mind, Self and Society* (1934) which was constructed from Mead's lecture notes and published following his death, he suggests that there is no clear dividing line between our sense of self and that of others. Indeed, he proposes that self can only arise in a social setting where there is interaction and communication, and that we learn to assume the roles of others and monitor our actions. No clear dividing line can be drawn between our own sense of self and the selves of others:

> since our own selves exist and enter as such into our experience only in so far as the selves of others exist and enter as such into our experience also (Mead 1934: 164).

According to Mead, language is at the heart of the constitution of self. Without access to language there is no access to the symbols or objects in our minds and the minds of others. For Mead, self is a concept that is the agency through which individuals experience themselves in relation to others, but also an object or fact dealt with by its individual owner as he or she sees fit. The crucial point for Mead is that surveying the territory of self is always carried out with reference to the reactions of others.

> We routinely construct our experience of daily life in exactly this manner: prodding, pushing, suggesting, advising, admonishing, criticising and praising as we create the flow of our actions in the social world
>
> (Mead: In Elliott 2007: 32).

The work of Mead and his pupil Herbert Blumer (1900-1987) has been criticised for being too rationalistic, devoid of emotion and passion. His emphasis upon cognitive and conscious aspects of self is disputed by followers of the psychoanalyst Sigmund Freud who prefer to describe self in terms of a conception of an individual at odds with itself, presenting ideas of unconscious promptings, desires and fantasies.

Erving Goffman (1922-82) is widely considered to be one of the most brilliant and innovative social observers of daily life and interaction. Goffman was fascinated by social interaction, and how people interacted differently depending upon the social situation they were placed in. In his seminal book: *The Presentation of Self in Everyday Life* (Goffman 1959) he drew heavily on his research in Shetland Island community life, arguing that life is like a play and people act out roles of self-presentation depending on the situation in which they find themselves. The self consists for Goffman of an awareness of the multiplicity of roles that are performed in

various situated contexts; such performances involve individuals continually monitoring the impressions they give others.

> It is probably no mere historical accident that the word person, in its first meaning, is a mask. It is rather recognition of the fact that everyone is always and everywhere, more or less consciously, playing a role …. It is in these roles that we know each other; it is in these roles that we know ourselves (Goffman 1959: 30).

An important aspect of Goffman's work that specifically relates to this study is his reference to ' Role distance' , in which he discusses the separation between role and self. Elliott (2007: 39) examines this in relation to the university student who is a shop assistant in the holidays, not defined by the role of shop assistant, but by the social meanings attributed to being a student and the status of being on holiday. This promotes the question if a middle manager in a school of healthcare is not defined purely by that role, what other social meanings contribute to their definition of self?

If we consider Goffman's metaphor of the theatre, the middle manager in healthcare is an experienced performer who has developed skills over a long career of multiple performances of different roles on different stages. This is an individual who has not only experienced the social processes associated with one professional role, but has adapted from the role of healthcare practitioner, to healthcare educator and educational manager, how then do these different roles contribute to that individual's concept of self?

Inman (2007) suggests that, in post–modernism, concepts of self are strongly associated with how people organise their experience of life history and that:

> self is inseparable from a person's life history and, so , it is impossible to speak about self when there is no reflection (Inman 2007:43).

The literature in support of life history as a means of exposing important contributions to the concept of self argues that people develop views and values over periods of time, and it is through this collection of life experiences that individuals fulfil the obligations of the present.

Much of the literature concerned with life history and its impact upon educational careers focuses upon head teachers, and within this study literature from this arena is drawn upon and applied to managers in higher education. Parker (2004) in his research on head teachers concludes that acknowledging the person's life history is crucial to nurturing the special qualities that capable leaders bring to a role. Busher (2003) and Olesen (2001) believe that life history is an important means of questioning learning processes and is integral to how individuals form their professional identity.

When studying life history, education researchers have tended to bring together shared features and anchored them around core themes (Gronn 1999). Kelchtermans (1993, 2002) and Parker (2004) use critical incidents, significant people and phases as heuristic tools in analysing career stories. Parker (2004: 25) describes critical incidents as 'defining moments' that helped to 'define head teachers' educational philosophies and hone their skills'. These defining moments are identified as motivational drivers (2004:33) creating a deep-seated sense of vocation that was

carried throughout the individual's career. Gronn (1999, 2009) also discusses 'critical turning points' in phases of leadership development, and suggests that they form temporary set-backs which are all part of career progression.

Gronn (1999:28) also describes critical people as 'contributing to mode and speed of career advancement'. Similarly Parker (2004) discusses the importance of mentors in the preparation for headship roles. Dhunpath (2000: 546) suggests that critical people may be; 'significant others, such as parents, mentors colleagues and peers as both powerful positive and negative influences that shape an educator's practice'. Ribbins (2003) expands suggesting that these are people who are partly responsible for influencing and shaping future headships, while Johnson (2002) agrees that this is often the case for leader academics; she also acknowledges how important these experts and helpers can be in the absence of any formal training opportunities.

Maudsley (2001) highlights the importance of mentorship in the clinical development of junior doctors, and distinguishes between mentors and role models. The former are generally arranged with the implicit or explicit agreement of both parties, extend over time, and are limited to a few individuals. In contrast, role models may be unaware that they are serving as such to one, a few, or many individuals, the duration of exposure is highly variable, and no informal or formal relationship necessarily exists.

There are very few unflawed studies into the impact of role models, it appears that many studies have focused on female students, none has studied minority students and they are often small, highly selected and atypical samples to be an area

where further research could be profitable (Speizer 1981:708). In 1970 Bell introduced a distinction between two processes involved in the role modelling relationship; interaction and identification. Few researchers have considered Bell's ideas, and it remains questionable whether interaction is a necessary element or whether just the presence of a sufficiently charismatic person is enough for positive or negative identification.

This discussion promotes questions concerning the influences that events and critical people have had upon the careers of middle managers in a school of healthcare. What aspects of their life journey have shaped and formed their management ability and influenced their career progression? However, any attempt to elicit answers to such questions can be complicated in terms of eliciting truth. Kehily (1995) acknowledges that how we see ourselves is subject to reformulation according to the audience, stating that:

> part of our life history may be omitted, embellished or reframed according to the impression we want to portray of ourselves…. As a result, a reconstruction of past events is likely to be placed within the framework of present concerns (Kehily 1995: 26).

Hodkinson and Sparkes (1997) present a theory of careership loosely based on Bourdieu's work in order to explain how individuals might make career decisions. They argue that the social, cultural, economic and symbolic notions developed by Bourdieu are blended with personal choices, preferences and opportunities in a way that incorporates serendipity (1997: 32). This thinking recognises that career socialisation may be less deterministic than Bourdieu suggests:

> Everything takes place within a macro-context which has social, political, economic, cultural, geographical and historical dimensions. Within this is the field, with its interactions, power struggles, alliances and negotiations, where the rules of the game are determined by those interactions together with formal regulations. Within a field people make pragmatically rational decisions within their culturally derived horizons for action, at turning points (Hodkinson and Sparkes 1997: 41).

In summary, this section has identified important aspects of socialisation that are concerned with how individuals make career decisions. It has concluded that primary and secondary socialisation are powerful influences upon the rational and irrational decision making processes. It has also concluded that the way people are situated is influenced by a complex array of circumstances and social processes, but also by critical incidents, key people, and opportunities. In relation to this study, the literature promotes questions of how middle managers in healthcare education have been socialised into the role? What group of circumstances led them to middle management in higher education? These questions are inextricably linked to issues discussed in the introduction, as middle managers currently in post will have undoubtedly forged a career pathway through a canyon of policy change, resulting in wide-scale social change in health care practice and education. In the next section these concepts will be developed further to look at the closely interwoven concept of identity. The questions promoted by the literature reviewed for this section, include:

- How has a group of middle managers in a school of healthcare been socialised into their role?

- What is the career background of middle managers in a school of healthcare?
- Do middle managers in a school of healthcare believe that their experience as health care professionals has influenced their career progression?
- How much has their role as health care professionals prepared them for their role as a middle manager in higher education?
- What impact have role models had on the career trajectories and socialisation of middle managers in a school of healthcare?
- What role do critical incidents and opportunities play in the career trajectories and socialisation of middle managers in a school of healthcare?

2.2: Section two: Identity:

It is acknowledged that through socialisation individuals develop a sense of identity, and within this section identity will be explored in more detail. Gee (2001:99) defines identity as: 'being recognised as a certain kind of person, in a given context'.

The determination of identity is, according to Gee (2001), highly unstable, ambiguous, and may involve individuals having not only one but multiple identities, connected more to performance than reality. This definition of identity accords well with the performative dimension of self-constitution presented by Goffman.

Gee (2001) argues that society has a habit of determining different kinds of people, and these labels may be influenced by time and context, for example the prevalence of the term 'yuppie' in the 1980s. Drawing upon the work of Taylor (1989, 1994), Gee (2001: 101) advocates that different societies and historical periods have foregrounded different perspectives on identity. Western society is presented as having moved historically from: ' we are what we are because of our nature' , through the second phase; 'we are what we are because of the position we occupy in society',

the third; ‘ we are what we are because of our individual accomplishments as they are recognised by other*s’* to a fourth statement that; ‘we are what we are because of the experiences we have had with certain affinity groups’ Clearly this last statement connecting identity to affinity groups relates particularly well to this study, which will explore how the identity of a group of middle managers may be influenced by affinity groups.

Gee (2001: 101) establishes that all these views on identity co-exist, and that their interdependence is complex. Furthermore Gee affirms Taylor’s (1994) original suggestion that identity cannot be viewed without some form of ‘interpretive system’. The interpretive system may be based upon historical or cultural views of nature; it may also be associated with concepts of normality (norms), traditions or rules of an organisation. Identity traits of an individual may not just be context variable at the source of the individual, but also influenced by the interpretive systems of the observer. Gee (2001: 111) asks how at a micro-political level people recognise certain ways of being and traits from moment to moment interaction, for example; intelligence, capability, popularity, charismatic leadership. This draws attention to how particular traits may be influenced by trend and timing. For example, ideals of leadership have changed significantly over the last few decades. In more recent years increased emphasis has been placed upon the adoption of approaches that veer the leadership style away from a purely contractual or transactional style towards an improved awareness of the collective vision and mission with characteristics more closely aligned with transformational leadership (Bass and Avolio 1990).

How observers interpret and react to an individual's 'ways of being' may well reinforce behaviour or exert pressure on that individual to change or adapt in order to conform to established norms, thus reflecting the symbiotic relationship between socialisation and identity. Bradby (1990) considers socialisation and adaptation of identity on entry into nursing. Although her study was conducted before the radical changes in nurse education, it highlighted the process of 'divestiture' within a highly conforming organisation. Divestiture, is defined as the:

> attempt of the organisation to strip the individual of his or her identity in order that conformity with the institution's needs will occur
>
> (Bradby 1990: 1222).

Although this type of conditioning has become less favoured, there remain subtle yet powerful forms of the process in many organisations. The most striking examples of this type of process occur within the armed forces (Hockey 1981).

The prevailing consensus is that despite pressure to adapt to organisational (or other) circumstances and situations, the individual only alters what Ball (1972) identified as their 'situated identity', while the 'substantive identity' remains intact.
Gee (2001: 99) also highlights a distinction between 'core identity' and other more 'subjective' and changing aspects of identity. The situated identity is presented as malleable, in contrast to the stable core identity that remains intact. Parallel with these perspectives, but in the psychoanalytical tradition stands Erikson's (1959) work. Erikson (1968) focused on identity formation in social contexts, and on the stages people pass through during biological and psychological maturation, with each stage having its own characteristics related to the individual's interaction with the

environment. He outlined a chronological and changing concept, something that develops over a lifetime. In examining the developmental needs of adults, Erikson described the developmental process through eight ‘ages of man’ , each stage representing a distinctive crisis, and each requiring resolution before the individual can move on to the next age. He suggested three stages in adult life which he characterised as:

- Distantiation: a readiness to defend one’s identity against all threats.
- Generativity versus stagnation: motivated and goal orientated or coasting, on the road to disenchantment.
- Integrity versus despair and disgust: a readiness to defend the dignity of one’s own lifestyle against all physical and economic threats.

(Erikson 1959: 98).

Erikson’s theory provides insights into the inner, sometimes conflicting forces which affect identity during particular life phases. Importantly, there is common agreement that identity is not a fixed attribute but is an on-going process of interpretation and reinterpretation of experiences within a given context:

> One identity – one’s identities, indeed, for who we are is always singular and plural – is never a final or settled matter (Jenkins 2004: 5).

More recently, Fulcher and Scott (2007: 119) suggest that there are two arms to identity: social and personal. Social identity is an individual’s perspective upon the type of person they are, this may influence how they behave or how others expect them to behave. This may be influenced by pre- conceived notions and stereotypes, such as preconceived views on the ‘appropriate behaviour of a doctor or lawyer. Personal identity is a sense of individuality, how people see themselves and how

others see them.

Similarly, Jenkins (2004) suggested that ideas of individual and collective identity are interlinked, and as such it becomes impossible to see individual identity without understanding the social construct and socialisation processes and vice versa. Jenkins argued that the social world can be viewed in terms of three distinct but interwoven orders:

- The individual order: individuals and 'what goes on in their heads'.
- The interaction order: relationships between individuals and 'what goes on between people'.
- The institutional order: the pattern and organisation of established 'ways of doing things' (Jenkins 2004: 17).

Despite these complexities, we have concluded that identity is unstable and unfixed and that there are core and subjective aspects. Identity evolves in response to socialisation, and is influenced by interaction with others and organisational values. Furthermore, identity may determine an individual's suitability to sustain certain roles and responsibilities, thus explaining the increased use of personality measures and psychometric testing as a means of human resource management. Judge et al. (1999) explored the relationship between key personality traits and intrinsic career success. They based their studies upon personality traits that have since been categorised under the umbrella of the 'big five' (Goldberg 1990): neuroticism, extraversion, openness to experience, agreeableness and conscientiousness (Judge et al. 1999: 624). In their longitudinal study, they established that the relevant personality traits and general mental ability were important facets in determining career success.

I will now consider aspects of identity that relate directly to professional roles and attempt to distinguish between self-identity, professional identity and role, as these distinctions are important to the clarity of this study. The idea of a profession emerged from the mediaeval university, but until the eighteenth century, profession and occupation were not distinct terms. The prefix liberal or learned were used to distinguish occupational groups such as doctors or lawyers – occupations which were free and / or self- regulating or required an elite education. In 1711, Addison referred to the 'three great professions of divinity, law and physic' (Car-Saunders 1928: 4). During the nineteenth century, the word profession' came to be used to refer to superior occupations requiring intellectual training, a body of expert knowledge, a degree of self- regulation by a professional body and a royal charter or establishment by statute. The aim was to exclude the unskilled and the unqualified, to establish a monopoly of practice and to regulate the labour market. Sociologists have attempted to develop definitions of professions based upon 'trait approaches', identifying the following as key: (a) the profession is based on a body of knowledge (b) the members have specialised skills and competence in application of this knowledge (c) professional conduct is guided by a code of ethics (Goode 1960). Carr- Saunders (1955) suggested four types of profession:

- The established professions – law, medicine and the church
- The new professions – based on fundamental studies – engineering, chemistry, natural and social sciences.
- The semi – professions – based upon the acquisition of technical skills- nursing, pharmacy and social work.
- The would- be professions – occupations which require neither acquisition of theoretical study nor technical skills, but may require faculty – business

administration and management.

These trait theories may well be considered out-dated, but for many they are powerful agents of social inclusion and / or exclusion. Abbott and Meerabeau (1998) suggest that the traits delineate professions in accordance with an idealized conception of characteristics of archetypical professions. The German sociologist Max Weber states that:

> When we hear from all sides the demand for an introduction of regular curricula and special examinations, the reason behind it is, of course, not a sudden awakened thirst for education but the desire for restricting the supply of these positions and their monopolisation by the owners of educational certificates (Weber, In: Parry et al. 1979:73).

Becker (1971) suggested that 'profession' is a social symbol which people attach to some occupations but not to others, while Parry and Parry (1976) argue that the central question is how certain occupational groups achieve the status of profession and gain ascendancy over other occupational groups. Feminists have argued that in the process of upward mobility the male dominated professions generally gain control over subordinated female dominated occupations. An example of this is the traditional stereotypical image of male-dominated medicine and subordinate female-dominated nursing.

Professional identity develops and evolves over long periods of time, and throughout the career of the individual, which changes and evolves in parallel with change and evolution within the profession itself. It can be argued that the

foundation of an individual's professional identity may be formed during initial socialisation into the profession, during their training or apprenticeship. The processes of socialisation in healthcare professions were traditionally associated with forms of divestiture (Bradby 1990) and in recent years the influence of the changes in healthcare and integration with higher education have affected the social processes within the professions.

Bucher and Strauss (1961: 332) described professions as systems of diversity and movement which may be viewed as analogous to social movements. Professions are not homogenous as is assumed from a functionalist perspective. There are segments within professions which possess different central objectives, work activities, methodologies and techniques. It is the conflict that these differences create that acts as potential catalysts for change. A profession's identity is a dynamic entity and, as discussed in the introduction and background to this thesis, it can be shaped and changed by internal and external force. The most powerful forces to impact upon non medical healthcare education in recent years have been political and economic. Indeed, during the 1980s and 1990s the impact of business management models emerging throughout the NHS led many healthcare professionals into managerial roles (Ferlie and Pettigrew 1996, Goodwin 2000). There is a paucity of research on the development of the professional identity of managers in healthcare education. However, there have been many studies concerning the professional identities of teachers (Ball and Goodson 1985, Bullough et al. 1992, Kelchtermans 1993, MacLure 1993, Goodson and Cole 1994, Hargreaves 1994, Bejjaard 1995, Volkmann and Anderson 1998, Acker 1999, Stronach et al. 2002, Kelchtermans and Ballet 2002, Atkinson 2004, Beijaard et al.2004, Day et al. 2006) and academics (Becher 1989,

Boler 1999, Bernstein 2000, Henkel 2000, Butterwick and Dawson 2005, Deem and Lucas 2005, Harris 2005, Clegg and Bradley 2006, Clegg 2008). Kelchtermans and Ballet (2002) identify that much of this research has addressed issues of teacher socialisation and 'washing out' (divestiture), and explain the process as interactive, between teacher and context. Bullough and Knowles (1991: 138) conclude that individuals are never passive receptors of social norms or of presented content: they always remake them in some fashion.

Beijaard et al. (2004:108) highlight the complexities associated with defining the concept of professional identity. In their relatively small scale meta-analysis of the research into teachers' professional identity, they acknowledged an association between professional identity and the individual's image of self (Nias 1989, Bullough et al.1992). Other studies have placed more emphasis on the teacher's role (Goodson and Cole 1994, Volkmann and Anderson 1998). They argue that the professional identity of teachers represents much more than the conceptions and expectations of others on how the role should be fulfilled, it also involves what individuals themselves find:

> Important in their professional work and lives based on both their experiences in practice and their personal backgrounds
>
> (Tickle 2000, In: Beijaard et al. 2004:108).

Beijaard et al. (2004) argue that future research into the professional identity of teachers needs more attention focussed upon the relationship between the 'professional' and the relevant concepts of self, identity, and context. This suggests that in this study on middle managers in a school of healthcare, a focus on role

alone might be limiting, and that a much more illuminating picture of an individual could be drawn from looking at aspects of their life history and their individual perception of their situated identity, alongside role.

Sue Clegg (2008) explored what she called, 'the vexed question of academic identities'. The study involved a large urban statutory (post 1992) university in the north of England. Clegg interviewed 13 academics, 7 women and 6 men from a variety of backgrounds – some had been academics for less than a year, others for over 30 years (Clegg 2008: 332). The semi–structured interviews included prompts concerning how long people had worked in higher education, what their role involved and how they viewed themselves. Clegg (2008: 333) acknowledged the potential for 'false existentialism' posing questions from personal framing and asking participants to reframe from their perspective. From the outset Clegg (2008: 331) acknowledged that for many academic identity had been customarily founded upon perceptions of elitism, tradition, collegiality and a predominance of white, middle class post holders. Her findings identified academic identity as a complex concept, involving far greater exploration than mere review of job descriptions. She described academic identities as:

> being actively shaped and developed in response to the changes in the university structures and external environments; hybridity in relationship to discipline and place was common (Clegg 2008:340).

All of the participants were seen as maintaining very distinctive strongly framed academic projects of self and the newer emerging identities were not identified as shaped upon nostalgia for elitism but based upon epistemological assumptions derived from other professional and practice based loyalties. These findings have particular

relevance to this study in relation to how loyalties and motives of middle managers in a school of healthcare may be influenced by their professional and clinical backgrounds.

Aspects of the study also worthy of further deliberation include the centrality of the context, the influence that being in a statutory (post 1992) university wielded.
In Clegg's (2008) study the university had restructured its provision of research and teaching in relation to increased market demand, thus placing the teaching of the larger and more diverse student population at the forefront of its organisational goals, in contrast with other universities which might favour research. This concurs with Smith's (2002) study, where he identified that the chartered (pre – 1992) university staff, perceived research to be a greater element of their role than staff in a statutory (post – 1992) university.

Clegg (2008: 341) also found gender, class and family to be substantial issues, and suggests that the demise of the traditional perception of the male and middle class academic is greatly exaggerated, quoting one interviewee as stating:

> I think probably, I know this is quite a controversial statement, but I think it suits a man actually better than a woman, to actually forge their own path and their own, you know, I think it's more male. I wonder if it's a women it's a bit more, it's quite difficult to forge a path, I think it has to be a very special type of woman to do that actually'
>
> (Interviewee 7: Clegg 2008: 337).

An important issue in this study is the predominance of women in nursing, albeit that this trend has been shifted in more recent years with broader entry criteria and equality drives to encourage recruitment of men and women into nursing. It will be interesting to explore whether a school of healthcare is similarly dominated by traditional stereotypical images of academics and if the work patterns encourage equal opportunities. Swain (1997) discusses the interaction between the two occupations; the nurse and the university lecturer and debates whether the latter is in fact a distinct occupation, or whether the primary identity of the university lecturer (particularly if teaching vocational courses) is derived from the discipline they teach. In academic nursing there is an interaction between a traditionally vocational occupation, nursing, which has also been traditionally female-dominated, and university teaching, which has been generally male-dominated (Swain 1997).

In summary, this section has identified important perspectives on identity that inform this study. Identity is recognised as an unfixed part of the lived complexity of a person's project (Clegg 2008: 329). It is not singular but plural (Jenkins 2004: 5), and it evolves in response to socialisation, interaction with others, organisational and professional values. The research questions generated by this section include:

- How do middle managers in healthcare perceive their identity?
- What aspects of their identity do middle managers in healthcare learn from role models?
- What factors influence the development of the professional identity of the middle manager in a school of healthcare?
- Do middle managers in a school of healthcare conform to traditional stereotypes of: elitism, male-dominance and middle class predominance?

- Have the last few decades of reform in both the NHS and higher education influenced change in the identity of middle managers in a school of healthcare?

2.3: Section three: The role of the middle manager:

In this section, attention will focus on the role of the middle manager within higher education. In order to do this, the review will initially consider how a change in educational context and culture has precipitated the rise in new managerialism within higher education, and influenced role configuration at this level.

An important feature of the commercialization of education has been the enhanced role of management (Burden 1998), conceptualized as the rise of 'New Public Management' or 'new managerialism' (Clarke and Newman 1997). This process has been characterized by the introduction of private sector techniques to public sector management. Acting in a business like way, providers strive for greater cost efficiencies in an effort to improve the economic efficiency of the organization, Tony Blair stated that:

> One of the most important things happening in the British economy is an increasing link between universities and business. The university sector is no longer simply a focus of educational opportunity, it is also a very, very important part of the future of the British economy'
>
> (Tony Blair, cited by Baty 2003:1).

With the increasing influence of globalisation since the 1970s / 1980s, the economic imperative came to dominate over the political and educational agenda (Tomlinson

2001: 155). In the UK, government policies on education and training increasingly focused upon the role of human capital development (Cooper 2002). Education policy in the UK became increasingly focused on its economic function, with broader social and political objectives simultaneously marginalised (Beckmann and Cooper 2004). Beckmann and Cooper (2004) argue that the liberalisation and marketization of education in the UK have detrimental effects on both the educational system and society in general.

Proponents of the reforms argue in favour of marketization or commercialisation. Bok (2003: 3) defines commercialisation of universities as efforts to make a profit from teaching, research and other campus activities, and presents an early nineteenth century argument in favour of the commercialization of education:

> the university is a business concern as well as a moral and intellectual instrumentality, and if business methods are not applied to its management, it will break down (Draper 1906, In: Bok 2003: 2).

More recently, Tooley's (1996,1998, 1999, 2000) defense of markets in education advocates an open market, where profit as a motive is intrinsically beneficial to education. Tooley provides intellectual justification for the expansion of the private sector in education, providing not just pragmatics but moral reasoning for reform (McCowan 2004: 2). Tooley summarizes his arguments in the 'seven virtues of the profit motive' where he promotes the provision of quality education (he focuses upon schools, but projects his ideas as having leverage on all levels of education), and suggests that expansion of education correlates with demand and is inexplicably linked to quality and branding:

> The schools or colleges have as their raison d'être the provision of quality educational services. If they don't do this, they'll go out of business (Tooley 2000:198).

Despite continued concern about the marriage between education and profit, Beckmann and Cooper (2004: 5) contend that the 'language of the business world has come to permeate all areas of education policy and practice'. Bottery (2000) describes this in terms of bureaucratic management, taking precedence over all other activities, dismissing the ethics of professional values as under efficient. To the further dismay of many academics in the UK, universities were placed under scrutiny by external accountability exercises to ensure economy, cost effectiveness and quality of provision. Shattock (1999:278) describes Mrs Thatcher's attack on teacher training whether in colleges or universities as: 'an extreme example of the exercise of state over an area of academic work'. The reforms were characterised by the introduction of a number of regulatory exercises including Quality Assessment Agency (QAA) audits and Research Assessment Exercises (RAE), 'quality- related research' funding and the more recent Research Excellence Framework (REF). In his seminal article '*The teacher's soul and the terrors of performativity'* Stephen Ball (1998:190) defines 'performativity' as:

> a mode of regulation that employs judgements, comparisons and displays as means of incentive, control, attrition and change – based on rewards and sanctions.

Ball (1998) reflects upon a newspaper article addressing the increasing dominance of numbers and statistics in modern society; in which the author speaks of the collective need to 'take our pulse 24 hours a day' (Boyle 2001). Academics resisting these

reforms may well consider the analogy further in terms of a nurse relying on a heart monitor to explain whether a patient is alive or dead.

Beckmann and Cooper (2004: 8) argue that the QAA and RAE brought with them prescription, instrumentalism, uniformity and compliance with nationally determined objectives and standards of attainment. The mixture of increased surveillance and control of education, combined with the pressure to conform to the demands of the market viewed as the demise of academic freedom and expression. Shattock (1999: 279) suggests that the imposition of such tight controls over universities would be a 'severe intrusion into academic life'. Sanders (2002:7) quotes the opinion of a notable Academic; Professor Rebecca Boden, who suggests that:

> As a result of the Research Assessment Exercise and the Quality Assurance Agency, I now have to fill in endless forms and account to managers for my activities. The managers are no longer there to facilitate my work – they are there to control it
>
> (Boden, In: Sanders 2002: 7).

A developing concern of academic researchers has been the increasing pressure to orientate research questions towards business enterprises, as a result of the Lambert review, which proposed increased funding via the RAE for universities that adopted partnership research projects with businesses (Baty 2003:1).

Public sector analysts (Wilson 1991, Trow 1993) describe the process of new managerialism as a: 'proletarianization, de-skilling or deprofessionalisation' of the profession. Wilson (1991) argues that academic proletarianization has culminated in

the dilution of quality teaching provision, lowering of academic standards, deterioration in pay and conditions and erosion of professional status. The new managerialism that has emerged in the UK is underpinned by three core assumptions:

- Increased emphasis upon the 'three Es': Economy, Efficiency and Effectiveness (Rhodes 1994, Metcalfe and Richards 1987).
- Good management did not exist prior to 1979 (Major 1989).
- Good management was found in the private sector, and privatization and marketization of public sector institutions would improve the 3Es (Kirkpatrick and Martinez Lucio 1995).

Beckmann and Cooper (2004) speak of the potential for staff demotivation, stress and deterioration in health as natural consequences of such restraint on their professional and academic identities. Similarly, Randle and Brady (1997:231) discuss the resistance to new managerialism and conflicting professional and managerial paradigms in relation to the presiding public service ethic' (See Table: 2:1).

Professional Paradigm	Managerial Paradigm
1.Goals and Values: • Primacy of student learning and teaching process • Loyalty to students and colleagues • Concern for academic standards	1.Goals and Values: • Primacy of student through put and income generation • Loyalty to the organisation • Concern to balance efficiency and effectiveness
2.Key Assumptions: • Lecturers as funds of expertise • Resources deployed on the basis of educational need • Quality assessed on basis of input	2.Key Assumptions: • Lecturers as flexible facilitators & assessors • Resources deployed on the basis of market demand and value for money. • Quality assessed on the basis of output & outcomes
3.Management Ethos: • Collegiality • Autonomy / trust & peer review • Pluralism	3.Management Ethos: • Control by managers & market • Performance indicators & surveillance • Unitarism

Table 2:1: Conflicting Professional & Managerial Paradigms: adapted from Randle and Brady (1997: 232).

Randle and Brady (1997: 232) summarise potential areas of conflict between managers and professionals in further education institutions, reflecting polarised positions. In reality it is acknowledged that the paradigms may be viewed as a caricature to illustrate the extreme ends of a continuum. Gleeson and Shain (1999) highlight the potential for middle managers to act as buffers and mediators of change in the reconstruction of professional, academic and managerial cultures following market reform. Indeed, financial and resourcing issues, alongside increasing competition to recruit students and securing additional funding have also encouraged a greater number of Vice – Chancellor appointments to be given to non- academic candidates (Johnson and Deem 2003:310). Indeed, Johnson and Deem (2003) suggest a steady shift in the identity of all levels of management away from academia, with increased emphasis upon line management.

Clegg and McAuley (2005) discuss the evolution of middle management since the mid 1970s, and identified four dominant categories of middle management, (below). They suggested a shift in emphasis from one of control towards a more humanistic style of mentor in more recent years. The domains are distinct, yet may co-exist within a single organisation, and include:

- An agent of organisational control (1970s): the middle manager is a buffer between senior managers and employees, who represents core organisational values.
- A self-interested agent of control (early 1980s): the middle manager is essentially a layer of noise between senior management and employees – but to some extent redundant.
- The corporate bureaucrat (mid 1980s) a key player, acting as an agent of senior management.
- The transmitter of core strategic values through coaching, guiding and mentorship. The middle manager is seen as a repository of organisational knowledge exercising benign control.

(Adapted from Clegg and McAuley 2005: 22).

Hellawell and Hancock (2001:191) suggest that the influence of the 'new breed Vice-Chancellors' running higher education institutions as 'quasi-businesses' has compelled middle managers to relinquish their academic portfolios in favour of developing entrepreneurial skills. Floyd (2009, 2012) emphasises the importance of viewing the middle manager as someone who has been socialised into the role and learnt to conform and respond to the organisational culture in which they preside. Culture as defined by Schein (2004:17) is:

> a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid, and therefore to be taught to new members as the correct way to perceive, think and feel in relation to those problems.

Handy (1999: 180) argues that the term culture denotes; 'a pervasive way of life, or set of norms', and that in organisations there are deep set beliefs about a myriad of issues, including: the way authority should be exercised, reward systems, strategic / operational planning, views on the behaviour of subordinates, rules and procedures. Handy (1999: 191) describes culture as:

> an imprecise entity, often influenced by factors such as: history / ownership, size, technology, goals/objectives, the environment and the people.

Manley (2000) suggests that every aspect of an organisation is part of its culture, and that culture is not an objective, tangible or measurable concept. Brown (1998) proposes parallels between Schein's (2004) 'basic assumptions', which convey interpretations of values and beliefs, and ideas espoused by Argyris (1976) and Schon (1978) discussing 'theories in use and espoused theories'. Brown in linking these theories suggested that in any organisation there may be an espoused culture (articulated by the employer / manager) and a culture in practice (the actual experience of the employees). Brown (1998) considers the variance between espoused and culture in practice, and suggests that in many organisations there is a considerable difference between the two. Variance between the 'culture in practice,

and that of the ‘espoused culture’ may well be influenced by the nature of the organisation, and those responsible for managing and leading it.

The culture in which a middle manager in a higher education institution resides may well be determined by the university type. In his research reporting on two case studies of departmental management and leadership in a post (statutory) and a pre 1992 (chartered) university, Smith (2005) found significant differences in culture and organizational structure. Although both categories of university awarded their own degrees and had the quality of their courses and research activities assessed by the same bodies (QAA and RAE), this is where the resemblance ended.

The post 1992 (statutory) universities were identified as more bureaucratic and rule bound, with an emphasis on teaching output and only ad-hoc research (Smith 2005: 454). Conversely, the pre – 1992 (chartered) universities were viewed as more collegial with a heavy emphasis upon research:

> The different emphases on research and teaching in the two departments are reflected in almost every aspect of the way in which they are organised, managed and led (Smith 2005: 454).

These differences in the culture of the institution may impact upon the organization of departments and faculties. An earlier study by McAleer and McHugh (1994) argues that the organisational culture of a university is customized at the department level. Becher and Trowler (2001) investigate academic cultures and links with academic disciplines. They suggest that academic communities have distinctive cultures, what they termed as: ‘ academic tribes’ linked to ideas and territories. They argue that the

academic culture is inextricably linked to academic discipline in relation to epistemological and ideological factors, identifying characteristics that contribute to the formation of the culture, including: networks, social circles, perceived academic standing linked to research and publication. These ideas are pertinent to this study in view of the cultural location of a school of health and social care.

The structural, organisational and cultural changes throughout higher education have necessitated a change in the role of the middle manager, and in consequence there has been an extensive amount of research into this pivotal role. Middle managers are responsible for the operational work of others: lecturers, senior lecturers, and administrators. They have been described as 'a hierarchy of authority between the operating core and the apex' (Mintzberg, 1989: 98), and 'those below the small group of top strategic managers' and above first-level supervision' (Dopson et al. 1996: 40). The role is considered by many to be pivotal, involving an individual who can shift between different levels of hierarchy (Uyterhoeven 1989) and transfer knowledge effectively (Ghoshal and Bartlett 1998). Crouch (1979: 37) suggests that it is the middle managers who hold the responsibility for the maintenance of internal systems; they are: 'the disturbance handlers, resource allocators and negotiators'.

Eley (1994) carried out a study in a pre- 1992 university focused on: '*Management Training for the University Head of Department'* and demonstrated that very few post holders held any qualifications or had undergone any form of management training. The post holders interviewed believed that they needed training and clarification of their role specification. Trowler and Knight (1999) argue that socialisation and induction occurs at department level and relates to a role within an' academic tribe'

(Becher and Trowler 2001). Issues of training and role specification are particularly pertinent to this study because the career trajectories of managers in health and social care may have been extremely diverse in terms of clinical, managerial and educational experience and training. Indeed, Ferlie and Pettigrew (1996), and Goodwin (2000) highlight how the introduction of general management to the NHS provided healthcare managers with opportunities to develop management and leadership skills. Ferlie and Pettigrew (1996) examined the distinguishing networking attributes of leaders in the NHS, and identified that these leaders possessed skills in; networking, interpersonal communication, and negotiation.

In her seminal multi-disciplinary research project Rosemary Deem (Deem 2000) examined perceptions of how new managerialism had been adopted by UK universities, particularly focusing upon issues related to academic managers.
The research which generated a plethora of publications (Deem and Johnson 2000, Deem 2001, Deem 2002, Johnson and Deem 2003, Deem 2003a, Deem 2003b, Deem 2004, Deem et al. 2007), involved focus group discussions with academics from different disciplines and interviews with 135 manager – academics (from head of department to Vice Chancellor) and 29 senior administrators in 12 pre and post 1992 universities. The findings reveal that only a third of the total sample had received any formal training for their management role and that they described their lives as: involving long hours packed with meetings, mountains of paperwork and a constant search for additional resources. The findings also identified an audit culture, rising student numbers and tensions between teaching and research. This raises questions for this study: Do middle managers in health and social care describe their lives in similar terms? What specific managerial pressures are articulated by middle managers in a

school of health and social care?

Robert Smith's research focuses upon the 'Role of the University Head of Department' (Smith 2002). In this paper Smith (2002) describes and discusses his initial study in 1995-1996 (Smith 1996) which involved a survey of all heads of department at four universities, followed by case studies of three heads, one in each of three of the universities studied. At this early point following the 1992 'New Framework' he found that the head of department role was perceived as vital to the delivery of the academic curriculum and the leadership and management of staff. Smith (1996) highlights issues raised in relation to the dual role of the head of department as academic leader and line manager (Mathias 1991, Brodie and Partington 1992, Middlehurst 1993) and concludes that: heads of department find dealing with unsatisfactory staff performance a major cause of stress, often exacerbated by a lack of institutional support. Excessive workload was also identified as a fundamental issue, as was 'role overload' – or having too many different duties (Smith 2002: 296). In chartered (pre-1992) universities inadequate training and non – existent job descriptions were identified as important causes of stress, whereas the middle managers in the statutory (post 1992) universities suggested that a fundamental problem was the scale of the role in terms of department size, with:

> general agreement that departments were too large to be successfully managed by one individual (Smith 2002:296).

In 2001 a further survey was carried out of all heads of department in two universities, one chartered (pre 1992) and the other statutory (post 1992). The purpose of this survey was to examine and compare perceptions of the head of department's role in

the different types of university and compare these findings to the earlier study (Smith 2002). He surveyed 30 Heads of Department in the chartered (pre-1992) university, and 18 Heads of Department in the statutory (post 1992) university. The survey was based upon themes derived from the 1995-6 survey, including: size of departments, gender, appointment, tenure and status, job descriptions, the manager / academic leader role, working hours, time allocation for different roles and causes of stress. Smith (2002: 309) reported that the heads' role in both types of university was becoming more managerial. The fundamental differences between the two types of university were:

- The chartered (pre – 1992) university staff demonstrated a greater sense of loyalty to their department above that felt to the university.
- The chartered (pre – 1992) university staff regarded research to be a greater element of the role.
- The chartered (pre – 1992) university staff believed academic leadership to be of prime importance, whereas the staff in the statutory (post – 1992) saw their role as primarily line management.
- Appointments in the chartered (pre – 1992) tended to be fixed term (often 3 yearly) – but in the statutory (post – 1992) they were permanent.
- Department sizes were bigger in the statutory (post – 1992) universities.

The research supported previous assertions related to the 'do-ability' of the job, the long working hours and stress involved, and in summary concluded that in both institutions:

- Staffing and bureaucracy were ranked as two of the major causes of stress.
- Many heads of department were working over 50 hours a week.
- Interpersonal and communication skills were ranked as the most important attributes of a head of department.
- Paperwork and bureaucracy were ranked as the most time consuming activities.
- The majority of heads of department were men.

There had been an improvement in the management training offered to the middle managers compared with the earlier studies and staff in both institutions had received some training, albeit varied in nature. Floyd (2009) criticises this part of Smith's research because of its quantitative approach and dependence upon survey data, which were subject to researcher bias at the point of interpretation of questionnaire returns. However, the study does offer a significant contribution to the body of knowledge at a time of developing appreciation of the magnitude of the role of the middle manager in higher education institutions.

This section has reviewed how the structural, organisational and cultural changes throughout higher education have necessitated a change in the role of the middle manager, and in consequence there has been an extensive amount of research into this pivotal role. Middle managers are described as 'a hierarchy of authority between the operating core and the apex' (Mintzberg 1989: 98), and 'those below the small group of top strategic managers' and above first-level supervision' (Dopson et al. 1996: 40). The role is considered by many to be pivotal, involving an individual who can shift between different levels of hierarchy (Uyterhoeven 1989) and transfer knowledge effectively (Ghoshal and Bartlett 1998) Crouch (1979: 37) suggests that it is the

middle managers who hold the responsibility for the maintenance of internal systems; they are: 'the disturbance handlers, resource allocators and negotiators'.

A distinction between the terms management and leadership is made and it is established that not all middle managers in higher education institutions demonstrate leadership qualities. Although, effective leadership is acknowledged by many authors (Sergiovanni 1992, Middlehurst 1993, Busher and Harris 1999, Gunter 2001, 2002, Schein 2004, Woods 2005), Robinson et al. (2008) question the impact of leadership on student outcomes, suggesting that the picture gained from qualitative studies is very different from that gained from quantitative studies. Indeed, Robinson et al (ibid) develop their argument from Hallinger and Heck (1998) who suggested that the typical conclusion drawn from quantitative leadership researchers is that school leaders have a small, indirect effect on student outcomes. If this is truly the situation, Robinson et al. (2008:637) argue that there is a contradiction between the evidence and the expectations of the public and policy leaders.

West – Burnham (2009) suggests that effective leadership is more than just doing the job, it is a complex interaction between a range of personal and professional qualities within a context of moral purpose. This form of leadership is arguably the key to leading and facilitating collaborative processes throughout chaotic, stressful and uncertain times (Wheatley 1992).

This section raises the following questions:

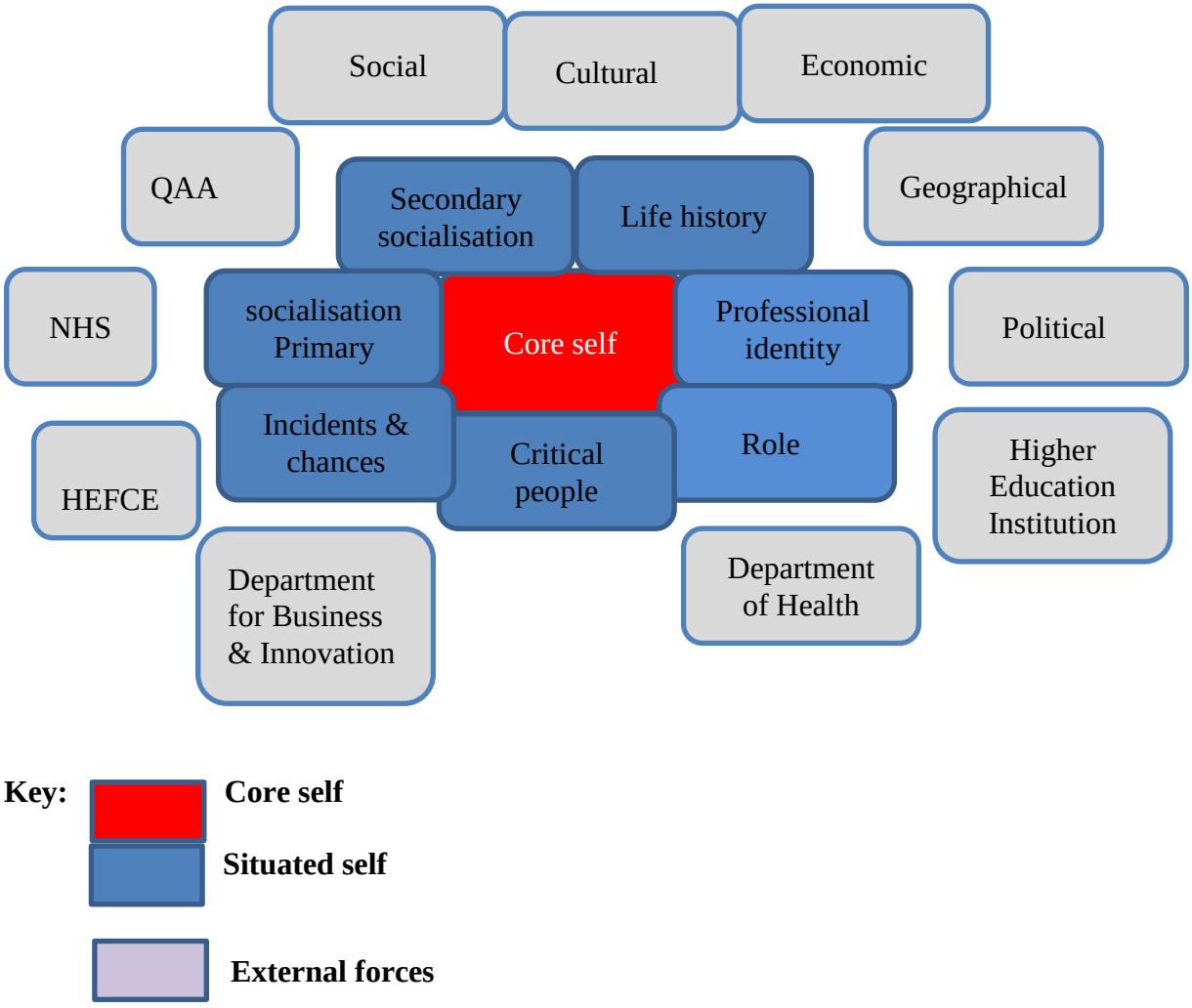
- What training and academic experience have middle managers undertaken in preparation for this role?
- How do middle managers in a school of healthcare describe their role in terms of professional, academic and managerial portfolios?
- How have the increasing pressures of commercialization impacted upon the role of the middle manager in a school of healthcare?
- Does the type of university impact upon the role of the middle manager within a school of healthcare?
- What is the impact of incentive funding and regulatory tools on the lives of middle managers in schools of healthcare?
- Has the role of the middle manager in a school of healthcare shifted from academic leader to line manager?
- Do middle managers within a school of healthcare suffer role overload?
- Do middle managers in a school of healthcare convey a sense of demotivation or poor job satisfaction related to the role?
- Do middle managers in a school of healthcare express loyalty to academic discipline ahead of the organizational values of the university?
- Do middle managers in a school of healthcare identify networking, research and publication as important to their academic and professional credibility?
- Do middle managers in a school of healthcare demonstrate the complex interaction between a range of personal and professional qualities that contribute to West-Burnham's (2009) view of effective leadership.

The body of research outlined within this chapter reveals the complexities associated with exploring the professional identities of a group of middle managers within a school of healthcare. Within the introduction, important contextual antecedents of the study were explored, illustrating important policy innovations that have been influential in the lives of middle managers in healthcare education.

In section one of the literature review, characteristics of socialisation relating to individuals' career decisions were identified. Critical incidents, key people, and opportunities were also acknowledged as influential social catalysts in career pathways. The literature promoted questions about how middle managers in healthcare education have been socialised into the role and what set of circumstances led them to middle management in higher education. These questions are essentially linked to issues discussed within the introduction, since the middle managers currently in post will have forged a career pathway through a canyon of policy change, resulting in wide-scale social change in health care practice and education. In section two identity was recognised as an unfixed part of the lived complexity of a person's project (Clegg 2008: 329), not singular, but plural (Jenkins 2004: 5), and evolving in response to socialisation, interaction with others, organisational and professional values. The final section focused upon the plethora of research on the role of the middle manager. The role is viewed as pivotal, multifaceted, dependent upon the organizational culture of the university and in many cases unrealistic. Busher (2000: vii) concludes that leading and managing from the middle realm of an educational organisation is a political minefield, involving co-operation, conflict and compromise based upon a tangled web of personal and professional beliefs and values about the nature and purpose of education.

Review of the literature in this chapter has encouraged the generation of a conceptual diagram (see diagram 2.1) which represents the core and situated self, the relationship between internal and external forces and the impact that these forces exert upon the identity and role of the middle manager in a school of healthcare.

Diagram 2.1: Concept map depicting the core and situated self and the relationship between the internal and external forces impacting on the role of the middle manager in a school of healthcare.



Review of the literature has highlighted how socialisation and identity (personal and professional) are pivotal aspects of an individual's journey to middle management and performance within that role. There has been no research to date on the identity of

middle managers in a school of healthcare. The role middle manager is additionally complicated by the commitment individuals may feel to their professional body as well as their commitment to their department, higher education institution and academic field. At a time when a considerable increase in political and economic pressure is being felt throughout the public sector, it seems opportune to ask questions about the individuals performing this pivotal role. The questions presented at the end of each section of this review have contributed to the construction of specific research questions. These questions are mapped in the following summary table (table 2.2), and the development of an appropriate methodological strategy will be discussed in the following chapter.

Table 2.2: Construction of Specific Research Questions:

Sections of Review	Questions raised by Review	Specific Research Questions
Section One: Socialisation and the journey.	How have a group of middle managers in a school of healthcare been socialised into their role? What is the career background of middle managers in a school of healthcare? Do middle managers in a school of healthcare believe that their experience as a health care professional has influenced their career progression? How much has their role as a health care professional prepared them for their role as a middle manager in higher education? What impact have role models had on the career trajectories and socialisation of middle managers in a school of healthcare? What role do critical incidents and opportunities play in the career trajectories and socialisation of middle managers in a school of healthcare?	What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to middle managements in higher education?
Section Two: The identity of the middle manager.	How do middle managers in healthcare perceive their identity? What aspects of their identity, do middle managers in healthcare learn from role models? What factors influence the development of the professional identity of the middle manager in a school of healthcare? Do middle managers in a school of healthcare conform to traditional stereotypes of: elitism, male dominance, and middle class predominance? Have the last few decades of reform in both the NHS and higher education influenced change in the identity of middle managers in a school of healthcare?	How do middle managers in this school of healthcare describe and understand their own identity?
Section Three: The role of the middle manager.	What training and academic experience have middle managers undertaken in preparation for this role? How do middle managers within a school of healthcare describe their role in terms of professional, academic and managerial portfolios? How have the increasing pressures of commercialization impacted upon the role of the middle manager in a school of healthcare? Does the type of university impact upon the role of the middle manager within a school of healthcare? Are incentive funding and regulatory tools dominating the lives of middle managers in schools of healthcare? Has the role of the middle manager in a school of healthcare shifted from academic lead to line manager? Do middle managers within a school of healthcare suffer role overload? Do middle managers in a school of healthcare convey a sense of demotivation or poor job satisfaction related to the	How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

	role? Do middle managers in a school of healthcare convey loyalty to academic discipline ahead of the organizational values of the university? Do middle managers within a school of healthcare perceive networking, research and publication as important to their academic and professional credibility?	

Chapter Three

Methodology

> There are no whole truths; all truths are half- truths. It is trying to treat them as whole truths that plays the devil
>
> (Alfred North Whitehead 1953, In: Dupre 2007: 123).

This chapter explains and justifies the research paradigm, research approach and research methods that were used in this study. The main aim of the study and the specific research questions will be reviewed in relation to the chosen research paradigm and methodology approaches. Attention focuses upon the fundamental relationship between the nature of the research enquiry (epistemological framework) and the attitudes and activities of the educational researcher. It is acknowledged that such influences may affect all aspects of research, including the decision about the research topic, project design, data collection, analysis and presentation of findings (Gough 2003).

Lankshear and Knobel (2004:24) suggest that a good quality, well-framed research question should be: clear, concise, focused. motivating, manageable and significant. Furthermore, the research question constructed for an investigation should directly inform decisions regarding the research design. This thesis describes and interprets the professional identities of a group of middle managers in a school of healthcare in a selected chartered (pre – 1992) UK university. The main research objectives for this thesis are:

- To determine the circumstances that led a group of healthcare practitioners to become middle managers in higher education.
- To explore the professional identities assumed by this group of middle managers.
- To map the characteristics of this group, and explore the interactional balance between the professional, academic and managerial aspects of their role

In order to address the main research objectives the following specific research questions are posed:

Research Question 1: What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to middle management in higher education?

Research Question 2: How do middle managers in this school of healthcare describe and understand their own identity?

Research Question 3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

In order to answer the above questions, this study was undertaken from an interpretative perspective, in line with social constructivism. While it is acknowledged that there are a broad range of differing paradigms or belief systems in modern research inquiry, they tend to fall between two main paradigms, the scientific and the interpretive each having different ontological and epistemological assumptions underpinning them.

3.1: Theoretical perspective:

Easterby-Smith et al. (1994) highlight the importance of having an epistemological perspective, in order to clarify issues of research design. Epistemology influences not just the research tools, but also the overarching structure of the research including the kind of evidence that is being gathered, from where, and how it is going to be interpreted. In making sense of research information and transforming it into data, researchers draw upon a set of beliefs or a paradigm, explaining how the analysis should be patterned, reasoned and compiled. Bryman (2008: 4) defines a paradigm as:

> a cluster of beliefs and dictates which for scientists in a particular discipline influence what should be studied, how research should be done, and how results should be interpreted.

Essentially then, a paradigm is a set of assumptions about how the issue of concern to the researcher should be studied (Henn et al. 2006).

Morrison (2002: 11) suggests that researchers should question: the relationship between what we see and understand (our claims to know and our theories of knowledge or epistemology) and that which is reality (our sense of being or ontology)? In other words, how do we go about acquiring knowledge about the world in which we live? (McKenzie 1997:9). Streubert and Carpenter (1995) suggest that science is a pathway to truth, and that in searching for truth we search for reality. This leads us to the question: 'Do we believe in a single reality or only one truth'. According to Chia (2000, In: Gray 2004) only relatively recently has postmodern epistemology challenged traditional ontology with notions that truth-seeking can have limitations.

Lincoln and Guba (1985) identified four ontological positions regarding reality: Objective, Perceived, Constructed and Created. They suggest that objective reality is when there is a tangible reality, and experience can result in full knowledge, whereas, created reality is based upon the notion that there is no reality at all. In the objective level of reality, empirical research is viewed as a way to truth. and understandings will come from repeated inquiries that will sooner or later converge in truth (Lincoln and Guba 1985: 82). This philosophical perspective is as a consequence very often allied to a positivist theoretical perspective.

Perceived reality is based upon an ideological position which suggests that 'there is a reality, but one cannot know it fully' (Lincoln and Guba 1985: 83). This level of reality can only be known from a certain viewpoint. The focus for this notion of reality is a reality that will never be completely known. Lincoln and Guba (1985) offer that the differences between objective and perceived reality is that objective realists believe that at some point they will know the whole picture, whereas perceptual realists believe that they will never know the whole picture. However, the two are similar in that they both believe that there is a reality to be known (Streubert and Carpenter 1995).

Constructed reality is based upon a notion that reality is constructed by individuals, what is real is constructed via cognitive processes. Constructive realists question whether there is a reality and suggest that it can never be known, meaning is constructed not discovered, so subjects construct their own meaning in different ways even in relation to the same phenomenon. They believe that there are multiple realities and that one truth (or a single reality) will never be found. This philosophical

perspective is as a consequence very often allied to interpretivism. Constructed reality fosters an idea that there are 'multiple realities' and hence supports the position that there is more than one way to know something and that knowledge is context bound. This view of reality is most applicable to the specific research questions within this study and corresponds with the researcher's own belief systems related to knowledge and reality.

This study explores respondents' beliefs, feelings and perceptions with regard to their career background, identities and role, and as such encourages an interpretivist theoretical stance. For an interpretivist there cannot be an objective reality which exists irrespective of the meanings human beings bring to it. Reality is not out there as an amalgam of external phenomena waiting to be uncovered as facts, but is a construct in which people understand reality in different ways (Morrison 2002:18-19). Interpretive researchers recognize that they are part of, not separate from the research. The core task for interpretivists is to view research participants as research subjects and to explore the meanings of events and phenomena from the subject's perspective (Morrison 2002:19). In terms of epistemology, interpretivism is very closely allied to constructivism. Interpretivism asserts that natural reality and social reality are dissimilar, and therefore require different types of approach and methods. Crotty (1998: 68) asserts that:

> Our interest in the social world tends to focus on exactly those aspects that are unique, individual and qualitative, whereas our interest in the natural world focuses on more abstract phenomena, that is; those exhibiting quantifiable, empirical regularities.

The link between interpretivism and qualitative research is based upon the need to penetrate the individual's world, with a preference for lengthy immersion in the field, as either a participant observer or for detailed unstructured / serial life history interviews (Morrison 2002:20). Table 3:1 provides a summary in the form of a comparison of the main characteristics associated with the two main ontological positions.

Table 3.1: Comparison of ontological positions: adapted from Streubert and Carpenter 1995: 9

Objective / Positivist	Constructed / Interpretivist
Reality is single, fragmented	Reality is multiple, constructed, holistic
Duality exists between knower and known	Knower and known are interactive, inseparable
Context-free generalizations are possible	Only time and context-bound working hypotheses are possible
All entities can be explained by cause and effect	All entities are in a state of mental simultaneous development making it impossible to discern cause and effect
Inquiry is value free	Inquiry is value bound

3.2: Research approach:

Defining and developing a methodological approach for this study was difficult, as there exists a bewildering array of theoretical perspectives and methodologies, and the terminology applied to them is often inconsistent and sometimes contradictory (Crotty 1998). Cresswell (2007) distinguishes five approaches to qualitative inquiry and research design, including; narrative, phenomenological, ethnographic, grounded theory and case study research. Whilst he identifies key characteristics of each approach, they all appear to have areas of overlap. Although each approach is presented in a 'pure' form, it has been increasingly recognized that researchers may

prefer to integrate them within a single study (Cresswell 2007: 10).

In this study the researcher was influenced by the initial desire to understand how middle managers in a school of healthcare described and understood their world. The research process represented a voyage of discovery on which the researcher set out to; 'understand their interpretations of the world around them'(Cohen et al. 2005: 23). In marked contrast to the researcher who sets out to test a theory, the aim was to work directly with experience and understanding to build theory based on these notions.

> To be sure, one goes out and studies an area with a particular … perspective, and with a focus, a general question or a problem in mind. But the researcher can (and we believe should) also study an area without any preconceived theory that dictates, prior to the research, relevancies in concepts and hypotheses
> (Glaser and Strauss 1967: 33).

The data gathered in the manner described by Glaser and Strauss (1967) offers insight into the meanings and purposes of the individual respondents at source. In situations like these, the world is too complex to be reduced to a set of observable laws, and generalizability is less important than understanding the real workings behind their reality (Gray 2004:31). The aim in this study was to understand how the managers in a single school of healthcare perceived their world, at one particular point in time. The theory is then developed from sets of meanings applied to these descriptions and behaviors and offers multifaceted images of human behavior as varied as the situations and context that support them.

Case study:

In this study the emphasis upon gaining rich in-depth data from a small number of respondents encouraged the researcher to focus upon a single site. Although case study has some definitional problems (Bryar 1999, Hammersley et al. 2000, Stake 2005), part of an accepted definition is that it is an intensive, detailed, in–depth study, examination or investigation of a single unit: the case (Dempsey and Dempsey 2000, Langford 2001). Case study is an approach that has been differentiated from other research designs by something that Cronbach (1975:123) calls 'interpretation in context'. In concentrating on a single phenomenon (a group of middle managers) the researcher aims to uncover significant factors characteristic of that phenomenon (the characteristics of this group of middle managers). Within this study the role of the middle manager is the heart or focus bounded by the institution (the case study school). Miles and Huberman (1994: 24) define a case as:

> a phenomenon of some sort occurring in a bounded context. The case is, in effect, your unit of analysis. Studies may be just one case or several. There is a focus, or 'heart', of the study and a somewhat indeterminate boundary defines the edge of the case.

The case school was a school of healthcare within a chartered UK (pre -1992) university. It fulfilled the criteria necessary to answer the main research questions of the study, and allows the findings to be applied to other similar institutions and situations where appropriate. While it is recognised that these results cannot be generalized to all universities, it is hoped that some of the findings may be transferable to institutions with a similar profile.

The focus upon human interaction in a specific setting links with symbolic interactionism (Mead 1934) and the focus upon the participants' point of view is broadly in line with phenomenology's concern with subjective experience. Layder (1993: 38) states that: 'The aim is to describe how the actors themselves act towards the world on the basis of how they see it and not on the basis of how the world appears to the outside observer'.

Albert Schutz (1967) proposed that phenomenology relates to an attempt to 'see things from the person's point of view' (cited in Bogdan and Taylor 1975:14). Phenomenology holds that any attempt to understand social reality has to be grounded in people's experience of that social reality. Current understandings have to be 'bracketed' to the best of our ability to allow phenomena to: 'speak for themselves', unadulterated by our preconceptions, the result being a fuller or renewed meaning (Gray 2004: 22). Phenomenological research encourages the researcher to identify the 'essence' of human experience concerning a 'phenomenon' as described by participants in the study, often referred to as: 'understanding the lived experience'. This approach involves studying a small number of subjects through extensive, and in some cases prolonged engagement to establish patterns and relationships in meaning (Moustakas: 1994).

In this study the researcher deliberated over an apparent overlap between phenomenology and ethnography. Aspects of the study related to cultural socialization experiences and in particular organizational cultural norms, according with Schein's (2004: 17) definition of culture:

> a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid.

Tesch (1994) distinguishes key differences between phenomenological research and ethnography, concluding that whilst both are based upon description and interpretation, ethnography focuses upon cultural aspects and phenomenology is based upon human experience (see table 3.3). Ethnographic approaches adopt a style in which the researcher studies an intact cultural group in a natural setting over a prolonged period of time.

Table 3.3: Distinctions between Phenomenological research & Ethnography (Tesch 1994, In: Gray 2004: 22)

Ethnography	Phenomenological research
Study of culture	Study of the life world human experience
Discovering the relationship between culture and behavior	Exploring the personal construction of the individual's world
Studying 'sites'	Studying individuals
As many informants as possible	Between 5 and 15 participants
Use of observation and some interviewing	Use of in-depth, unstructured interviews
Unit of analysis event	Unit of analysis meaning unit
Reliability, triangulation	Reliability, confirmation by participants

In accordance with the distinctions identified by Tesch (1994) this study fulfilled the criteria of a phenomenological approach, although there is overlap with integrative ethnographic traditions, defined by Silverman (2006: 10) as:

> a kind of ethnography that follows anthropological traditions, and constructs units of collective belonging for individuals.

Whereas phenomenologists generally assume that there is some commonality to the perceptions that human beings have, how they interpret similar experiences and seek to understand / describe these commonalities. This commonality is often referred to as the essence or the essential characteristics of the experience. This can be studied by reviewing the multiple perceptions of the phenomenon as experienced by different people and then trying to determine what is common to these perceptions and reactions. This searching for the essence of an experience is the cornerstone and defining characteristic of phenomenological research (Fraenkel and Wallen 2006: 437). Similar to biographies, phenomenological studies are time consuming and complex: the participants are required to relive and consider their life experiences. Approaches towards gaining such rich in-depth data, involve time and immersion on the part of the researcher.

3.3: Access and ethics:

Access to the case school of healthcare proved to be more difficult than expected. As a part time student, the research was conducted whilst continuing with a full time job, and it seemed pragmatic to organise the research within the researcher's place of work. During the development of the research proposal, the researcher acknowledged the potential criticism of 'insider research' (Anderson and Herr 1999, Mercer 2007), but concluded that in this research a detached neutral position, such as is commonly associated with traditional positivist research was not necessarily required or indeed preferable. Indeed it was argued that an essential aspect of the research would be researcher reflexivity, a concept used in the social sciences to explore and deal with the relationship between the researcher and the object of the research (Brannick and Coghlan 2007: 60). Despite initially winning over gatekeepers with this argument, access to the author's workplace was denied on the

basis of potential breaches of confidentiality and anonymity.

Reflection on this situation led the researcher to acknowledge profound inadequacies in her own understanding of the complex ethical issues that pervade every part of the research process. This personal reflection led to admission that the researcher's justification for conducting the research was weak and amounted to pragmatics (Braud 1998). Consideration was also given to the various notions of the term 'good research', and how a project may be viewed by others within the field as potentially threatening or 'dodgy' (Sikes 2006). Attention shifted to locating an alternative case school and fortunately through networking within the field a contact arranged for the researcher to negotiate access to another school. The impact of this process was important in terms of the overall study, in relation to the following:

- The researcher developed a greater awareness of the ethical issues around negotiating access.
- The researcher was encouraged to justify the research at an early stage in the process.
- The researcher was encouraged to review many preconceived assumptions about the field.
- The research context shifted from a statutory (post- 1992) university to a chartered (pre- 1992) university
- The position and role of the researcher within the study shifted from 'insider' to 'outsider' researcher.

The researcher successfully negotiated access to a school of healthcare within a chartered (pre-1992) university. The school is situated within a large urban university

which was established more than a hundred years ago and is now described as one of the top ten research-intensive universities. Similar to many other universities the case institution has been undergoing major organisational and cultural changes over the last few years, reflecting many of the national, political and economic drivers discussed in chapter one. The strategic plan describes the university as 'traditional', and focuses upon research-intensive activities and research–led teaching. There is major investment in this single-campus development, partially influenced by major student expansion brought about by the widening participation agenda. The general context is important in understanding the respondents' descriptions of their identity and role in relation to the cultural context in which they reside.

The school of healthcare is a large multidisciplinary school in the faculty of medicine and health. It is towards the top end of the Guardian league table for nursing, paramedical studies and social work. It offers a broad range of study at undergraduate, continuing professional development and post-graduate levels. The school offers programmes leading to professional registration within the chosen healthcare discipline as well as multi-professional programmes of study for qualified professional healthcare staff. Research degrees including MPhil and PhD are also offered to suitable applicants. The school boasts close working relations with NHS colleagues and a number of collaborative projects with major healthcare stakeholders.

Participants in this study were selected with help from the Dean of the school of healthcare. The researcher was offered a list of middle managers within the school and granted access to the university web-site to access descriptors and additional information about all the staff in the school. The web-site was comprehensive and

clearly accessible, and reasonably up to date. Staff entries included role descriptors, biographical material, areas of professional interest and publications. The site was organised according to departmental role and the heads of department / middle managers were clearly distinguished as 'departmental leads'. All of the departmental leads were included in the study and were sent invitations to participate. The school had two hundred and thirty academic staff and fourteen departmental leads, excluding the Dean. This provided a reasonable number of potential participants from which to address the study's research questions. The organogram in appendix one offers a visual depiction of the management team at the case school of health and social care. The school is divided into three main institutes:

- The Institute of Health & Social Work
- The Institute of Diagnostics & therapeutics
- The Institute for Innovation & practice.

Each Institute has a director and a number of academic leads/ unit heads. The director is not necessarily more qualified or on a higher grade then the other academic leads / unit heads within the institute, and this role like many others within this organisation is subject to a three year rotation (The deputy head of school is similarly a role which is subject to a three year rotation). Each of the academic leads / unit heads have a number of lecturers / senior lecturers and subject leads working within their unit / departments. The business manager appears as a slightly more isolated role – and this individual has a number of administrators working within the unit / department – but also has a role which crosses all Institutes – in terms of administration and finances – this role is not subject to three yearly rotation

Non-probability sampling is frequently used in small scale research where no attempt to generalise is desired. There are several types of non-probability sampling

including convenience, quota, dimensional and purposive. Each type seeks only to represent itself or a similar population rather than a representation of the whole (Cohen et al. 2005: 102). The purposive sampling used within this study is defined by Bryman (2008: 333) as:

> Essentially strategic, and entails an attempt to establish a good correspondence between research questions and sampling. In other words, the researcher samples on the basis of wanting to interview people who are relevant to the research questions.

In order to approach the participants, the researcher sent an introductory letter to all sixteen departmental leads. The letter was sent by post and e-mail to their work address as specified on the university web-site directory. The letter was constructed following review of guidelines suggested in a plethora of research texts (Robson 1993, Coleman and Briggs 2002, Gray 2004, Cohen et al. 2005, Denscombe 2005) and review of examples drawn from previous research degrees (Eales 1991, Smith 1996, Briggs 2003, Inman 2007, Tam 2008, Floyd 2009). The letter, along with participant information sheet (appendix two), consent form (appendix three), questionnaire (appendix four) and interview schedule were all subjected to approval by the university's ethics committee prior to being sent to prospective participants.

Ethics committee approval:

> It is really of importance not only what men do, but also what manner of men they are that do it (J.S. Mill 1859).

As suggested earlier in this chapter, complex ethical issues pervade every part of the

research process, and having been refused once, the researcher appreciated that access was by no means guaranteed. Application to the case study university ethics committee involved meticulous preparation of all documentation, including:

- Full project proposal or protocol
- Completed application form
- Covering letter
- Letter to participants
- Participant information sheet (appendix two)
- Consent form (appendix three)

Simons and Usher (2000) argue that the application of research ethics is situated in particular circumstances and it is with these circumstances in mind that the researcher has to engage with when making decisions for action. These circumstances may vary substantially and the researcher has vivid memories of ethical concerns related to clinical research, and the medical focus upon beneficence, and non-maleficence, as stated within the Declaration of Helsinki which was adopted by the eighteenth World Medical Association in 1964 and revised by the World Medical Assembly in 1975, 1983, 1989 and 1996 (Carlson et al. 2004).

Busher (2002: 73) discusses the '*Ethics of Research in Education* ' and suggests that the principles of research in this context relate to a commitment to honesty, avoidance of plagiarism, respect for dignity and privacy of the participants and the pursuit of truth. In this study the researcher was guided primarily by the deeply rooted belief systems acquired during her career in clinical practice: principles of beneficence and non-maleficence. These principles can be applied to most situations, and a premise of aiming to benefit, and not to harm covers privacy, confidentiality, truth seeking and

honesty in any given context. However, Lankshear and Knobel (2004: 103) offer a concise set of principles applied to educational research:

- Have a valid research design
- Obtain informed consent
- Avoid deception
- Minimise intrusion
- Ensure confidentiality
- Minimise risk of harm
- Demonstrate respect
- Avoid coercion or manipulation
- Reciprocate

A fundamental consideration for this study was the issue of privacy, anonymity and confidentiality. This was the prime reason for denial of access to the original proposed site, and was no less an issue because the researcher was less familiar with the participants. As some of the information collected was potentially sensitive, it was necessary to protect the privacy of the research participants. In agreeing to face- to-face interviews anonymity was an unrealistic expectation, however confidentiality was essential to encourage participation in the study. The promise of confidentiality in such a small-scale study is not always easily managed as contextual details such as type of school, and the age, gender, and role description of each participant may offer insight into the location and the individual. At the beginning of each interview the researcher assured each interviewee that every effort would be made to maintain their confidentiality. Curiously, none of the participants appeared unduly concerned and several acknowledged potential difficulties with this promise. Throughout the

process every effort was made to limit information that may reveal identity, and this was most necessary in the case of some of the biographical information offered during the interviews.

The ethics committee approved the research and the researcher was given written permission to proceed. Perhaps the most arduous and time consuming activity during this phase was the necessary attention to fine detail involved in the preparation of all of the documentation, and consideration of achieving absolute clarity for all to view.

3.4: Data collection:

Case study research has no methods of data collection or analysis that are unique to it (Bassey 2002:118). Likewise, there is not a particular method of data collection that is claimed to be exclusive to grounded theory. Strauss (1987: 1) suggests that very diverse materials (interviews, transcripts of meetings, court proceedings, field observation, letters, diaries, questionnaires) provide indispensable data for social research.

In order to collect the necessary data to answer the research questions developed through the literature review outlined in chapter two, this study used questionnaire and semi-structured interview. Triangulation is defined by Cohen et al. (2005: 112) as the use of two or more methods of data collection in a single study and they advocate its use in both positivist and interpretive research. The purpose of this approach was to try to overcome any deficiencies that may derive from dependence upon any one particular method and combine two complimentary methods to maximize upon the collection of valid data. Denzin (1989: 235) suggests that:

> Each research method implies a different line of action toward reality, and hence each will reveal different aspects of it.

The Questionnaire:

> The trouble with questionnaires is that sometimes, they seem like a very easy way to get hold of a great deal of information quickly (no need to decide what to do with responses until they arrive). Any fool can devise one in the time it takes to drink a cup of coffee. Wrong on all counts!
>
> (Bell 2002:159).

In this study, the questionnaire was formulated with a view to acquiring straight forward information about the respondents prior to interview, and thus encouraging greater depth of discussion within the interview time-frame. Questionnaires provide structured data, and participants can complete them at a time convenient to their schedules. They are considered to be a means of obtaining a broad brush opinion with minimal intrusion or disturbance (Bell 2004).

The questionnaire design was time consuming, and involved numerous re-drafts, in an effort to achieve clarity, and avoid the many pitfalls in questionnaire design described by Cohen et al. (2005: 248). The sections were formatted with clear sub-headings as a means of introducing the respondent to each section and breaking the monotony of working through seemingly endless questions. The design was developed to be as user-friendly as possible, reducing potential errors in completion of various sections or questions (see appendix four).

The primary objective of the questionnaire was specifically related to the research questions. However, an important aspect of the design also involved the identification and itemizing of subsidiary sections related to the central research questions (Cohen et al. 2005: 246). The subsidiary sections of the questionnaire were organized in a manner which encouraged progression from the simplest questions. Section one invited biographical information (age, gender, ethnicity); section two related to the respondents' career in healthcare, and then the sections progressed on towards slightly more complex questions pertaining to current role, managerial identity, views on leadership (Briggs 2003) and time commitments to different aspects of their role (Smith 1996). In the development of these sections the researcher was keen to ensure that the questionnaire was: (a) clear in purpose; (b) clear on what needed to be included; (c) asked appropriate questions; (d) elicited appropriate data on which to answer the research questions (Cohen et al. 2005: 247).

The wording of the questionnaire was frequently revised in an attempt to achieve clarity, and avoid ambiguity, jargon, assumptions or abbreviations. Closed questions were used as a means of limiting the range of responses and encouraging ease in completion, and analysis (Wilson and McLean 1994). Following countless drafts and re-drafts the questionnaire was piloted through colleagues with experience in educational management and leadership and re-drafted accordingly. The final version (see appendix four) was then sent by post and e-mail to the participants.

> The wording of the questions is one of the most difficult features of questionnaire design. It is also one of the most important to get right (Denscombe 2005: 152).

Interview schedule:

The interviews used in this study were semi-structured and based upon an interview guide which offered direction, and encouraged adherence to areas of discussion related to the specific research questions. The interview guide was developed in stages, beginning with an initial draft created in readiness for the ethics committee. This initial draft was based upon the specific research questions, linked to the literature review in chapter two. However, following a number of pilot interviews, the guide was adapted to mimic the order of the sections within the questionnaire. This alteration encouraged elaboration upon these themes, collection of equivalent information to assist analysis and also allowed freedom within this structure for flexible discussion. Once this style was adopted the researcher felt more confident to focus upon the interpersonal skills of interviewing and less concerned about the potential of shifting focus and failing to acquire relevant data.

Johnson (1994: 45) states that:

> The semi-structured interview has a similar aim to that of a structured interview of collecting equivalent information from a number of people, but places less emphasis on a standardized approach. A more flexible style is used, adapted to the personality and circumstances of the person being interviewed.

Interviews on a one-to-one basis were carried out at the participant's workplace, as this was the most convenient approach to arranging an hour out of their busy schedules. All of the participants arranged their interview via e-mail correspondence, following return of their consent form and completed questionnaire. The interviews were scheduled for an hour and took place over four months, allowing for ease in

negotiation of timings and avoiding any undue pressure placed on the participants. Although the researcher had identified an available room on the campus, all the participants elected to be interviewed within their own offices. It appeared that their offices provided a 'safe environment' that retained their locus of control and ability to determine when they wished to terminate the discussion. Fortunately no interview finished prematurely, and in each case the interview schedule was completed.

Several authors suggest different techniques to elicit good quality data from interviews (Robson 1993, Coleman and Briggs 2002, Gray 2004, Lankshear and Knobel 2004, Cohen et al. 2005, Denscombe 2005, King and Horrocks 2010). However, the most valuable advice was derived from colleagues who offered feedback following the pilot interviews. In the time available two pilot interviews were scheduled with colleagues experienced in educational management and leadership. The following points (see table 3.4) were extracted from an entry in the researcher's research diary following the pilot interviews:

Table 3.4: Extract from research diary

Key issues:

- Avoid leading questions
- Avoid double – barrelled questions (a really bad habit of mine)
- Really listen – so I can pick up on potential cues from the participant – it seems strange but it's really hard to listen attentively when your mind is on all the other stuff (recording equipment, getting quality and focused info on the persons experience etc.)
- Try to avoid answering my own questions in a futile attempt to help the participant understand the question!
- Ask clear, unambiguous questions
- Give the participant time to reflect on answer – allowing for some silences.
- Manage the technology – not my strong point – but I felt a little more confident using the equipment – which is important – because I don't want to be worried about this when I do the real interviews.
- Consider using the questionnaire as a guide – so I don't get lost mid – way through the interview.

The researcher was aware of her responsibility for the dynamics of the situation, for example, keeping the conversation going, motivating the participants to discuss their thoughts, feelings and experiences, and structuring the encounter.

Cohen et al. (2005: 279) suggest that the interview is a social, interpersonal encounter and not merely a data collection exercise. Experience of conducting meetings and interviews encouraged the researcher to remember the importance of making participants feel secure in terms of timing, structure, introductions and sensitivity to their needs.

> As the researcher is the research instrument, the effective interviewer is not only knowledgeable about the subject matter but is also an expert in interaction and communication (Kvale 1996: 147).

All of the interviews (fourteen in total) were tape recorded with the consent of each participant. The decision regarding the recording of the interview data was made more complex by the range of options available and there are many opinions upon the value of using tape or video recording. Lincoln and Guba (1985: 241) conveyed some unease about tape recording interviews due to the possibility of technical failure, although it must be emphasized that technology has improved over the last twenty years. Patton (1990: 348) suggests that a tape recorder is indispensable, and has the advantage of capturing data more faithfully than the hurriedly written notes of the researcher.

3.5: Data analysis:

> Analysis is the researcher's equivalent of alchemy – the elusive process by which you hope you can turn your raw data into nuggets of pure gold (Watling 2004: 262).

Data analysis began from the start of the interview process. Following the taped conversations brief notes were made highlighting key interesting details. Each interview recording was downloaded onto the computer, as soon as possible to avoid loss of data. Following this, the recording was transcribed verbatim onto a Microsoft word document. Transcription is the process of converting recorded material into text and, as such it is a necessary preliminary to commencing analysis of the interview data (King and Horrocks 2010: 142). Langdridge (2004) suggests that doing your own transcription is ideal, and considers it to be the first step in data analysis. However, time limitations made this unrealistic and the transcription was done by a carefully chosen administrator, with previous experience in transcribing data. An important aspect of this situation was developing a good relationship with the transcriber, and ensuring effective communication occurred throughout the process. A good rapport between the researcher and the transcriber helped to ensure that the downloaded recordings were received, and were both accessible and audible. Furthermore, the researcher impressed upon the transcriber that supplying missing content or attempting to tidy up the script would have a deleterious impact upon the data analysis (Poland 2002). The transcriber was experienced and very happy to complete the task to the specifications requested and as a result high quality verbatim transcripts were produced in a timely fashion (see appendix five)..

Once the fourteen transcripts were complete, each was printed out and read thoroughly without making any attempt to code it. Following initial revision of the interview as a whole (King and Horrocks 2010:152), the transcript was re-read and relevant material was highlighted. During this re-read the researcher periodically listened to the tape – recording of the interview to re-engage with vocal changes or intonations and re-immerse herself in the live experience of the interview. This was helpful in bringing the data 'back –to-life' and adding meaning to the process.

Level 1: Open coding:

Level one, open coding involves an examination of the data line by line, with the coding of each sentence and each incident into as many codes as possible to ensure a thorough examination of data (Streubert and Carpenter 1995:156). In level one coding the codes are called 'substantive codes' because they codify the substance of the data and often use the words articulated by the participants themselves (Stern 1980: 21).

The researcher used the margin of the transcript to write brief comments and select key words from the text that might be defined as substantive codes. At this early stage, there were two kinds of codes: (1) those taken from the language of the participants, for example: '*Flung into Management & Leadership*' and '*The Dark side'*, and; (2) implicit codes constructed by the researcher and based on concepts obtained from the data (Mullen and Reynolds 1978).

> Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to chunks of varying size – words, phrases, sentences or whole

paragraphs, connected or unconnected to a specific setting

(Miles and Huberman 1994: 56).

Following coding of the first two transcript the researcher sought supervision from an experienced researcher who was able to critique this approach to coding and peer review the process. This procedure was repeated for all fourteen transcripts, and was lengthy and time consuming. However, it was at this point in analysis that the researcher appreciated the benefit of getting help with transcription, as it ensured that time was available to work through the scripts without undue haste. As the coding progressed over successive transcripts, some pragmatic decisions had to be made about merging certain codes where there was overlap, defining new codes, and modifying codes from early transcripts (King and Horrocks 2010:154). Although tempted, the researcher avoided direct reference to the literature at this stage, in order to prevent the analysis becoming blinkered, or any unconscious compulsion to pick up aspects of the data that would fit neatly with the theoretical framework. At the end of this process, the researcher had a set of fourteen annotated transcripts, a file with fourteen amalgamated transcripts and a set of forty-three codes.

Level 2: coding:

Level two coding or categorizing involves the use of the constant comparative method in the treatment of data. Data are coded, compared and assigned to clusters or categories according to obvious fit. Categories are simply coded data that seem to cluster together and may result from the condensing of level one codes (Stern 1980, Hutchinson 1986). Deciding upon specific categories is facilitated by questioning what each level one code might indicate and then comparing each level one code with all other level one codes. This enabled the researcher to determine which

particular categories would be appropriate for the grouping of similar level one codes. Each category was then compared with other categories to ensure that they were mutually exclusive (Streubert and Carpenter 1995:157). This process was most effectively achieved by drawing out the categories on a large piece of paper and moving the codes and categories until the puzzle was a complete picture. Diagrams, were constructed to assist in the recognition of the relationship between the codes and themes (see appendix six). Following completion of these diagrams the researcher returned to the literature and considered how the themes related to the theory, and determined which lines of thought required new descriptions.

> As theory begins to develop, the literature review is conducted with the purpose of learning what has been previously published about the emerging concepts. The existing literature is used as data, and woven into a matrix consisting of data, category, and conceptualization. Literature carefully scrutinized, helps expand the theory and relates it to other theories (Stern et al. 1982).

3.6: Quality criteria:

While Guba and Lincoln (1994) argue that even from a relativist perspective it is possible to develop general quality criteria for qualitative research, others take the view that any such attempt is futile:

> If one takes the postmodern view that there are no limits and no essential foundations to the ways in which language can construct reality, then it is illogical to suggest criteria for assessing the value of any particular

> version of reality (King and Horrocks 2010:161).

Many researchers argue that qualitative research does require agreed quality criteria, though it should be different from those of quantitative research. In quantitative research the reliability, validity and generalizability of any collected data are critical features of the research. Validity is a key concept and it is commonly argued that qualitative research is well placed to ensure high levels of validity because of the way it takes context seriously and grounds its developments of concepts in close, detailed attention to the data (Le Compte and Goetz 1982). Reliability is much more problematic, because the role of the researcher shapes the research process and this makes the process far more subjective. This means that the findings produced by one researcher may not be replicated by a second researcher, even if they do use the same methodology. Murphy et al. (1998) suggests that the issue here is the distinction between internal and external reliability. External reliability applies to the kind of replication sought in quantitative studies, whilst internal reliability is defined as:

> the extent to which, given a set of previously generated concepts, new researchers would match these concepts with the data in the same way as the original researchers (Murphy et al. 1998: 176).

One of the most influential attempts to devise alternative criteria for qualitative research has been the work of Lincoln and Guba (1985), they suggest four main criteria:

- Credibility
- Transferability
- Trackable variance
- Confirmability

Credibility:

Credibility refers to the extent to which the researcher's interpretation is endorsed by those with whom the research is conducted (King and Horrocks 2010: 160). In order to enhance the credibility of this study, all interview data was tape recorded, transcribed and respondents were invited to view transcripts. The researcher has also offered to return to the school on an appropriately agreed date and give an account of the findings. To further enhance the credibility of the study, the semi – structured interview data was triangulated with data from the structured questionnaire and respondents were offered opportunities to elaborate upon their responses within the interviews. The researcher also used the biographical data on the web-site and key strategic documents produced by the case study university to assist in the analysis of the data. These documents were particularly useful to assisting in understanding the comments made by the respondents that related to the strategic vision and overall culture of the case study university.

Transferability:

Transferability replaces generalizability and is based upon the ability of the researcher to provide rich detail that can be accessed and applied to another setting.

The case school was a school of healthcare within a chartered UK (pre -1992) university and thus fulfilled the criteria necessary to answer the main research questions of this study. The findings might be applied to other similar institutions and situations where appropriate. While it is recognised that these results cannot be generalized to all universities, it is hoped that some of the findings may be transferable to similar situations.

Trackable variance:

Trackable variance replaces reliability. Reliability requires high degrees of stability within the research setting and secures replication as a realistic possibility (King and Horrocks 2010: 161). In this qualitative study the context is not replicable and is subject to constant change, and is therefore quite unstable. Lincoln and Guba (1985) argue that qualitative researchers should acknowledge the inherent instability of the phenomenon being studied and focus instead upon the stability and transparency of the research process. In this study, the researcher has made every effort to document the whole research process in detail, and offers an audit trail from research questions, raw data to analysis and conclusions (Yin 2003). This audit trail is represented within this chapter and the corresponding appendices.

Confirmability:

Confirmability replaces neutrality, as qualitative research does not pretend to be objective, researchers must provide sufficient detail of the processes followed in order that the reader understands how they might reasonably draw the conclusions (King and Horrocks 2010: 161). This relates not only to the transparency offered by providing an audit trail (as detailed above), but also full and frank declaration of the role of the researcher.

The position of the researcher is particularly important in this thesis, especially in relation to 'insider – outsider' perspectives (Labaree 2002, Mercer 2007). Creswell (2007) suggests that in a qualitative study, the role and relationship of researcher and respondent have implications for bias. Denscombe (2005: 169) agrees that data collected may be 'affected by the personal identity of the researcher' and how this is interpreted by the respondent.

As a consequence of being denied access to the initial case-study university, the researcher had no personal involvement or prior acquaintance with the respondents, and was as such an 'outsider researcher'. However, the researcher does have a career background in nursing and is also employed by a higher education institution and therefore could be considered to be a 'partial insider'. Gadamer (1975) argues that it is impossible to separate oneself from the historical and cultural context because the subject and the object of the research are located in pre-understood worlds. Indeed, there were occasions during the interviews whereby the respondents assumed that the researcher understood the context, and times when the researcher had to practise extreme restraint to avoid divulging any personal view or opinion on some of the commentary.

3.7: Limitations:

This chapter has justified the methodology used for this study. In order to provide a preliminary critical appraisal, it is important to reflect upon some of the limitations of the research.

However rich the data, qualitative research approaches are invariably criticized for lack of scientific rigour, and this objection is often based upon the notions of truth discussed in section 3.1. In the positivist tradition, researchers relate to an objective reality, and see empirical research as a pathway to full knowledge of that reality brought about by repeated inquiry that converges on truth (Lincoln and Guba 1985: 82). Small wonder that any critic viewing interpretivist research from a positivist perspective cannot begin to relate to the perspective of multiple realities.

Phenomenology is open to criticism for being orientated around a voyage of discovery and thus too open and un-structured. Denscombe (2005: 127) alerts researchers to the possible disadvantage of undertaking a literature review prior to conducting research on the basis that it contaminates the mind of the researcher. However, without an initial literature search prior to this study, the researcher would have had difficulty generating valid areas of questioning. In further defense of this decision, the literature search was completed two years prior to the actual research occurring and the researcher only returned to the literature following level 2 coding.

Three factors assisted in minimizing the contamination of the research by personal bias, including;

- The shift in location of the research.
- Close and effective supervision.
- Development of a research diary.

The research diary began as a small collection of notes and grew to amassing correspondence, drafts and re-drafts of research tools, reflections and concept maps. This approach has been identified as a crucial part of the research process, and an important means of achieving reflexivity throughout the research process.
Finlay and Gough (2003: ix) distinguish between reflection and reflexivity:

> Reflection can be defined as thinking about something after the event. Reflexivity, in contrast, involves a more immediate, dynamic and continuing self- awareness.

This approach assisted the researcher in developing increased self-awareness and encouraged discussion with supervisors and other researchers about the decisions made throughout the research process. Although such awareness is challenging as it may present features of the research which would have been hidden, assumed or denied (Morrison 2002: 23), for qualitative researchers, reflexivity facilitates a critical attitude to the location of the researcher's context and subjectivity on project design, data collection, analysis and presentation of findings.

Reflection following completion of the thesis led to deliberation related to the potential inclusion of job descriptions and person specifications as additional documentary evidence. Although job descriptions would have been extremely helpful, and with the benefit of hindsight, this might be viewed as a regrettable weakness of the study, they are not publicly available, and going back to the research site would be inadvisable and compromise the data, because a significant period of time has lapsed since I was last at the university, and there have been changes in personnel and in the job descriptions themselves.

Conclusions:

This chapter has provided an overview and justification of the research paradigm, research approach and research methods. Key methodological issues have been discussed, including: theoretical perspective, the research approach, access and ethics, data collection methods, and data analysis that were used in this study. The quality criteria best suited to qualitative research have been discussed as have the limitations of the study. The following three chapters will present the data generated in response to the three specific research questions.

Chapter Four

Findings

Findings 1: What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to becoming middle managers in higher education?

This chapter presents a summary of data collected from questionnaire responses and the 14 interviews with middle managers in the school of healthcare, in a selected chartered (pre – 1992) UK university. It addresses the first specific research question of this study:

- What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to becoming middle managers in higher education?

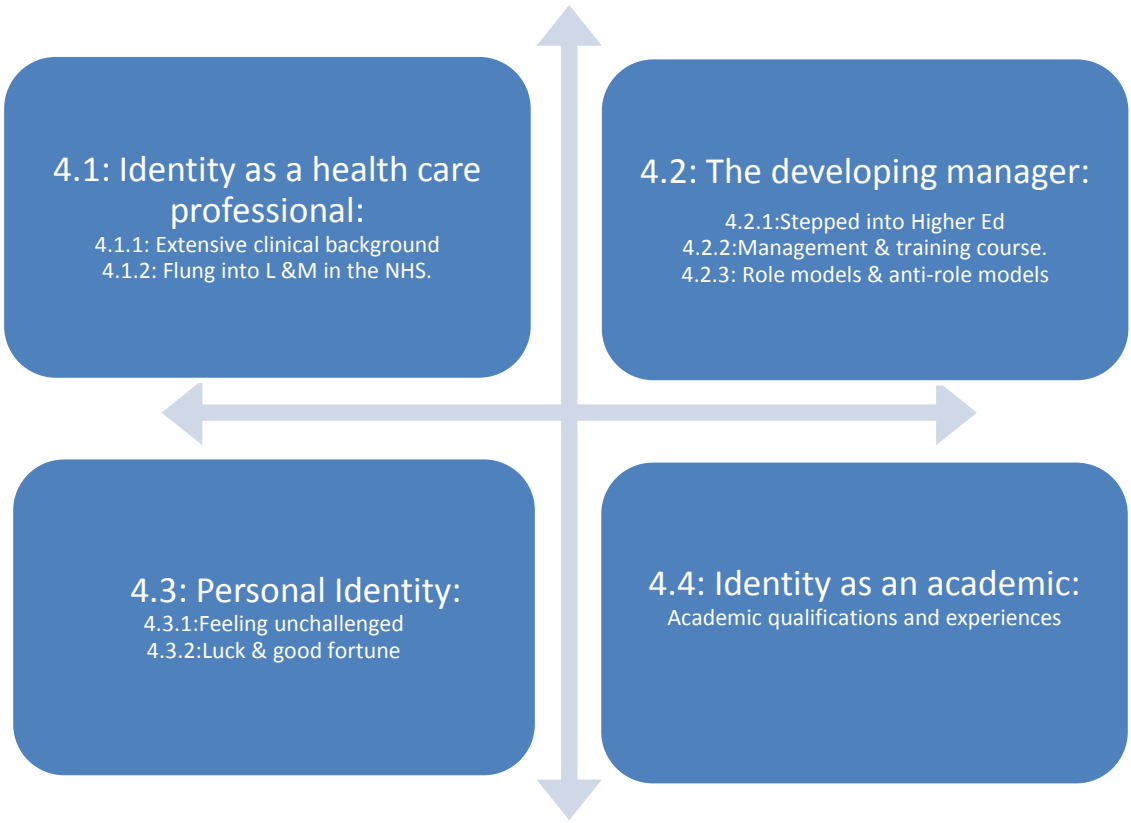
As discussed in chapter three, in order to collect the necessary data to answer the research questions, a combination of semi-structured interviews and questionnaires was used. The data were then analysed using coding and thematic techniques outlined by a wide range of qualitative researchers, including: Lincoln and Guba (1985), Streubert and Carpenter (1995), King and Horrocks (2010), and perhaps most eminently: Miles and Huberman (1994). The codes that emerged from the initial descriptive analysis which relate to research question one are presented in table 4.1:

Table 4.1:

Extensive clinical background	Luck & good fortune
Flung into L & M in the NHS	Unchallenged – feeling that I can do more
Management & training courses	Academic qualifications / experiences
Stepped into Higher Education	Role models and anti-role models

Following interpretation and thematic analysis the overarching themes that linked to question one were:

Table 4.2:

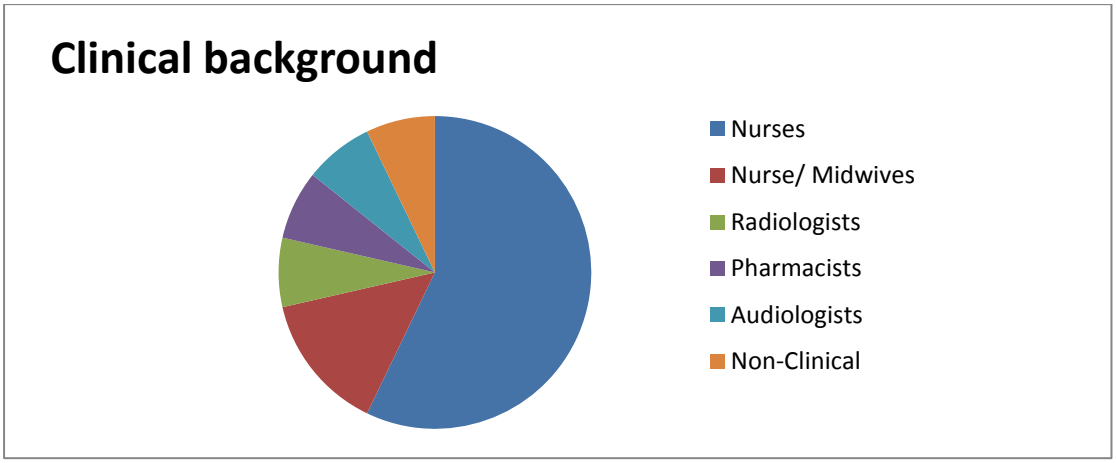


The overarching themes form the section headings for this chapter. Section 4.1 outlines identity as a health care professional. Section 4.2 discusses the developing manager. Section 4.3 relates to personal identity, whilst section 4.4 explores academic identity. In each of the four sections, the codes developed from the data analysis are presented as subheadings. Some of the themes bridge the specific research questions and therefore the relevant codes will be examined in the corresponding chapter.

4.1: Identity as a healthcare professional:

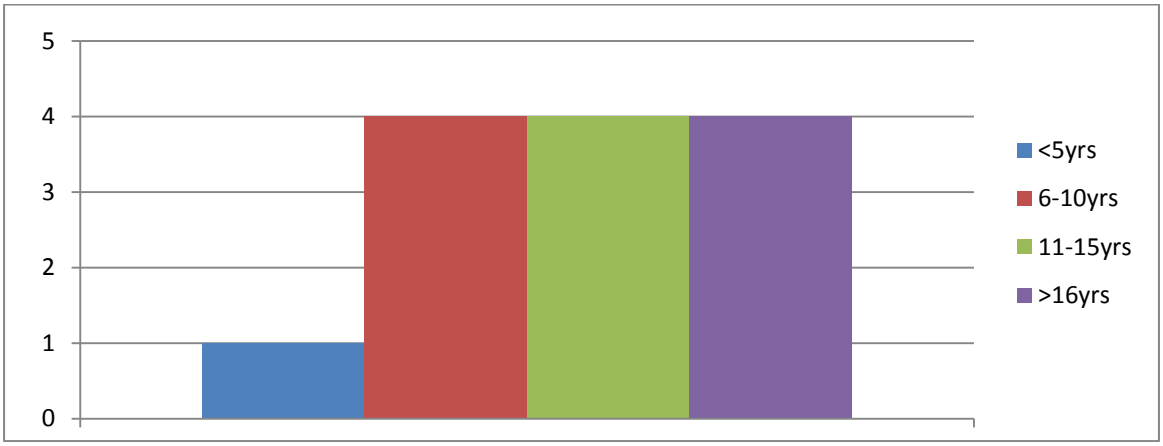
It was assumed at the outset of the study that the respondents would be nurse educators. In fact eight were nurses, two had both nursing and midwifery backgrounds, one was a pharmacist, one a radiographer, one an audiologist, and one had no clinical background at all (see table 4.3). All of the respondents with a clinical nursing background had specialised in adult nursing, as opposed to mental health, child or learning disability.

Table 4.3: Clinical background of respondents:



Years in full time clinical practice varied quite considerably. One respondent had less than five years, four between six and ten years full time clinical experience, four between eleven and fifteen years, and four with more than sixteen years full time clinical practice experience (see table 4.4).

Table 4.4: Number of years in clinical practice:



4.1.1: Extensive clinical background:

All of the interviews began with an exploration of the respondents' early career and clinical experience. They were invited to discuss their journey to this role, beginning with clinical work they had experienced. For thirteen respondents, this offered a comfortable start to the interview where they could reflect upon their clinical background. However, respondent DS22 had no clinical experience to draw upon and chose to talk about what she had been doing prior to her current job. The other thirteen respondents used this time as an opportunity to explore what was frequently referred to as extensive or diverse clinical experiences. Respondent DS31 stated:

> *'So my clinical background is very diverse, from A&E to ITU to orthopaedics, to medicine, to cardiac …….so that I guess you can work almost anywhere, and it gives you a lot of confidence' (DS31).*

These intense yet broad experiences of clinical practice were recalled with great fondness, and respondents saw them as fundamental building blocks in knowledge and skill acquisition. Respondent DS16 discussed her clinical practice experience with reference to developing interpersonal skills and working in teams:

'I've always generally established a good sort of interpersonal relationships with people …… I was able to get teams and people to want to work with me, so I did feel that that was often coming into the fore (DS16).

Interestingly, the ten respondents who had a nursing or nursing and midwifery background reflected on their initial training programmes with particular affection identifying this as being quite influential on their career trajectory. Respondent DS14, for example, decided to specialise in midwifery because during her training she saw a film about the Third World and decided she wanted to make a contribution:

'So I decided I wanted to go and work in what was then called the Third World and do development work in midwifery. So I did my midwifery ……and I went to Northern Kenya for two years and stayed for three, working in a mission hospital there, running the midwifery training school actually, and that was an extraordinary experience, one of those things that I'd keep with me... well, I still think of it now very often' (DS14).

The respondents with a nursing or midwifery background and training also spoke about how much they had learnt throughout their training, with references to the quality, including; *'It was quite traditional training', 'you were part of the workforce' (DS20), 'It was a great training' (DS18)* and; '*I mean I loved my nurse training and that was really excellent' (DS14).*

Curiously, the non- nursing healthcare professionals spoke much less about their initial training and focussed instead on their early posts. For example, respondent

DS32 began thus:

> *'So I qualified as a radiographer in 1975 and I worked as a radiographer for only about five years. After about a couple of years I specialised in medical ultrasound, which involved me taking another qualification because it's a specialist area, so I started practising medical ultrasound. I then was promoted into a management of an ultrasound department role' (DS32).*

Even more telling, respondent DS25 with a background in pharmacy simply stated: '*Good God! .... I am so old this could go on forever!* And then summed up his initial training in one sentence.

Many respondents went on to describe a sense of feeling that they could achieve more, and this is discussed in section 4.2. However, respondent DS24 summed up a common sentiment related to the role of clinical practice in their career as follows:

> *'We come from that clinical background and I always say you never want to lose that. I so much envy people who have hands-on care .....as much as I'd love to deliver hands on care then the role I think is too big and at such a strategic and operational level that I just wouldn't have that capacity to do that' (DS24).*

4.1.2: Flung into leadership and management in the NHS:

Clinical leadership roles appeared to have begun very early in their careers, with the nurses and midwives getting their first post as ward sister. For example respondent DS16 stated that:

> *'My background is nursing and I had my first sort of leadership role when I was 25 years old, I was the equivalent of a ward sister' (DS16).*

In this section the code relates to respondents' experiences of leadership and management in clinical practice settings. A number of the respondents presented a vivid picture of the business management models that emerged in the NHS in 1980s, describing a process of development from learning to manage the care of groups of patients, to learning to manage groups of healthcare professionals in a ward team, and then stepping up to larger hospital-wide management roles. Respondent DS16 explained how her role transformed from primarily managing a team to developing business plans:

> *'So from very early on I had formal responsibility really for managing teams and managing care, and it was just transitioning then from just a purely clinical role into something that also had some business function to it' (DS16).*

Respondent DS29 saw his experience in the NHS as instrumental to his ability to perform his current management role, explaining how the role developed his skills in managing people, reorganising staff, redundancies and disciplinary procedures:

'I was leading and managing people, which is transferable into what I have done and I currently do now' (DS29).

Respondents described significant levels of responsibility very early in their careers, running large units within the NHS and in some cases the whole hospital. Some brought their descriptions into sharp perspective by their demeanour and expressions as they talked, relishing the memories and describing a '*sharp, scary learning curve*' fuelled by adrenaline, while others lent more towards a bitter sweet recall of battles for resources and attempts to improve and change practice within the NHS. A number of the respondents gave vivid descriptions of some of the difficulties:

'It was also a time of high turnover so ... I think I had something like 30 whole time equivalent staff and I recruited within one calendar year something like 26 staff, there was a huge turnover' (DS16).

Respondent DS22 reflected on how some of the difficulties that he encountered during his time as a manager in the NHS were personally enriching and assisted in developing not only experience and management skills, but also self-awareness.

The non-nursing and midwifery respondents also recalled vivid experiences of leading and managing in the NHS, or in the case of the pharmacist alongside, and in partnership with the NHS. Respondent DS27 described working his way from junior to senior audiologist, and then of being catapulted into management, where he took on responsibility for an Ear, Nose and Throat department, with responsibility for all the staff from all the medical and allied health disciplines involved. The radiologist suggested that her promotion to a management role was immediately affiliated with an educational role, in many ways reflecting the way radiography preceded other non-

medical healthcare disciplines in developing graduate professional pathways;

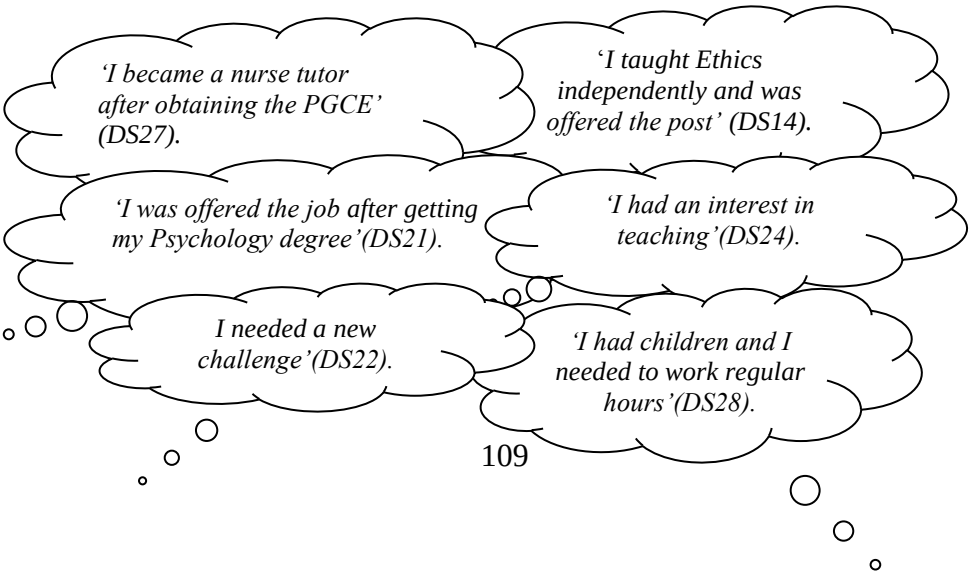
> *'I was just appointed…so I was in charge of the medical ultrasound programme … at that point, there was a diploma in medical ultrasound we then became a graduate profession, and therefore our programme became a post-graduate programme' (DS32).*

4.2 The developing manager:

Section 4.1 presented a picture of individuals socialised into a complex network of healthcare roles, and most respondents demonstrated how they had been catapulted into management posts from an early point in their career. During the time they were in clinical roles, the leadership and management potential was already beginning to appear.

4.2.1: Stepped into higher education:

In the questionnaire, respondents were asked why they had moved into higher education. Interestingly, this question was answered in detail and with remarkable candour, and the responses varied considerably. The diagram below presents the responses, the majority of which cite obtaining a qualification (7 responses). Three people felt unchallenged or dissatisfied with their career at the point of transition and one respondent left this unanswered.



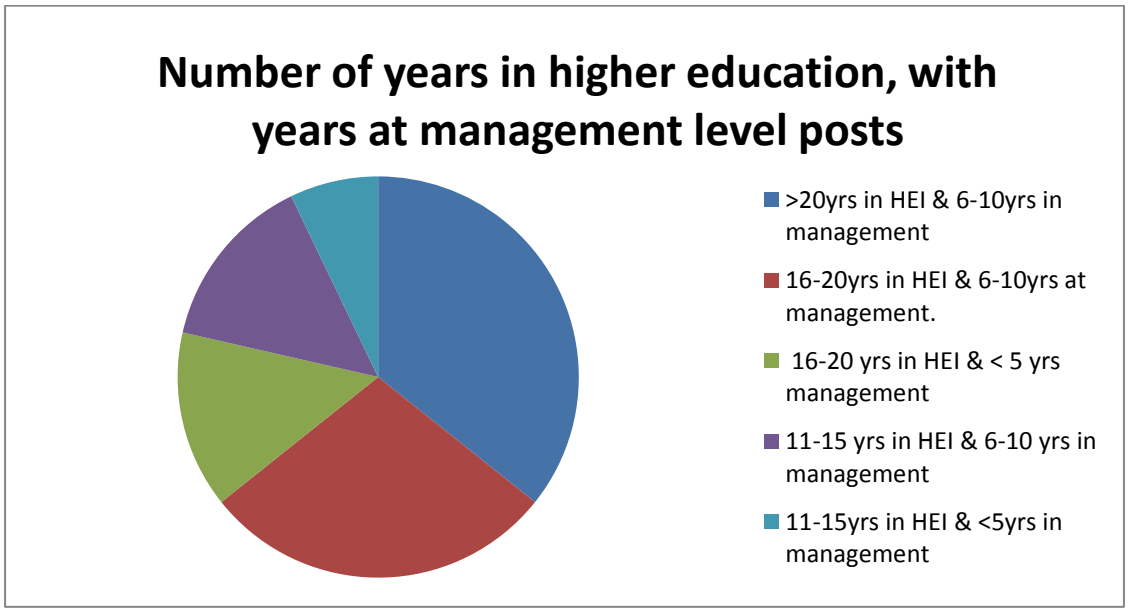
During the interviews, the respondents elaborated upon their answers. It seemed that a number of key elements were repeatedly referred to as important catalysts in the leap from clinical work to education They included obtaining academic qualifications and a keen interest in teaching. The decision was said by four of the respondents to have been unplanned and in some cases impulsive (DS24, DS29, DS31, DS33).

They also related to it as natural, and an obvious option in terms of career progression. For example respondents DS29 stated:

> *'Again I don't think it was a planned leap, it was a progression of activity. ……I saw the need to get a PhD in terms of future academic development, the way nurse education was going along sort of thing' (DS29).*

All of the respondents had been in higher education for a reasonable period of time before being appointed to a management post, despite most of them working at management level within clinical practice. None had been in higher education for any less than eleven years and none had been managers for more than ten years.

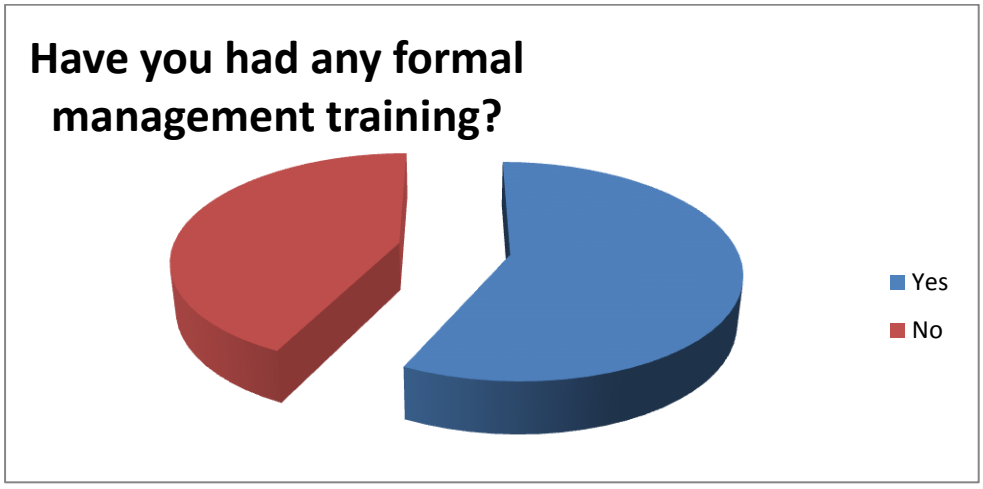
Table 4.5:



4.2.2: Management and training courses:

In order to acquire more information on the career transition to management in higher education, respondents were asked about any management and training programmes that they had attended. In the questionnaire they were asked if they had any formal management training. Eight respondents replied that they had attended formal management training, and six replied that they had not had any formal management training. Within that response, the divide was similar between the managers with a nursing / midwifery background and those without.

Table 4.6:



The respondents were also asked this question within the interview and encouraged to elaborate upon their answer. Respondents saw management training as a way of 'fine tuning' skills that they had gained through experience. Considering the extent of management experience that they had acquired through their NHS roles, very few had any formal training at this point in their careers. Only one respondent mentioned a two day management course while still in a clinical role. Respondent DS27 stated that:

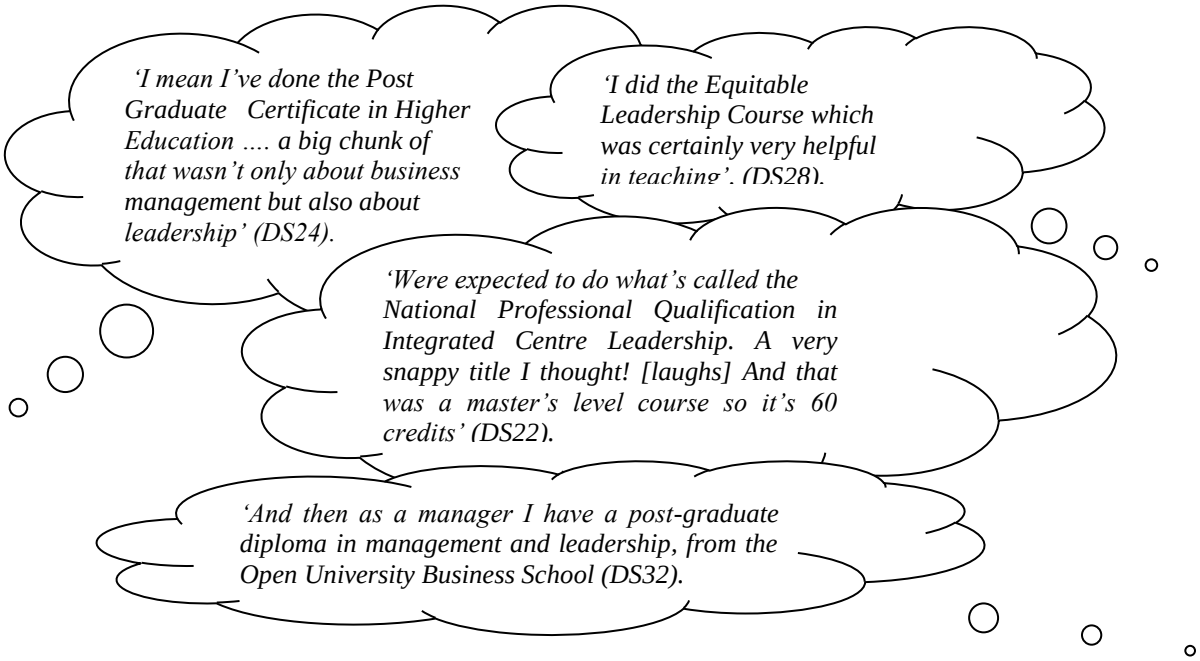
'I mean I hadn't gone on a management course, I knew absolutely nothing about management whatsoever, so I was doing it by the seat of my pants all the time' (DS27).

For many their first experience of management or leadership training was when they were in post as middle managers within higher education. Most of the respondents had been on the in-house training course. This course included: personal development planning, action learning sets, mentoring, learning resources, strategic thinking, resource management, leading change and interpersonal skills. By far the most frequent comment on the course concerned the benefit of meeting people from different parts of the university (DS21, DS27, DS28. DS29).

Respondent DS27 stated:

'Well, to be honest, I mean there's a lot of which is sort of stating the bleeding obvious…. I think, but there's information, and the useful thing is actually talking to other people around the university'(DS27).

In the questionnaire, the respondents were also asked what kind of qualifications they held. Only two of the respondents ticked the management qualification category: respondent DS14 ticked the management qualification box and added that it was a Post Graduate Certificate in Leadership, and DS33 just ticked the management box. However, following the interviews, a different picture emerged. Respondents DS32, DS22, DS28 and DS24 had not ticked the management qualification box, but had in fact studied management and leadership. In some cases, this had been part of a broader teaching or nursing qualification. The statements below suggest a lack of parity between the questionnaire and interview response to this question:



4.2.3: Role models and anti-role models:

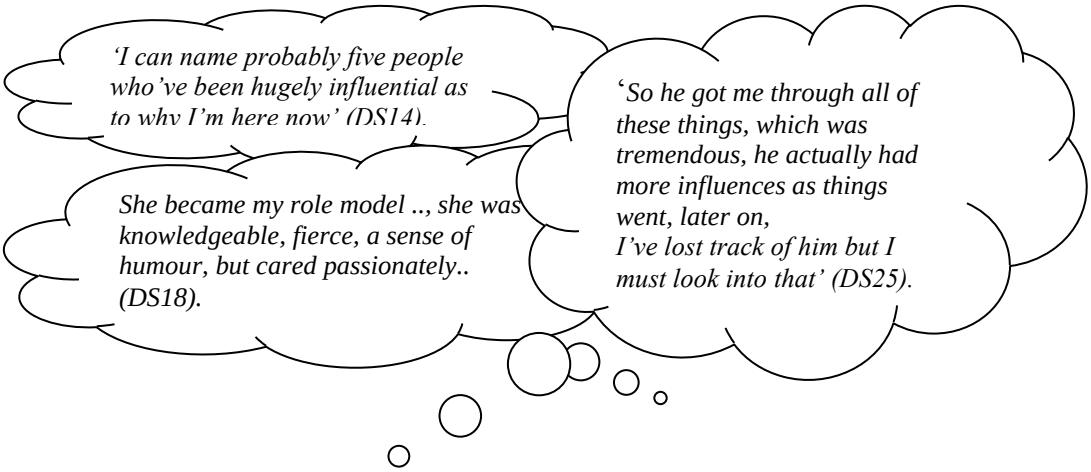
Role models and anti-role models also seemed to have been significant in the development of attitudes towards and the discharge of duties within the managerial role. Eight respondents spoke at length about personalities that they had met on their journey to their current post and the influence they had had upon them. An emerging picture was how strongly they felt about the 'bad experiences' and how powerfully these anti-role models had shaped their ideas of how not to manage people! Respondents DS18 and DS22 conveyed genuine emotion while reflecting on their experiences of working with difficult and obstructive managers. These they offered as examples of poor practice and DS18 spoke of one character who she felt was the ultimate in poor leadership:

> *' She was the antithesis of a role model, I can talk about her now because she's long gone. She would be my archetypal worst manager, leader –*

well, she wasn't a leader, she was a dictator!' (DS18).

Respondents DS14 and DS24 talked generally about role models not offering an ultimate example of good or poor practice, but presenting an overview of their combined good and bad experiences. Respondent DS14 reflected on the management styles she had encountered in the NHS in the 1980s describing them as autocratic. Similarly, respondent DS24, discussed negative experience of management in the NHS during the same period of time. Respondent DS24, explained how he had developed an approach that selected the best attributes from his combined experiences and dismissed the poor experiences as merely useful in showing how not to manage.

There were some very uplifting reflections on positive role models and a parallel feature emerging of helper roles, in which the respondents spoke of people who had influenced and helped them on their way to their management posts; exemplified by respondents DS14, DS18, and DS25.



4.3 Personal identity:

Although experience and role models clearly influenced these individuals they also demonstrated how powerful internal forces were another important aspect of their

career development. Respondents spoke of periodic bouts of boredom or 'feeling unchallenged' as potent motivators for them to seek new experiences and challenges along their career trajectory.

4.3.1: Feeling unchallenged:

A number of respondents spoke about periodic episodes of boredom in different roles, the need to find new challenges and a hunger for change. This characterised a group of individuals who were unlikely to be comfortable with sitting back and watching others take a lead, were eager to take risks and rise to new challenges. It became clear that in many cases these challenges were not always coincidental, but were in some cases actively sought out and when asked or encouraged they were a group of individuals who rarely turned their backs on a new opportunity. Respondents DS14, DS18, DS20 and DS21 all gave explicit examples of making spur-of-the-moment decisions based upon feeling unchallenged or bored

Respondents DS18 and DS20 stated:

> *'I think it was to stop my boredom as much as anything …….it was a hunger to fill the gaps that I felt' (DS18).*

> *'It was a huge risk and a huge step and it was a contract, a 2½ year contract, and I wasn't seconded, so that was another risk. But I was obviously clearly happy to take the risks because I was hungry for something else' (DS20).*

4.3.2: Luck and good fortune:

These respondents clearly demonstrated characteristics of intrinsic motivation, that made them eager to respond to new challenges. However, they also talked about opportunities falling into their hands, a set of circumstances that were described by at least five respondents as luck and good fortune. In some cases opportunities for promotion arose from well-timed meetings with key players or networks leading them to new projects and proposals. For example, respondent DS25 recalled how he was offered the opportunity to continue studying to Doctorate level:

> *'The prof drove me to the station, which was very kind of him, and we were sitting in the car just outside New Street Station in Birmingham and he said, I want you to make a decision about doing a PhD ..... So I said, how long have I got to make a decision? And he said, well, there's a traffic warden coming towards me and we're on double yellow lines, I'd say ten seconds. OK, I'll do it!, I just think I've been very, very, very lucky' (DS25).*

Respondents' DS14, DS18, DS22, DS24 and DS29 all stated that they considered that luck had played a part in their career trajectory, and four of the respondents said that they considered themselves lucky to work at the university. It was interesting that the respondents spoke of luck and good fortune, with few references to how they had appropriately situated themselves, or to their own ability to respond to new opportunities. However, respondent DS18 attributed her luck and good fortune to her quickness and ability to seize an opportunity:

> *'I would now describe it as recognising synchronicities, you know, I would recognise it as choices that come up that lots of people stupidly*

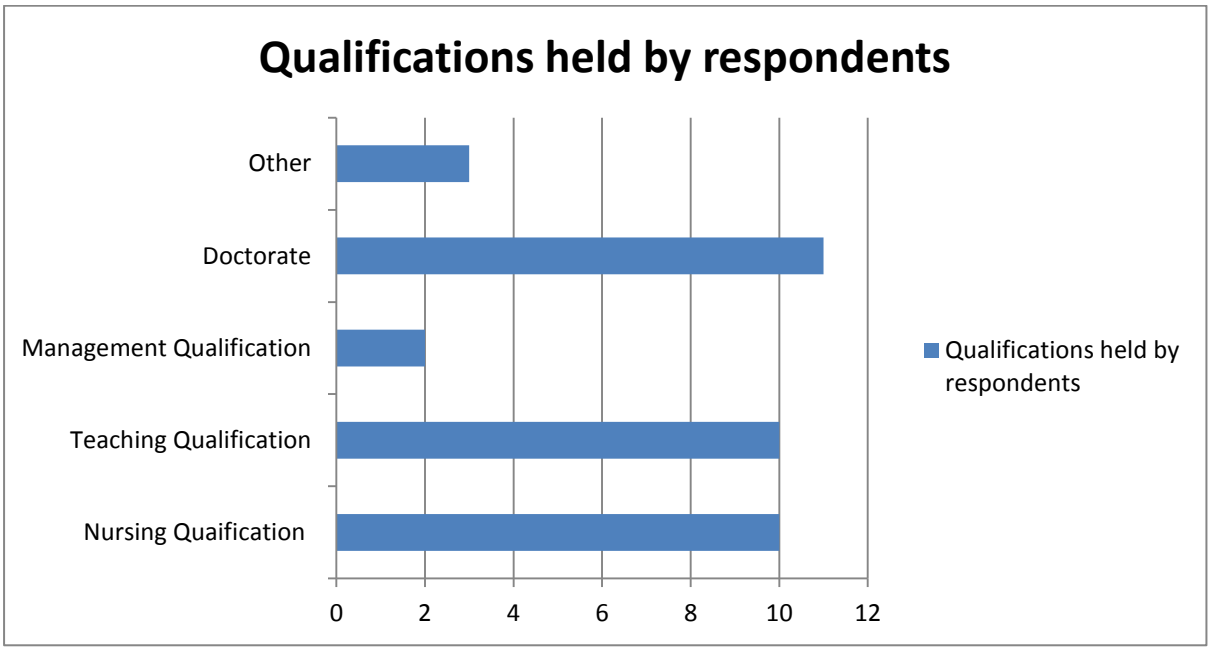
ignore' (DS18).

Section 4.4 Identity as an academic:

All of the respondents spoke about their journey as an academic in the past, present and future tense. This section discusses the academic journey to their current post. Issues related to on-going academic development within their current role will be discussed in chapter six.

In the questionnaire, the respondents were asked which of the following qualifications they held: nursing, teaching, management, research and other. Ten respondents indicated that they held a nursing qualification. Two of the respondents indicated that they held more than one nursing qualifications, with one respondent also declaring a mental health diploma and another a health visiting diploma. Ten respondents had a teaching qualification and it was interesting to note that all of these also had nursing qualifications. Eleven respondents had doctorates. The three respondents who did not have a doctorate were: a nurse teacher (DS16), the respondent with a non-clinical background (DS22) and one of three non- nurse healthcare educators (DS32).
Two respondents indicated that they had a management qualification but as identified in section 4.2, there was inconsistency between this response and comments made at interview

Table 4.7:



The three respondents without doctoral qualifications had masters degrees. Respondent DS16 completed a masters in Nursing in America. This person was motivated by her own desire for *'self- development'*. Respondent DS22 had no nursing background and described her academic career as accelerating after she had married and had children. Respondent DS32 had worked towards clinical accreditation and clinically orientated academic qualifications and was now approaching retirement.

Three respondents (DS27, DS18, DS31) spoke candidly about having a very limited academic portfolio on leaving school, and how they recognised that they wanted to do a job that they felt would be worthwhile and stimulating. Respondent DS27 had spent four years as an apprentice for a gas company and decided that he *'didn't want to do that for the rest of my life'* . Respondent DS18 described her decision to extend herself thus:

'In brief, I left school, pregnant ... I managed to get one more O level, as we called them, so I've got needlework and English language and I managed to get maths, and I thought the magic three O levels would get me into something. I'd worked in a factory, on a factory line, and knew that if my life depended on working on the factory line it wasn't going to be very successful. .... my cousin is a nurse ... so there was a hint that this was a job that would be quite a good job to do, and I applied' (DS18).

Contrary to these experiences, were the descriptions offered by respondents DS14, DS16 and DS20, who portrayed their academic career as starting early and *'sailing' through exams'(DS14).* Respondent DS20 described the experience of being one of the few nurses to have a doctoral qualification and how this caused her peers to view her with suspicion:

'It was bad enough in those days in nursing having a degree, having a PhD was just over the wall really, it was just one step too far!'

The respondents with a nursing background had navigated their academic pathways around a number of different routes. There was a broad division between those who had entered nursing with very few qualifications, battled their way through the system, gathering qualifications as they went, and those who had entered nursing with an impressive set of core qualifications, steadily cultivating their academic career as they progressed. None the less, all the respondents presented as individuals who had vision beyond just doing the job and an appreciation that academic qualifications were essential to their career progression. This set in a context of nursing in the 1980s is indicative of ambition above the norm.

Summary of Chapter Four:

This chapter has presented data to address research question one of this study: What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to becoming middle managers in higher education? The following is a summary of the findings in this chapter:

- Ten of the respondents were from a nursing and midwifery background, three respondents had a background in allied non-medical healthcare and one respondent had no clinical background.
- Of the 13 respondents with a clinical background, only one had less than five years clinical experience.
- The 13 respondents with clinical backgrounds spoke about their initial training and early clinical experiences with great fondness.
- A number of respondents described how clinical leadership roles began early in their career.
- For seven respondents, the step into higher education was concerned with obtaining a qualification.
- None of the respondents had been in higher education for less than eleven years, and none had been managers for more than ten years. Most had considerable experience in education prior to stepping up to a management post.
- Eight of the respondents had attended formal management training and the majority spoke about this as useful, enjoyable and a good way to network within the university.
- There was an inconsistency between the questionnaire responses and the

interview responses with regard to management qualifications. It appeared that at least six respondents had studied management and gained a qualification.

- Many of the fourteen respondents were eager to talk about the influence that role models and anti-role models had exerted upon their career journey.
- Respondents reported ‘feeling unchallenged’ or in some cases ‘bored’ at certain points in their careers.
- Most of the respondents acknowledged that ‘luck and good fortune’ had played a part in their career progression.
- Eleven respondents had achieved doctorates. All had studied to masters degree level.
- Three respondents spoke candidly about having very limited qualifications on leaving school and nursing offering them an opportunity to change their lives.

Chapter Five

Findings

Findings 2: How do middle managers in this school of healthcare describe and understand their own identity?

This chapter presents a summary of data collected from the questionnaires and interviews with 14 middle managers in the school of healthcare, in a selected chartered (pre-1992) UK university. It addresses the second specific research question of this study:

- How do middle managers in this school of healthcare describe and understand their own identity?

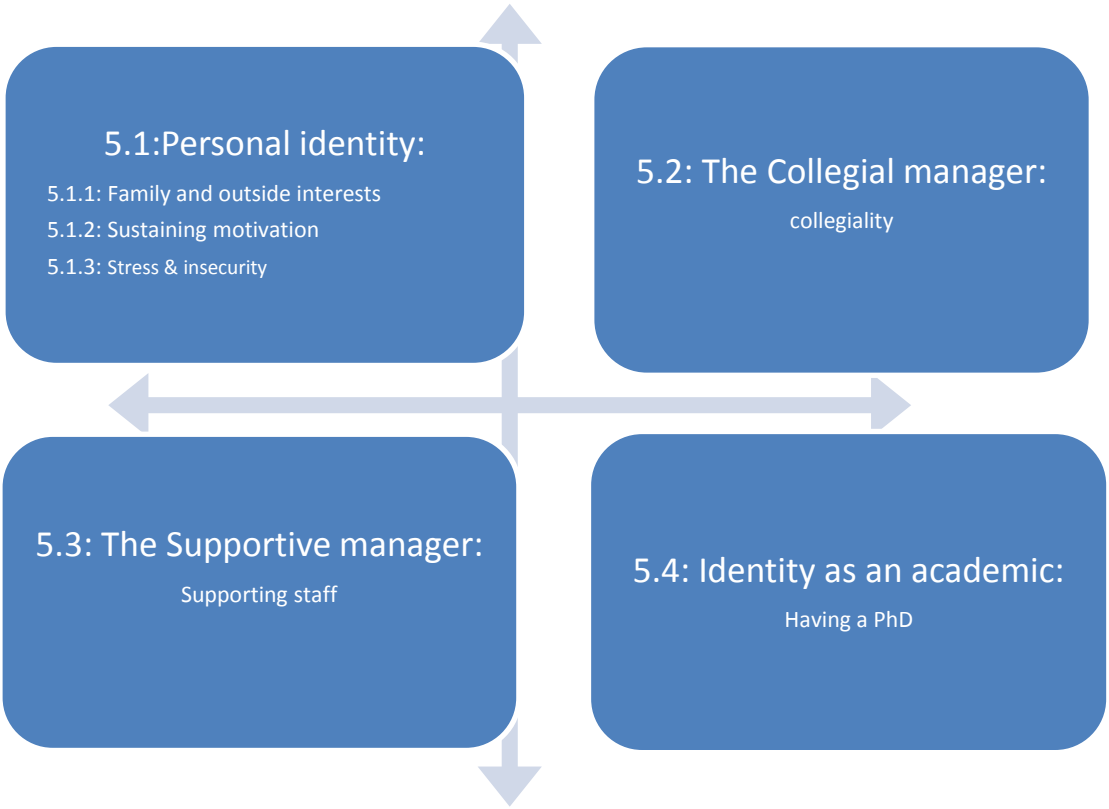
The data emerged from a combination of questionnaire responses and analysis of interview transcripts, as described in chapter three. The codes that emerged from the initial descriptive analysis which relate to research question two are presented in table 5.1:

Table 5.1:

Family and outside interests	Having a PhD
Stress & insecurity	Collegiality
Sustaining motivation	Supporting staff

Following interpretation and thematic analysis the overarching themes that linked to question two were as follows:

Table 5.2:



The overarching themes form the section headings for this chapter. Section 5.1 discusses issues concerned with the personal identity of middle manager. Section 5.2 explores the collegial manager. Section 5.3 relates to the supportive manager. Section 5.4 examines identity as an Academic. In each of the four sections the codes developed from the data analysis are presented as subheadings. Consistent with chapter 4 some of the themes bridge the specific research questions and therefore the relevant codes will be examined within the pertinent chapter.

5.1 Personal identity:

Biographical data responses to the questionnaire demonstrated very little variation in age and ethnic origin. There was a predominance of women in this group. In section one of the questionnaire, respondents were invited to give a tick box answer to three core questions. The first question was concerned with gender and fortunately

there were no ambiguous answers to this question! The responses showed there to be ten women and four men. The second question invited the respondents to indicate the group that reflected their current age. Eleven of the participants indicated that they were in the 50-59 year age range, one participant in the 40-49 year range, and two over 60 years. The third question concerned ethnicity and all participants indicated that they were white. Nine of the respondents were white, female, and aged between 50-59 years. Tables 5.3 and 5.4 present this data set as follows:

Table 5.3:

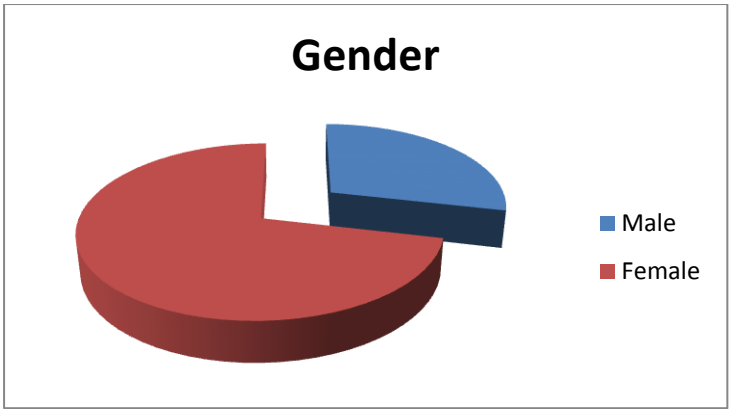
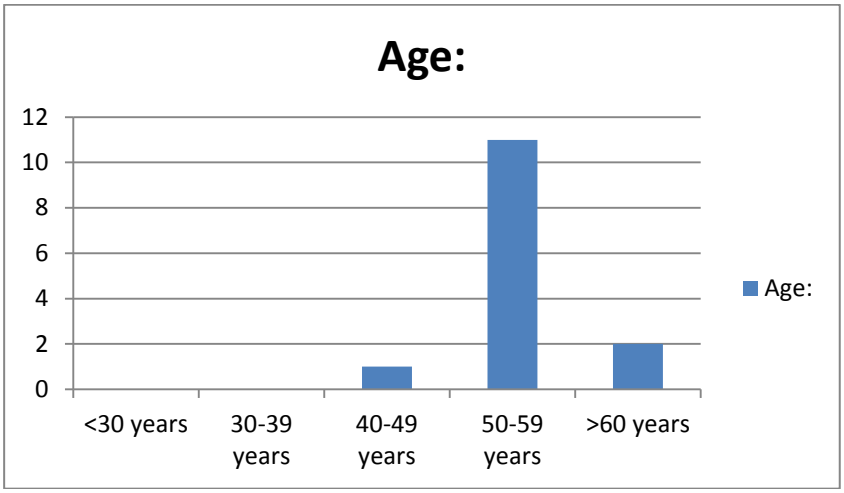


Table 5.4:



5.1.1: Family and outside interests:

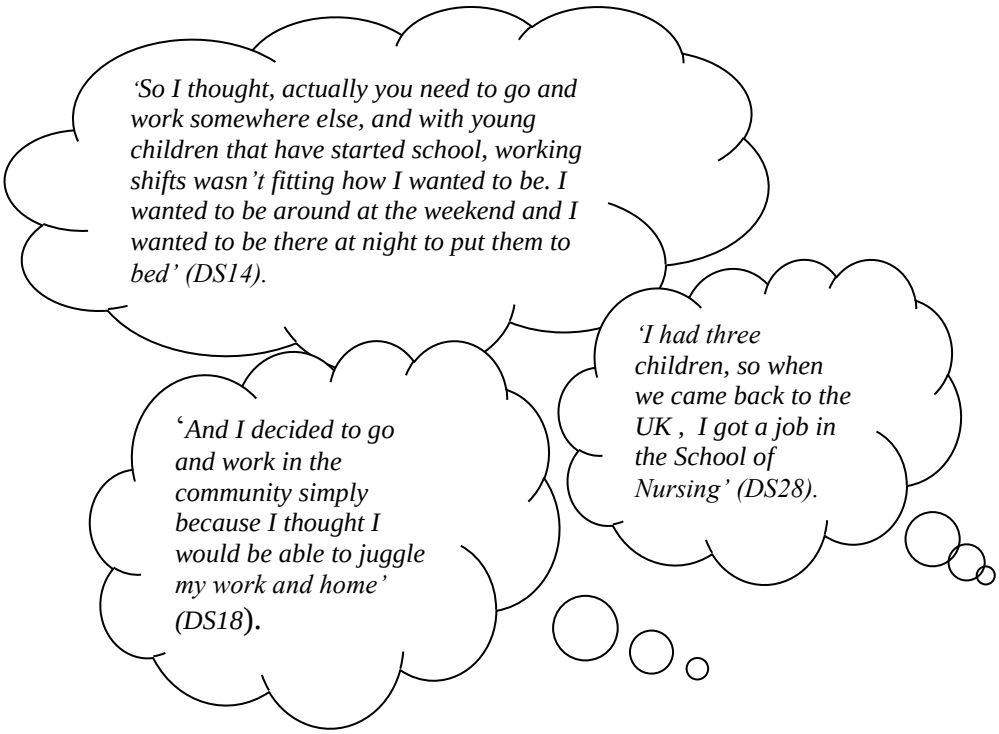
Obtaining information on the personal lives of the respondents was challenging. The respondents appeared to draw a line between their professional and personal lives and they justifiably viewed the interview to be about their role rather than their personal lives. Respondent DS18 articulated her very clear divide between work and home, stating that:

> *'In some ways, because I keep my work colleagues separate to my personal life, I can separate it out and that helps me cope' (DS18).*

Although the central theme of the research focuses upon the professional lives of this group of middle managers, some aspects of both their professional and personal identity were sought in order to present a more complete picture. There were two key points during the interviews where most of the information was disclosed. The first point was during the early part of the interview, as the respondents talked about their journey to the role. The second point was towards the end of the interview when all the respondents were asked to discuss their work – life balance.

The respondents who spoke about their family life indicated that it was difficult to juggle life and work pressures, and sustain their professional advantage. It appeared that there were times during their careers when some of the respondents had put their career progression on a temporary hold while they waited for their children to grow up. This was to some extent confirmed by the age range of the respondents, with very few respondents in the younger age categories. However for some, what appeared to be a necessary break from traditional work patterns to allow for childcare proved to be a catalyst in the step from clinical work to education. In response to the question

concerning the reason for moving into higher education, one respondent wrote: *'I had children and needed to work regular hours'* . During the interviews it emerged that the impact of having a family had clearly been very influential in many of the respondents' career decisions.



Respondent DS21 explained how she could not have contemplated fulfilling the obligations of a management role when her children were small and required her attention, stating; '*I would not have been able to do it'*. Respondent DS28 located her situation within a broader socio-economic context, acknowledging important changes in the career lives of women in successive generations;

> *'I think some people, particularly women, have to do it now, because either they don't have partners or their debt is such that they can, you know, they need the money to pay the mortgage. We were I suppose fortunate in those days' (DS28).*

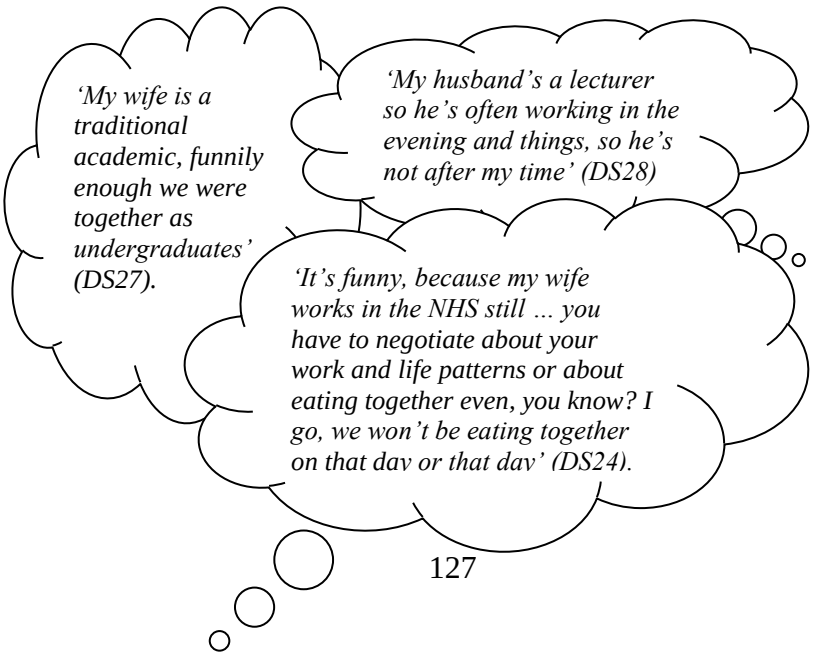
From a man's perspective, DS31 demonstrated that it was not just the women who were at times torn between the pressures of work and home life:

> *'So quite a toll on the family really, because they had to accept that daddy's working very hard but it's only for a finite time. And I did go to the wire, I did go to that seven year period, but that was just the way it goes' (DS31).*

Once the respondents began to talk about the relationship between their working lives and their personal lives, it became clear that another influential factor was the support of their spouse. Encouragement and support offered by husbands, wives or partners seemed to be an essential ingredient in their career plans. For example respondent DS22 stated that;

> *'I have no life apart from work and my husband!..... he is fantastic, I really couldn't do without him. He cooks, cleans, he's brilliant!'(DS22).*

Respondents DS27, DS28 and DS24 suggested that a very helpful additional means of support was gained from there being some resemblance between their job and that of their spouse;



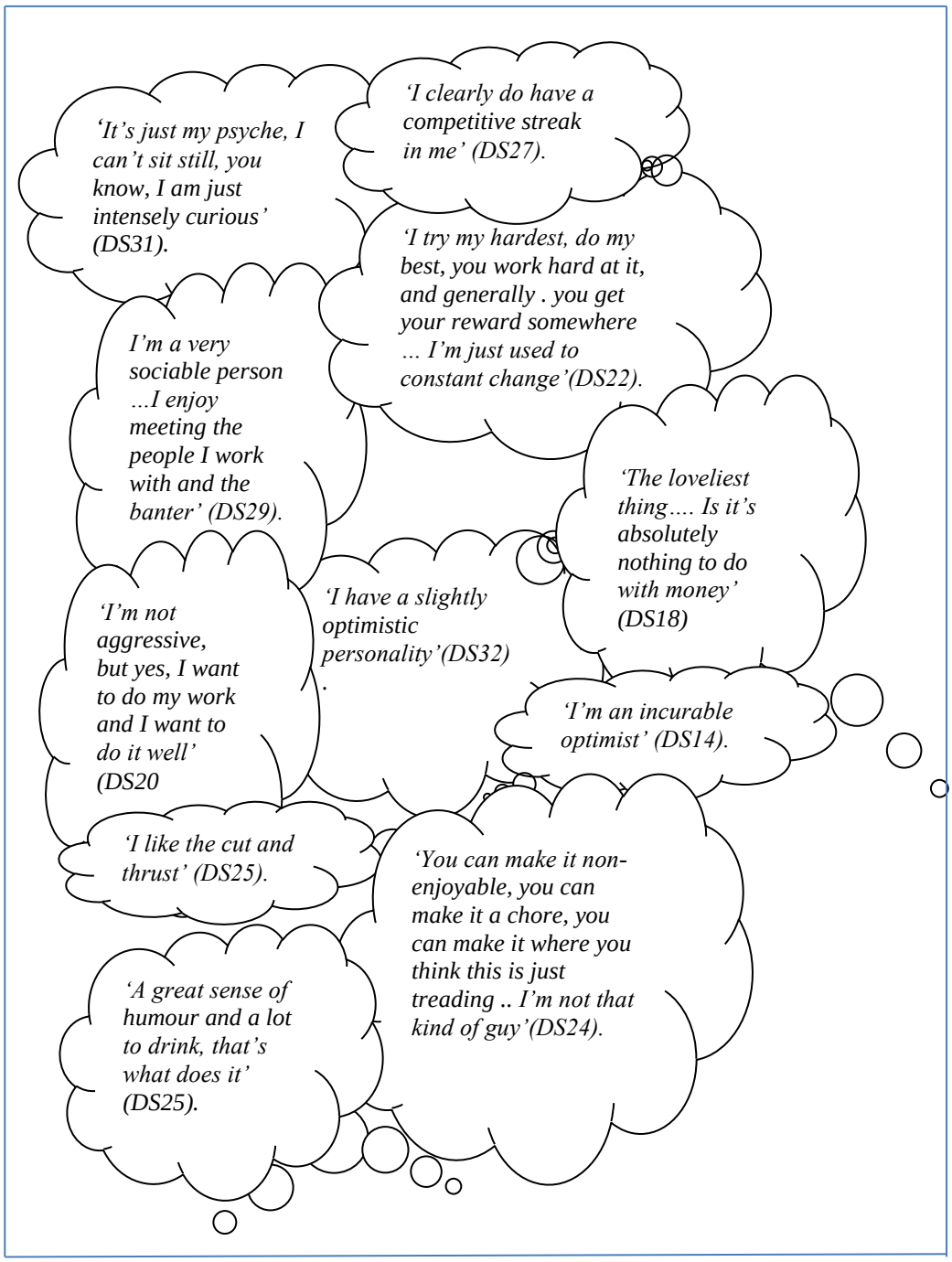
Respondents cited a range of interests that helped them relax and recharge, including; holidays, walking, reading, going to the gym, gardening, cooking, having a drink and watching the television. They apparently squeezed hobbies into very limited time, with only just enough time to pursue leisure interests and achieve a small measure of relaxation. Respondent DS22 stated:

> *'I'm obviously boring, I haven't got any hobbies! [laughs] I have no life apart from work and my husband'!*

5.1.2: Sustaining motivation:

Most of the respondents throughout their interview alluded to an intense engagement with their job, with a real sense of loyalty and vocation. It seemed sensible to ask all of the respondents how they sustained their levels of motivation. This opened a broad range of responses, as the respondents offered a varied range of personal characteristics and attributes that contributed to their longevity in a competitive and at times difficult role:

The broad range of personal characteristics and attributes that contributed to the respondents' longevity in a competitive and at times difficult role:



An important characteristic shared by most of the respondents was that they clearly enjoyed working and six respondents stated they: '*loved their job'* (DS14, DS24, DS25, DS29, DS31, and DS32):

'I genuinely love this job, the good, the bad and the ugly' (DS34).

'I love this place' (DS25).

'I absolutely love working at the university, I just love working here' (DS14). Respondent DS20 gave a slightly more measured response: '*I actually enjoy every element of the job',* while DS16 related more to a sense of belief in what she was doing to enhance the students' knowledge and skills. DS22 expressed her appreciation of working in the university thus: *'I feel proud to be... I do, I feel proud and privileged that I work here, I really do. I feel fortunate and I hope my luck stays in'.*

5.1.3: Stress and insecurity:

Despite their willingness to fight battles when necessary and cope with being different, the respondents did also communicate feelings of insecurity and stress. The six respondents who were most explicit about their own levels of stress and insecurity were DS20, DS21, DS24, DS25, DS29, DS30. In articulating these feelings, they spoke both in the past and present tense, and eleven of the fourteen respondents articulated a sense of insecurity relating to the future. When speaking about the stress and insecurities at different points in their past careers two phrases were repeated '*risky'* (six respondents) and '*scary'* (four respondents). Both DS20 and DS24 explained how they had experienced a simultaneous sensation of thrill, excitement and fear. Respondent DS24 spoke of the steep learning curve he had undergone when he initially took up his current appointment;

'So not long into the post, whilst I think it's been a massive learning curve for me, but also it's been a scary, hairy moment, you know what I mean, around that'.

5.2 The collegial manager:

Interpersonal relations had clearly caused the respondents to feel periodically stressed and vulnerable. They spoke of many experiences where they had encountered difficulties in collegial decision making. However, all of the respondents were passionate about the importance of collegiality and suggested that effective interpersonal skills was an essential element. A number of respondents spoke about informal and regular contact with other members of staff as a means of 'nipping issues in the bud'. The impression given by many of the respondents was that collegiality worked best within the school's academic groups, but cross-group collegiality was problematic, with cross faculty collegiality virtually non-existent. Respondent DS21 talked about her relatively new seconded role. This role had been created in order to promote the development of workshops across the departments, thus representing an area of activity relatively unchartered. Her detailed explanation offers a powerful insight into the difficulties she encountered in developing collegial relations in order to pursue new initiatives;

It's a massive school with several institutes which see themselves as separate institutes So there's a lot of different people for me to meet (DS21).

It's polarised people. Either they've said, please come in, let's see what we can do to generate income, or, are you kidding? (DS21).

Substantial discussion with the other thirteen respondents focussed on the importance of team work and close relations at a time of significant economic threat and uncertainty. The school had survived a number of large scale restructuring exercises, and respondent DS24 was clear that everything that could be done had been done to '*engage with people all the way through*'. Expanding on this view he added:

> *'I'm sort of surrounded by a team, a team of senior managers, so it's not about I have to be expert and I have to do all of those things, because we have carefully orchestrated a senior management team of people and at senior executive level where I feel we're surrounded by a good team that, you know, we together pull and contribute together' (DS24).*

It was not quite so surprising to hear from other respondents about the power of *'visibility' (DS28),* and walking the hallways acting as an antidote to sending numerous e-mails to people in the same corridor.

5.3: The supportive manager:

It is important to clarify in this section that the respondents related to their identity as a colleague not only in terms of decision making and negotiation, but also as an individual able to offer support to other staff.

Supporting staff:

DS32 discussed support in terms of shared activity, involving reciprocal efforts to reduce tensions and stress. As the interviews progressed, a variety of activities emerged, including; listening (DS22) having friends (DS14), mutual moans (DS32), cups of coffee (DS14, DS32), the use of humour (DS25, DS29), building up trust, offering loyalty (DS18), mutual respect (DS22),

‘nipping in to see people’ (DS28), ‘keeping a box of tissues to hand’ (DS25), keeping the door open (DS14), being informal whenever possible (DS16), suggesting that someone finishes early for a change (DS32), offering a friendly nudge (DS32), and taking a colleague out of the university for a walk (DS32). Two of the respondents related to humour as a supportive intervention and they used it throughout their interviews. Both of these respondents were men and they appeared to use humour as a means of both supporting the process and personal defence. It was, however, curious that there was no mention of any social events, meals out, especially as twelve of the respondents had worked in the NHS where these are frequently used as a means of support.

5.4: Academic identity:

Having a PhD:

Although the management of their academic portfolio is an aspect of role that will be discussed in more detail in the next chapter: findings 3, academic status was integral to this group’s concept of self. Having a PhD presented as a central issue, and all of the respondents related to it as such, including the three respondents (DS16, DS22 and DS32) who did not have this qualification. Respondent DS22, was female, aged between 40-49, had described her non-clinical career as accelerating after she had got married and had children. Respondent DS16, was female, aged between 50-59, had a nursing background and had achieved a masters qualification, but was approaching retirement and considered herself ‘timed out’ in relation to this next academic step. The situation was much the same for respondent DS32, who was also female, and aged between 50-59. Respondent DS16, elaborated upon this issue recounting her publications, and evaluation research and wistfully commenting;

'I developed a tool for self- report of competence for nurses based on Benner's model. I would have loved to have further refined and validated that, I'd have loved to take that as a PhD work' (DS16).

The respondents who had attained a doctoral qualification spoke at length about the labour involved and the personal sacrifices made during the time of their research. They alluded to the importance of the doctorate as a form of credibility in their current role, and a statement of mastery in their subject or discipline. Respondents DS18 and DS24 stated that:

'The PhD gave me confidence, it gave me confidence... I can't start to, you know, the skills that I learnt, the knowledge, knowledge of the system, bigger picture, a huge amount of confidence, I hope not misplaced' (DS18).

'Because if you weren't an academic you probably won't understand the world that you're trying to work with... When you look back and you think, you're doing your PhD at the time, it's a nightmare sometimes, but it does prepare you to be a confident and competent researcher and you understand the world of research and it makes you... it does transform you into a slightly different person' (DS24).

Respondent DS27 placed the qualification within the context of traditional healthcare career trajectories. This respondent was clear that, for the majority in his generation, academic studies were part of a delayed academic career, following a successful clinical career. He alluded to the process in terms of metamorphosis from

clinician to academic.

Summary of Chapter Five:

This chapter has presented data to address research question two of this study: How do middle managers in this school of healthcare describe and understand their own identity? The following is a summary of the findings in this chapter:

- There was very little variation in the age or ethnic origin of the respondents; all were white, and eleven respondents were within the age range 50-59. No respondents were younger than 40 years.
- Ten respondents were women, and four were men.
- Nine of the respondents were white, female and aged between 50-59 Years.
- The respondents spoke of juggling family life with career commitments and six respondents made explicit reference to the impact of work on their young children.
- The role of the respondents' spouse influenced their career path, and three respondents explicitly cited there being a resemblance between their job and that of their spouse.
- Respondents cited a range of outside interests, but suggested that these were squeezed into small pockets of time.
- Respondents spoke of a broad range of personal characteristics accounting for their ability to sustain motivation in their role, this accentuated the individuality of each of the respondents.
- Six respondents stated unequivocally that they loved their job, and

most alluded to feeling privileged and proud to work at the university.

- Most of the respondents spoke of stress and insecurity at times and six respondents spoke openly about these feelings.
- All the respondents were passionately in favour of collegiality, but expressed a perception that it worked best in departmental groups, rather than cross-faculty groups.
- Thirteen respondents focussed upon the importance of team work and close relationships at a time of economic threat and uncertainty.
- Being supportive was identified as an important individual characteristic, and a broad range of supportive styles emerged.
- ‘Being an academic’ emerged as an important aspect of identity and having a PhD was an important element of this identity.
- Two respondents considered themselves ‘timed out’ in relation to achieving a PhD.
- Eleven respondents had a doctoral qualification, and they spoke of this as conferring credibility in their role.

These findings will be discussed with reference to the published literature within chapter seven. The next chapter will present data related to the third research question in this study: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

Chapter Six

Findings

Findings 3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

This chapter presents a summary of data collected from the questionnaires and interviews with 14 middle managers in a school of healthcare, in a selected chartered (pre-1992) UK university. It addresses the third specific research question of this study:

- How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

The data emerged from a combination of questionnaire responses and analysis of interview transcripts, as described in chapter chree. The codes that emerged from the initial descriptive analysis which relate to research question two are presented in table 6.1:

Table 6.1:

Strategic direction	Financial insecurity
Teaching & learning	Income generation
Leading & managing staff	Research income & RAE
Deployment of resources	Work load
Academic freedom	Redundancies

Following interpretation and thematic analysis the overarching themes that linked to question two were as follows:

Table 6.2:

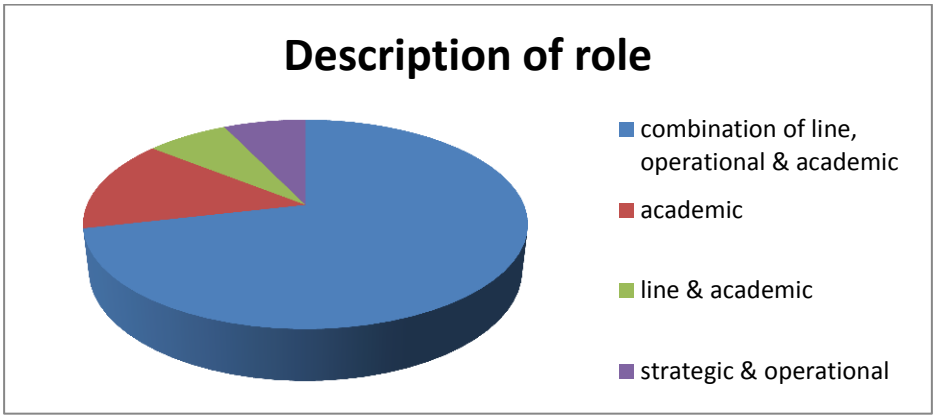
The overarching themes form the section headings for this chapter. Section 6.1 outlines identity as an operational manager. Section 6.2 discusses the financial manager. Section 6.3 concerns the academic manager, and section 6.4 explores the dark side. In each section the codes developed from the data analysis are presented as subheadings. Some of the themes bridge the specific research questions, and therefore only the relevant codes will be examined within this chapter.

6.1: The operational manager:

In the questionnaire, the respondents were asked to identify how they would describe their role. They were offered tick box options: line management (primarily concerned with people management), operational management (primarily concerned with organisational structure and function), academic management, a combination of all

three, or Other with space to elaborate. Ten respondents ticked the combination of all three, two respondents identified themselves as academic managers, one ticked academic and line manager, and one operational and wrote in strategic (Table 6.3).

Table 6.3:



The respondents were also asked to indicate the number of academic staff in their department. In this question they were offered the following ranges; < 5, 6-10, 11-15, 16-20, and > 20 staff. Table 6.4 presents the respondents' replies;

Table: 6.4:

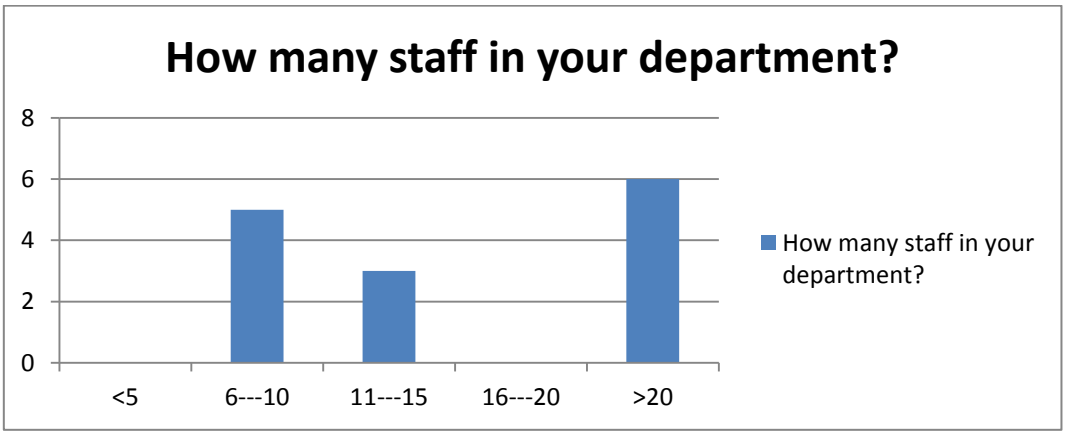


Table 6.4 shows that eight of the respondents managed fairly small departments of less than 15 staff. However, caution is necessary when viewing these figures as in some cases the respondents did not consider their role to be managing the department,

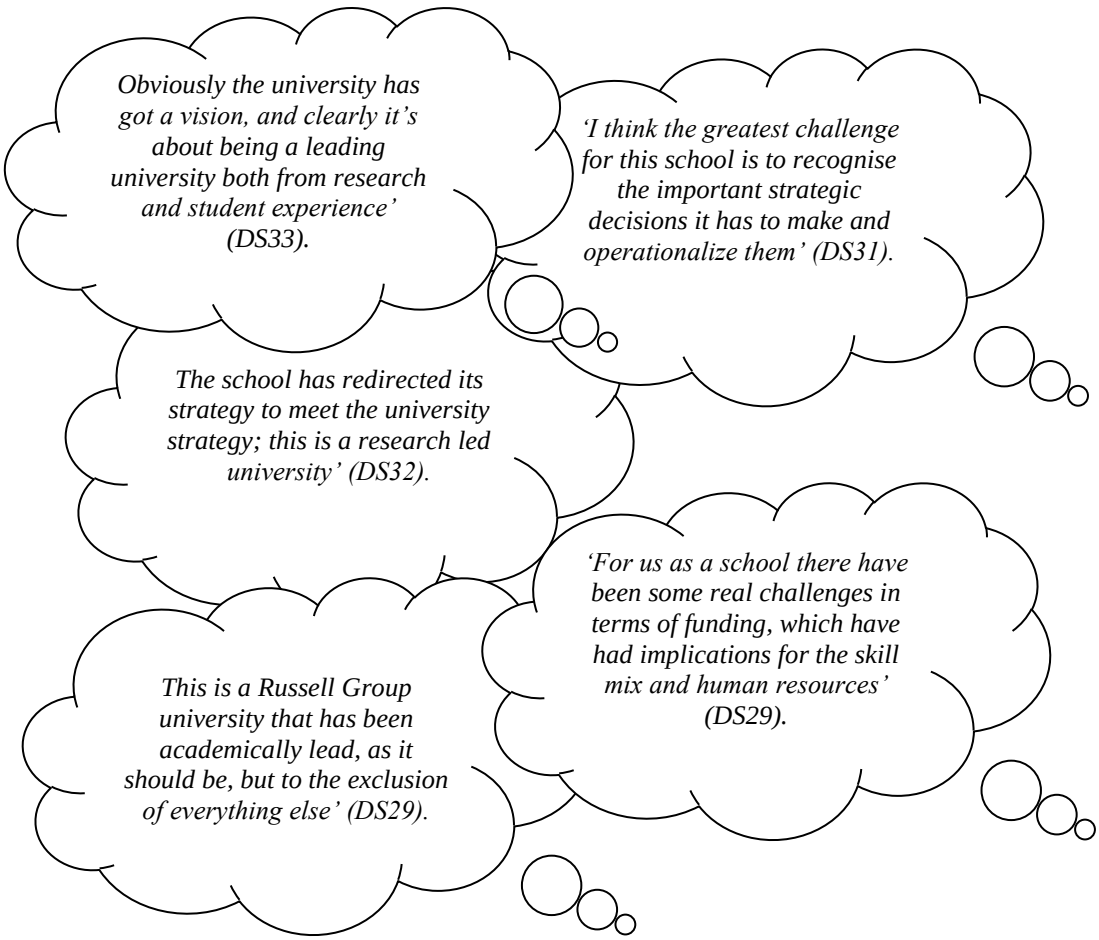
as suggested by the two managers who saw their role as academic. The six respondents who indicated that they had more than twenty in their department were in at least one case referring to their strategic role and viewing their department as the whole school.

During the interviews, the respondents were encouraged to discuss their day to day operational roles, and in doing this they highlighted the following key areas

- Strategic direction
- Teaching and learning
- Leading and managing staff
- Deployment of resources

6.1.1: Strategic direction:

Thirteen respondents made explicit linkage between the strategic vision of the university and their role as an operational manager. Much of this discussion was focussed upon the university as a part of a collaborative group called the Russell group of universities. The respondents emphasised that belonging to this group involved a commitment to the highest levels of academic excellence in both teaching and research, and this was the backbone of all strategic policy, and influenced their operational role. Key areas of strategic policy mentioned included research income, business enterprise, financial stability, leadership development and increased student recruitment and retention. The respondents appeared to be very proud to be working in a 'Russell group university', but somewhat daunted by the challenges it posed.



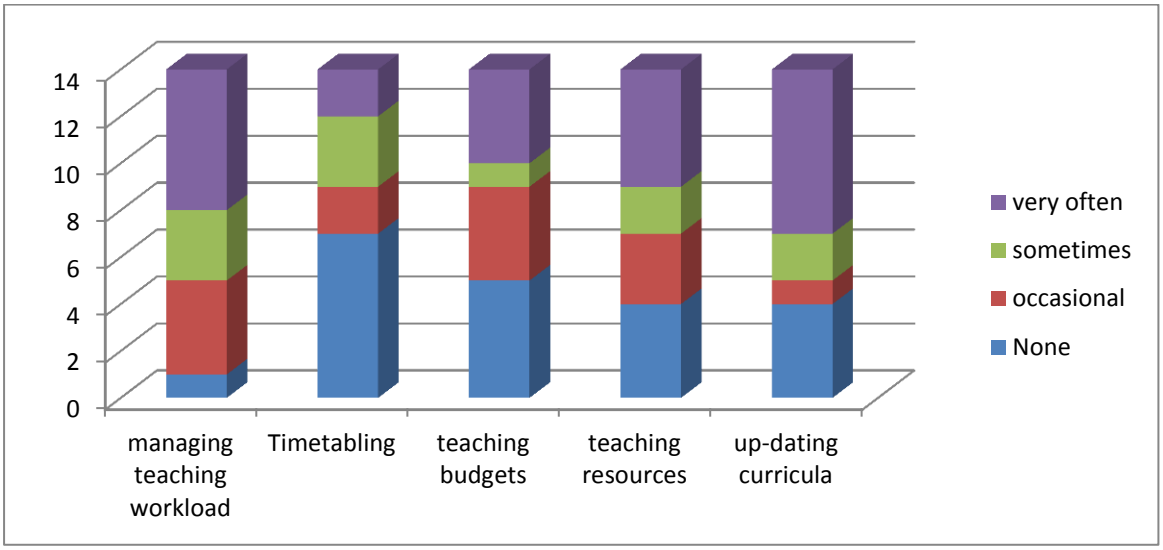
Despite the challenges posed by the strategic position of the university, it also appeared to play an important role in improving the respondents' job satisfaction. When asked in the questionnaire, which aspects of their role they enjoyed most, six of the respondents cited; 'working at a strategic level' and being able to influence change. During the interviews, they conveyed an awareness of their role in making strategic vision, operational reality.

6.1.2: Teaching and learning:

There was great variation in the amount of time the respondents perceived that they spent on teaching and learning activities. In the questionnaire, they were asked to indicate their overall time commitment to teaching activities including managing teaching workload, timetabling, managing teaching budgets, managing

teaching resources, and ensuring curricula are appropriate and up-to-date. Table 6.5 presents the broad spectrum of response:

Table 6.5:



During the interviews the situation became clearer as the respondents explained some of the different contracts. For example respondent DS20 described her 40:40:20 contract;

> *40% educational, 40% research, 20% admin. I'm on that, but half of my week is management as well, so the hours don't add up, they're silly. But other people are on 80% teaching' (DS20).*

And respondent DS25 described his 80:20 contract;

> *'I'm on an 80 [Research]-20 [Teaching] contract, I was on a 40-40-20 contract, which was research 40%, teaching 40%, and 20% admin. I changed .. it was actually to get a large pay rise .. so now I will be doing an 80-20 – and I will be doing extra on the research side' (DS25).*

The questionnaire data and comments suggest limited ‘hands-on’ teaching. However the general impression during the interviews was that teaching was an important feature of their working week.

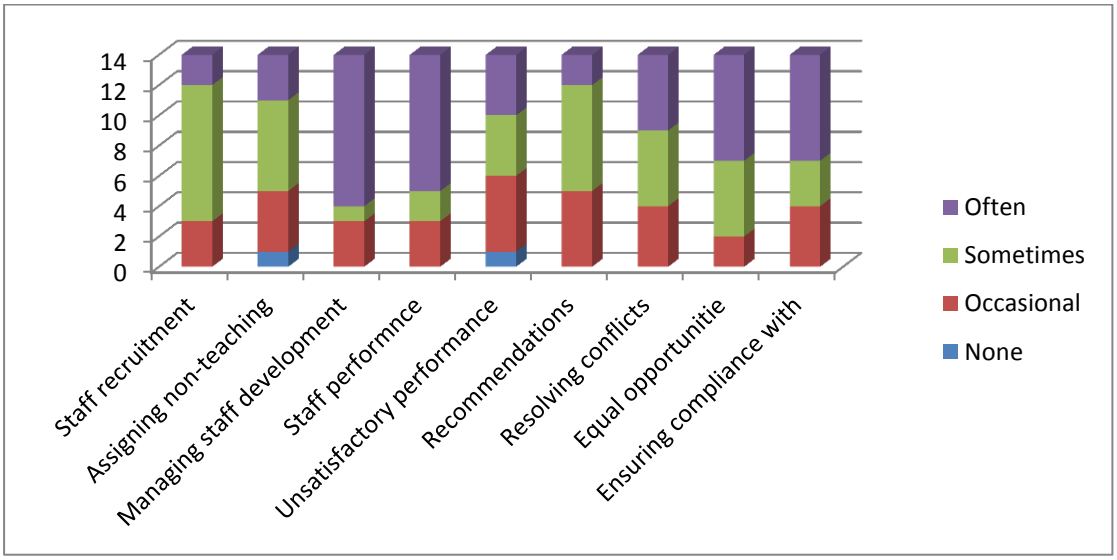
6.1.3: Leading and managing staff:

In the questionnaire, the respondents were asked to indicate their overall time commitment to managing personnel including involvement in staff recruitment, assigning non-teaching responsibilities, managing staff development, evaluating staff performance, dealing with unsatisfactory performance, making recommendations, resolving conflicts, promoting equal opportunities, ensuring compliance with regulations. Their responses are presented in table 6.6.

Table 6.6 shows that quite a considerable amount of the respondents’ time was committed to managing personnel, with a large majority of the answers in the ‘very often’ or ‘sometimes’ categories. Managing staff development and evaluating staff performance were particularly notable time commitments. During her interview respondent DS33 elaborated upon some of these activities, explaining that recruitment and support took up a considerable amount of time because she held responsibility for a number of lecturer-practitioners who needed additional support:

> ‘*You only need one member of staff who causes you a lot of time and commitment, so it’s not necessarily the number’*

Table 6.6: Overall time commitment to managing personnel:



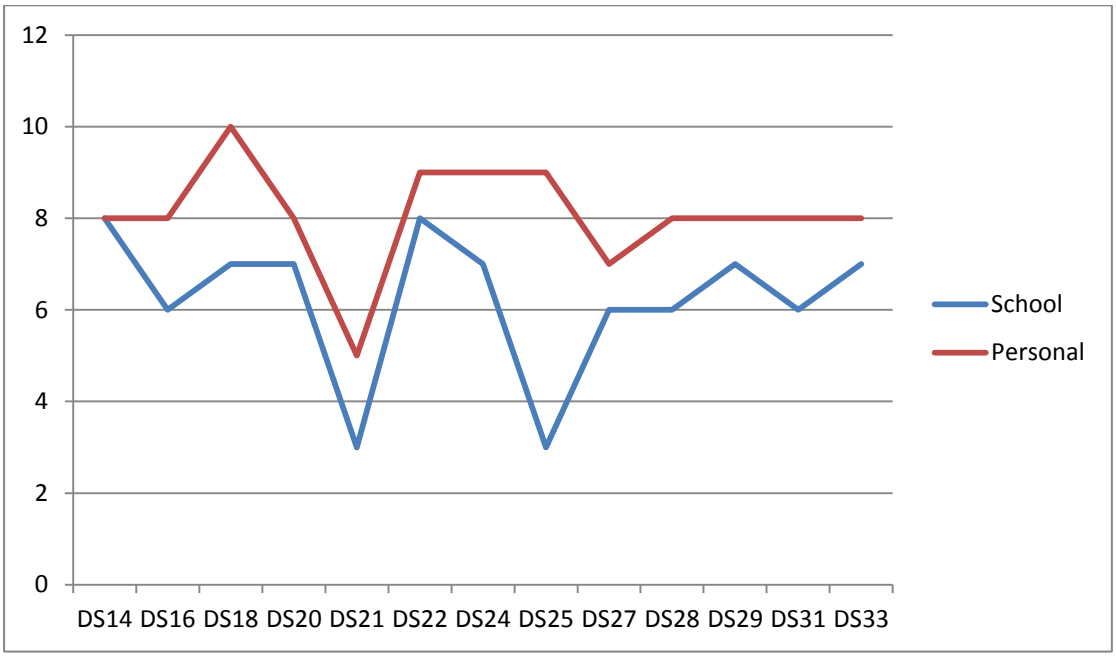
Nine respondents (DS16, DS18, DS22, DS25, DS27, DS29, DS31, DS32, DS33) spoke explicitly of the supportive needs of their staff, and in doing so related to the impact of re-structuring, redundancies, and financial insecurities. The respondents suggested that their role was facilitative, and supportive, and on the whole issues could be sorted informally. Respondent DS32 stated;

> *'I think if you're a manager of lecturers it's not like being a manager of a cleaning team. I mean these are free thinking, intelligent individuals that I manage and I am just one layer above them ... So I don't want to over-manage, I don't believe in over-managing intelligent individuals, I believe in they should be free to manage themselves mostly' (DS32).*

In terms of leadership and management styles, the respondents were asked to indicate their own leadership style and the school's generic approach. The respondents were offered a polarised scale of one to ten with, one being the most directive and ten being the most participative and transformational. Table 6.7 presents their responses,

with their own personal leadership approach in red and their perception of the school's approach in blue. On the whole, there appears to be a close alignment between their personal stance on leadership, and that of the school, with many of the scores edging towards participative and transformational. However, respondents DS18 and DS25 demonstrated a broader gulf between their own and the school's style, perceiving their own approach to be more transformational than the approach across the wider school. Respondent DS21 indicated that she was midway between the two poles, while suggesting that the school was quite directive in its generic approach to leadership.

Table 6.7:



6.1.4: Deployment of resources:

Respondents were asked to indicate their overall time commitment to the deployment of resources, including; managing budgets, seeking external funding, promoting staff entrepreneurial activities, developing and maintaining administrative systems, supervision of clerical staff and supervision of technical staff. Table 6.8 presents the

responses:

Table 6.8:

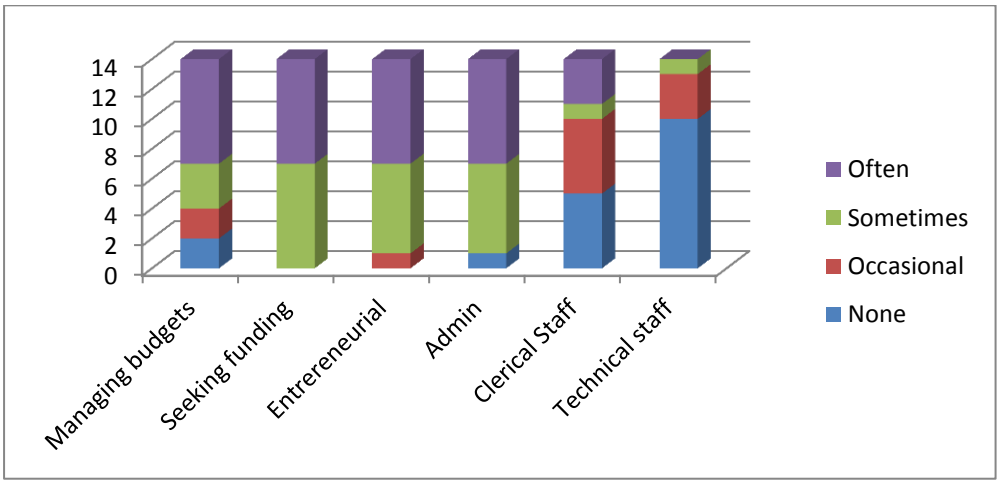


Table 6.8 shows that respondents perceived that a considerable amount of their time was committed to managing budgets, seeking funding, promoting entrepreneurial staff activities and developing or maintaining administrative systems. Much less time appeared to be spent on supervision of clerical or technical staff. The commitment to budgets, funding and entrepreneurial staff activities connects two themes: those of the operational manager and the financial manager.

6.2: The financial manager:

Income generation and financial uncertainty were two codes generated from the interview data. No other theme generated quite so much displeasure from the respondents.

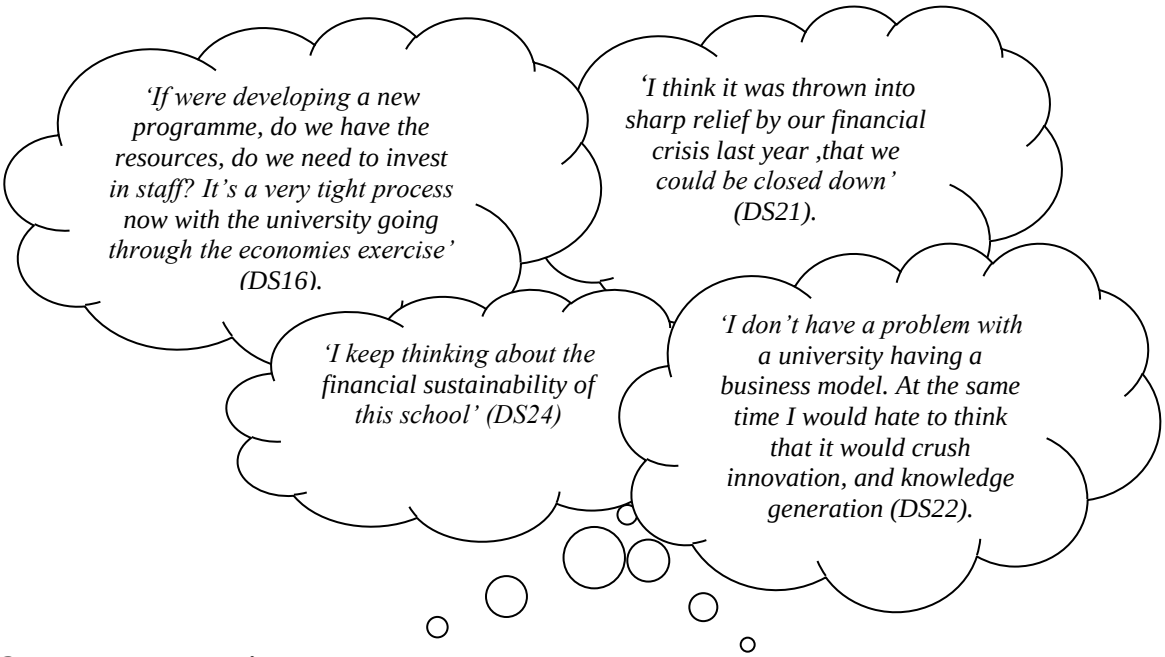
6.2.1: Financial insecurity:

Much of the conversation centred on the uncertain economic climate and its implications for higher education funding. Respondents conveyed a sense of uncertainty, fear, anxiety, shock and in some cases a challenge to their core beliefs

about the nature and purpose of healthcare education. In addition, the respondents emphasized their role in communicating the importance of implementing financial measures to secure jobs. Respondent DS22 stated;

> *'When we first started this process it wasn't like that, the recession really wasn't front page news, because we had a funding... our funding model changed before all the headline recession stuff started. So we had to start this process and everybody thought it was just us, and we were being really mean and horrible. Whereas now of course, there are challenges for everybody' (DS22).*

All of the respondents were impassioned by this issue, as the selection of comments below shows:



6.2.2: Income generation:

This issue was raised at interview on a regular basis, and discussed by the respondents with similar levels of protest. Twelve respondents spoke explicitly about income generation (DS16, DS18, DS20,DS21, DS22, DS24, DS25, DS27, DS28, DS29, DS31 & DS32). Respondent DS21 was perhaps most vociferous,

claiming that she had been turned into a *' saleswoman'*. Much of the commentary alluded to the marketization or commercialization of healthcare education, and the emphasis upon profit- making enterprise. Respondent DS21 stated:

> *'It's polarised people, either they've said, please come in, let's see what we can do to generate income, or, are you kidding?'*

6.3: The academic manager:

6.3.1: Research income and the research assessment exercise:

All of the respondents expressed a clear appreciation of the centrality of this issue, and conveyed it as a directive from the Vice Chancellor. For example, respondent DS31 stated;

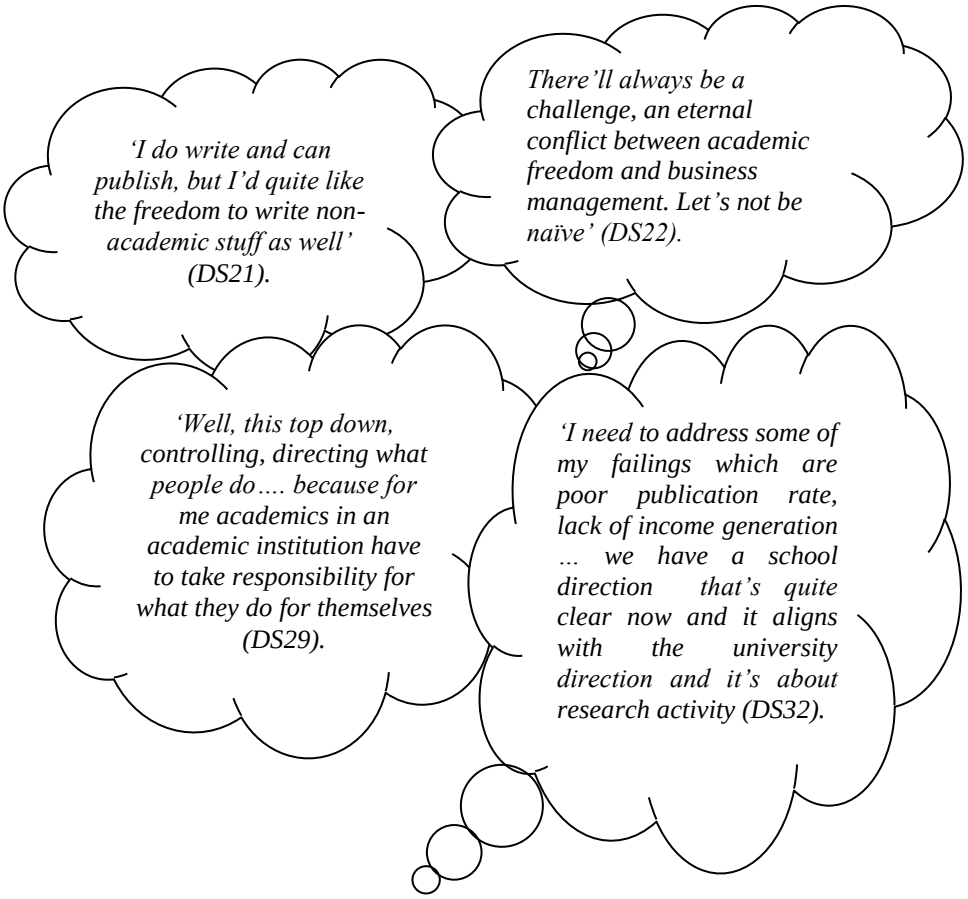
> *'Because the school, you know VC is very clear about what he wants from us in terms of its direction to be increased for research in teaching, increase the quality of teaching, increase research output, build research income' (DS31).*

The respondents identified a number of key issues in relation to this subject, including; the threat of penalties and reduced income (DS24), the personal threat to their own job (DS32, DS16), the infancy of nursing research (DS27), time limitations (DS33), limited collaborations with other research engines (DS31), feeling too old to meet the challenge (DS31), the challenge of enthusing other staff to conduct research (DS18). Two respondents were quite frank in stating that they would not gain a promotion or salary increase unless they embarked upon research that would fit the criteria for the Research Assessment Exercise (DS20 & DS25). This also led to comments by some of the respondents about infringements to their academic

freedom.

6.3.2: Publishing and academic freedom:

Another key issue raised alongside income generation was the impending, and increasing importance being placed upon publishing.



6.4: The dark side:

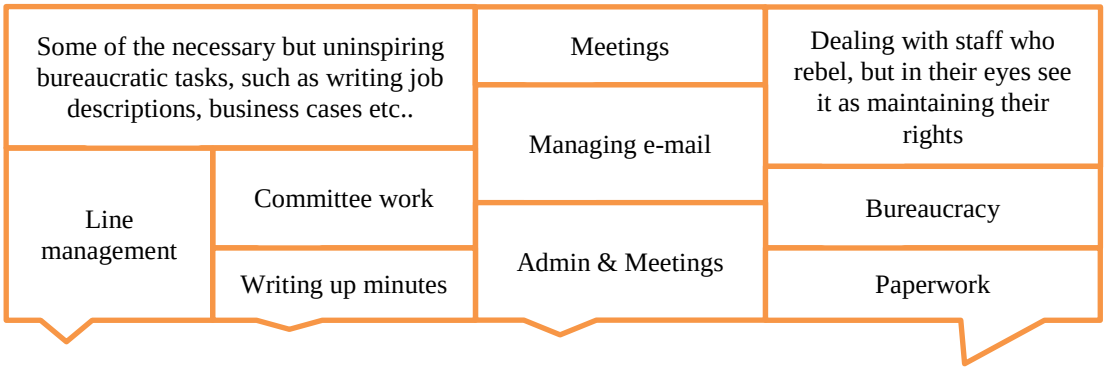
Although the financial issues, including financial uncertainty, income generation and research income were challenging, a cluster of other issues presented as problematic to the respondents. Respondent DS24 used the term; 'The dark side' to describe some of the less pleasant aspects of working life (from Egan's work) and it seemed appropriate to use this term as a theme. The three main codes relevant to this theme are: dark issues, workload and redundancies.

6.4.1: Dark issues:

This aspect of the respondents' role was astutely described by respondent DS24;

> *'There's elements of the day job that you don't like, you know, what Egan would probably call 'the dark side' of the organisation, the un-sensitive and the rubbish, you know what I mean, which really can detract you, it can grind you down, it can demoralise you, you know, you think, this isn't the job that I came in to do, the petty, you know'(DS24).*

In the questionnaire, the respondents were asked which aspects of their role they enjoyed least. Their written responses included:

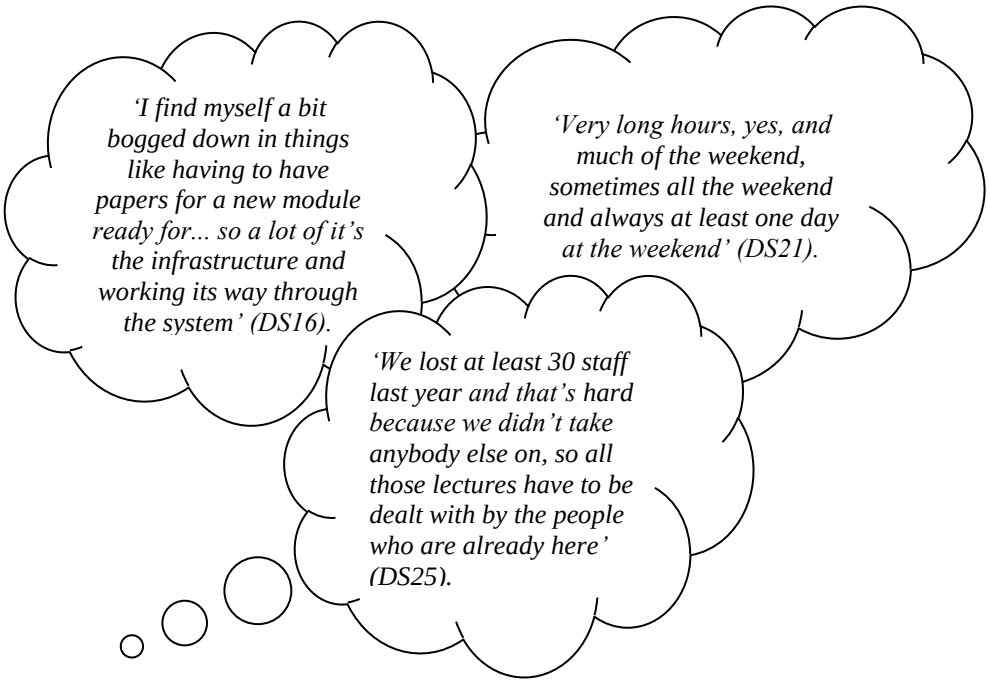


During the interviews, the e-mail system was mentioned a number of times as tiresome and distracting. Coping with difficult staff situations was also particularly distressing. However, the most frequently repeated complaint was concerned with bureaucracy, including; meetings, administration and paperwork. Respondent DS25 summarised the responses, stating;

> *'It always had one negative which was the bureaucracy, that hasn't changed …. there's more meetings, but that's when you're getting higher up …. I think people look tired, everybody looks tired, and luckily they've said I look tired as well, so I'm not the only one'! (DS25).*

6.4.2: Workload issues:

Workload presented as an issue throughout the course of the interviews, and thirteen of the respondents spoke at length about it. The key issue appeared to be that their roles were too broad, and the load too heavy. The responses included the following:



Further discussion focused upon a workload model which appeared to be uniformly unpopular and limited in tackling inequalities in workload. However, despite many disparaging remarks, respondents DS14 and DS29 suggested that it did offer guidance in discussions related to workload, and if used judiciously it could be helpful.

6.4.3: Redundancies:

This issue presented as a very dark aspect of all the respondents' working lives. In some cases, discussion centred upon a number of voluntary redundancies that had occurred in the previous year, but several respondents voiced the very real threat of compulsory redundancy (DS33, DS22, DS21, DS24, DS21, DS14). As the

respondents elaborated, it became clearer that although the previous year's redundancies had been voluntary, it had been a very stressful and sad time. Respondent DS21 stated that she had; '*lost some very dear colleagues'* and respondent DS24 affirmed:

> '*The hardest element?, I think the staff losses. The staff losses have played a significant role, morale sometimes has been low' (DS24).*

An important aspect of these redundancies appeared to be the long-term ramifications in terms of depleted human resources and skill mix. This was an additional factor in workload problems.

Summary of Chapter six:

This chapter has presented data to address research question three of this study: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

The following is a summary of the findings in this chapter:

- Ten respondents described their role as being a combination of line, operational and academic management, with only one respondent not including academic management as part of their role.
- Eight respondents managed fairly small departments of <15 people, and six respondents indicated that they were managing > 20 people.
- Thirteen respondents made explicit linkage between the strategic vision of the university and their operational role.
- Respondents claimed that the university's research strategy had a substantial impact upon their role.

- There was a great deal of variation in the time the respondents suggested that they spent on teaching and learning activities.
- Nine respondents suggested that they were spending a sizeable amount of time managing personnel, especially managing staff development and performance.
- There appeared to be a close alignment between the respondents' personal stance on leadership and that of the school, with many of the group perceiving both to be participative and transformational.
- All respondents spoke about financial insecurity and they conveyed a sense of uncertainty and concern about this issue.
- Twelve respondents believed income generation to be an important aspect of their role, and one respondent related to herself as a 'saleswomen'.
- All respondents regarded research income as a substantial issue, and two respondents stated that any salary increase would depend upon research income generation.
- The universities strategy to encourage publications was described by three respondents as an impending challenge, and academic freedom was considered by some to be under threat.
- Respondents related to a 'dark side' to their role, the chief aspects of which were bureaucracy, meetings and e-mails.
- Thirteen respondents spoke explicitly of their heavy workloads, and many believed the workload model to be of limited assistance.
- Six respondents discussed the stress and sadness they felt about the previous year's voluntary redundancies, and some voiced fears that they would witness compulsory redundancies in the future.

- The six respondents who spoke about redundancies made an association between this issue and workload imbalances.

The findings from chapters four, five and six will be discussed in the next chapter, and explicit comparison with the literature made.

Chapter Seven

Theoretical Discussion

The following chapter provides a discussion of the findings presented in chapters four, five and six. These preceding chapters analysed and discussed the career backgrounds of a group of middle managers in the school of healthcare, and questioned what led them to middle management in education. Chapter five explored the way in which they described their identity, and chapter six examined the interaction between the professional, academic and managerial aspects of their role. In order to generate new theoretical insights into the professional identities of a group of middle managers in the school of healthcare in a selected chartered (pre – 1992) UK university, the data will be discussed by addressing each specific research question in turn.

In chapter two, section one, it was argued that people are influenced by a complex array of circumstances and social processes, but also by critical incidents, key people and opportunities (Kehily 1995, Hodkinson and Sparks 1997, Gronn 1999, Dhunpath 2000, Parker 2004). In chapter two, section two, identity was explored, and it was concluded that it was unstable, ambiguous, and connected more to performance then reality (Gee 2001). Furthermore identity was seen to evolve as a response to socialisation, interaction with others and organisational and professional values (Swain 1997, Kelchtermans and Ballet 2002, Beijard et al. 2004, Clegg 2008). Chapter two, section three, focused upon the role of the middle manager within higher education, and argued that this role was complex, multifaceted and unrealistic, yet pivotal in mediating change (Crouch 1979, Mintzberg 1989, Uyterhoeven 1989, Deem 1993, Ghoshal and Bartlett 1998, Gleeson and Shain 1999, Deem 2000, Deem

and Johnson 2000, Deem 2001, Deem 2002, Smith 2002, Deem 2003a, Deem 2003b, Johnson and Deem 2003, Deem 2004, Smith 2005,Deem et al. 2007, Floyd 2009). The analysis and discussion that follows addresses the study's three specific research questions;

Research Question 1: What are the career backgrounds of a group of middle Managers in a single school of healthcare, and what circumstances led them to middle management in higher education?

Research Question 2: How do middle managers in this school of healthcare describe and understand their own identity?

Research Question 3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

7.1: The career background and journey to middle management in a school of healthcare.

7.1.1: Identity as a healthcare professional:

Extensive clinical background:

Bourdieu (1986: 46) states that 'Capital is accumulated labour', and conceptualises the social world as something that cannot be reduced to a discontinuous series of agents and events. The respondents spoke at length about their diverse clinical and educational backgrounds and their accumulated wealth of experience, knowledge and skill. They incorporated into their accounts references to how these experiences had shaped their ideas and philosophies related to the field of healthcare.

Bourdieu (1986: 47) suggests that cultural capital exists in the form of long lasting dispositions of mind and body and that like the acquisition of a muscular physique, it cannot be acquired quickly or second- hand; that assimilation takes time and long -term investment. The middle managers in this group revealed claims for legitimacy rooted in their credentials as practitioners as well as educators and managers, with an ability to present themselves as people who knew and understood the field of healthcare (Gunter 2002). This suggests a need to encourage future managers in healthcare education to follow similarly diverse and stimulating healthcare career trajectories prior to employment in a university. However, the impact of healthcare and educational reforms and the powerful pressure of grading, pay and pension systems makes anything other than linear career progression financially unrealistic for many nurses and allied health professionals (Shields and Ward 2001).

It was assumed at the outset of this study that the respondents would be nurse educators. This assumption was based upon the author's experience at a statutory (post -1992) university. In the case study school of healthcare in a chartered (pre-1992) university, eight of the respondents were nurses, two had nursing and midwifery backgrounds, three were from allied health professional backgrounds and one had no clinical background. Inter-professional education has been built into mainstream professional education for all health and social care professions in the UK since integration with higher education, and accelerated following the New Labour government's initiatives for higher education published in the Dearing report (NCIHE 1997). The steps taken to integrate inter-professional education in UK health and social care education have been based upon arguments to improve collaborative practice and thus the quality of care. However, progress has been inconsistent and influenced by resistance to what came to be viewed as a veiled threat to the integrity of the individual professions (Barr and Ross 2006: 97). In the case study university inter-professional education had been embedded, and the appointment of three allied professional middle managers in this small population demonstrates a commitment to developing a culture of collaborative educational practice, albeit in its infancy at the time of the study. The future development of inter-professional education may well be influenced by the preparation of academics to teach diverse groups of healthcare students, and this has profound implications for the management and training of healthcare educators.
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All of the interviews began with an exploration of the respondents' early career and clinical experience, and although they were not explicitly directed to discussing their primary socialisation, it was nevertheless curious that only one respondent (DS18)

made any reference to this aspect of her life. Respondent DS18 spent more interview time than any of her colleagues talking about her early career, and she revealed a difficult adolescence having '*left school, pregnant'* with very few qualifications. When talking about her decision to apply for nursing she made reference to the impact of a very early incident when her mother dressed her up as a nurse for the queen's coronation.

The concepts of life history and socialisation (Kehily 1995) are relevant to the respondents' individual career choices, and their initial decision to enter 'caring' professions. The socially constructed realities of primary and secondary socialisation are extremely powerful. One only has to look at in the children's section of a local library to find the imagery of societal values, beliefs and perspectives on role, examples being; Bob the Builder, Postman Pat, and PC Plum in Balamory. The author embarked upon a career in nursing following very early socially constructed images of that role, beginning with an enduring image from a Ladybird Easy Reading book on 'People at Work: The Nurse', further developed by Nurse Nancy in Twinkle comic for little girls!

The question of how a nurse becomes socialised into the nursing profession remains of critical importance to the future of nursing, and many universities are currently involved in collaborative enterprises with local schools and colleges, in which lecturers from all health disciplines talk to the pupils about future healthcare careers. However, some of the powerful imagery suggested above remains a pervasive and influential factor in initial career decision making, and some early experiences and perceptions of the profession have been identified as having an enduring influence

upon individual professional socialisation within nursing (Howkins & Ewens 1999).

Nursing has traditionally been seen as a female role, and in some quite recent popular television dramas (Casualty, Holby City) subordinate to medical control . The possibility of nurses' achieving professional status was viewed as negligible whilst nursing were still viewed as ' women's work' with associated low pay, low social status and unsociable hours (Gamarnikow 1978, Rafferty 1996). The respondents represent a group of people whose careers have spanned huge changes in the professional status of nursing.

In this study, the thirteen respondents with a clinical background were composed of nine women, eight of which were nurses, three men, two of which were nurses. The predominance of women is particularly notable in the group with a nursing background, and this ratio undoubtedly reflects the female domination of nursing prior to the last two decades. The predominance of women managers in this university department contradicts the situation in general, and there is a plethora of literature documenting the dominance of men in university management within the UK (Nestor 1995, Schuller 1995, Brown 1997, King 1997, Powney 1997, Farnham 1999, Prichard 2000, Bagilhole 2000, Hellawell and Hancock 2001, Smith 2002) and internationally (Eggins 1997, Ahmed et al. 1999, Farnham 1999, Lafferty and Flemming 2000, Siemienska 2000, Suspitsina 2000, Currie et al. 2000).

The increase in numbers of men entering nursing and other allied healthcare professions may encourage a more balanced ratio of men and women in the not too distant future. However, the increased entrance of men into the nursing profession

may not signal a progressive integration of men and women, and Evans (1997) argues that patriarchal relations are likely to continue to play a significant role in placing the smaller number of men in positions with associated status and power. If Evans' (1997) predictions are to be believed, the outcome could lead to greater male dominance in future healthcare education.

Flung into leadership and management in the NHS:

This code was assigned in response to respondents' describing how they found themselves projected into leadership roles early in their careers. Indeed, respondent DS24 actually used the term 'Flung into leadership and management in the NHS'. Their descriptions of the shift from managing groups of patients to managing wards, units and '*whole hospitals*' implies that this career step was based upon a number of contributing factors, including; critical incidents, key people and opportunities (Hodkinson and Sparkes 1997, Gronn 1999, Dhunpath 2000, Parker 2004). An important factor for the group of respondents in this study was that a pivotal phase in their careers coincided with the modernisation of healthcare and major government reform. Most of the respondents spoke of the impact of business management models emerging throughout the NHS in the 1980s and this was the point at which many of them took on initial leadership roles. This concurs with Goodwin's (2000) suggestion that much of the current leadership development in the NHS is a product of the introduction of a management culture in the 1980s. All thirteen respondents with clinical backgrounds recalled vivid experiences of leading and managing in the NHS, their descriptions brought into sharp focus by their demeanour as they described a steep learning curve, with some bitter – sweet memories of battles for resources.

The respondents in this study clearly identified how skills developed during their time leading and managing in the NHS had provided them with a fundamental skill set to assist them in their current roles. Respondent DS29 stated:

> *'I was leading and managing people, which is transferable into what I have done and I currently do now'*

Ferlie and Pettigrew (1996) examined the distinguishing networking attributes of leaders in the NHS, and in their seminal study (pre- dating the 1997 health reforms) they identified that these leaders possessed skills in; networking, interpersonal communication, listening, persuasion and an ability to construct long term relationships. In this study the development of such integral skills appeared to negate the importance of management and training courses for this group of respondents. However, they acknowledged the value of sophisticating their skills. The findings suggest that prior experience of leadership and management in the NHS offers added value to the asset base of this group, particularly in relation to their role negotiating between major stakeholders such as the Department of Health, NHS, and statutory bodies for different healthcare professional groups.

7.1.2: The developing manager

Stepped into higher education:

The move from clinically based roles to higher education was for the respondents in this study influenced by the relocation and reform of healthcare education (Fletcher 1995, Francis and Humphreys 1998, Burke 2003).The age range of the respondents and the number of years that they recorded as having worked in higher education

indicated a degree of convergence between their career trajectories and the relocation of healthcare education. Respondent DS20 spoke of her aspirations to work in a setting:

> *'I was doing a PhD because I wanted a job in a university, and in my head to get a job at university you need a PhD'*

Gunter (2001: 13) relates to Bourdieu's theory of practice (1990) when she argues that qualifications such a Doctor of Philosophy (PhD) furnish the individual with a universally approved perspective within a field, and are therefore good currency within the market place. Respondent DS20 spoke of her need for legitimacy and acceptance in the field. It may be that her view of the minimal requirement differs from others, but for her having a PhD affords her the symbolic and cultural capital (Bourdieu 1990) needed to maximise potential for success in the field. This relates to Johnson's (1993: 8) description of the complex relationship between investment and rewards within a field of practice:

> To enter a field, to play the game, one must possess the habitus which predisposes one to enter that field, that game, and not another. One must also possess at least the minimum amount of knowledge, or skill, or talent to be accepted as a legitimate player. Entering the game, furthermore, means attempting to use that knowledge, or skill, or 'talent in the most advantageous way possible. It means in short 'investing' in one's capital in such a way as to derive maximum benefit or profit from participation . Under normal circumstances, no one enters a game to lose.
>
> Johnson (1993: 8)

Other respondents in the study suggested a number of reasons for moving from clinical practice into higher education, including on-going educational development, feeling unchallenged or a desire to teach. This variety of motives reinforces Hodkinson and Sparkes' (1997) argument that many sociological theories of career decision- making over simplify the process. To avoid this danger they present a theory of 'careership' loosely based upon Bourdieu's work whereby three integrated dimensions are taken into account, namely: pragmatic rational decision making, interactions with others related to the unequal resources different players possess, and unpredictable 'turning points' (Hodkinson and Sparkes 1997: 29)

All of the respondents appeared to have reached a stage in their career and secondary socialisation whereby they recognised individual characteristics that made them right for this new role (Turner 1994). Despite some of the respondents saying they felt un-challenged (DS22), burnt out (DS16) and having to battle for resources (DS16 and DS20), the respondents presented their relocation as more a move to, than a move away from. This suggests they represent a group of individuals motivated to play a part in a radical new era in healthcare education, as opposed to people escaping from disillusionment within the NHS (Carlisle, Kirk and Luker 1996).

At present there is very little literature which examines the socialisation process of nurses or allied health professionals moving from clinical practice into higher education (Kenny, Pontin and Moore 2004). However, by virtue of their previous employment and learning, the respondents in this study had entered higher education having already undergone profound socialisation processes that were to contribute to and influence the on-going processes within higher education (Fulcher and Scott

2007). As the respondents discussed this transition, it became clear that they were describing themselves as adept at performing a multiplicity of distinct roles in different situations (Goffman 1959). The respondents spoke of the many roles that they had already 'performed' including that of a student, a qualified healthcare worker, a healthcare manager and a healthcare educator.

Clegg (2008: 340) adopts the term 'hybrid' to describe the multiple identities that academics may develop in response to the changing structural environment in which they reside. The respondents in this study spoke of how they had developed an ability to adapt and juggle identities in the manner Clegg described. From an organisational perspective, Hill et al. (1979) suggest that it is not enough for an individual to be capable and talented. Organisations require people to be socialised into professions, and in relation to healthcare education to be at a point of mastery or expertise to juggle these multiple identities.

Management training courses, qualifications and learning on the job:

The respondents were asked whether they had undergone any formal management training. Eight respondents had experienced formal management training, and six had not. When it came to management qualifications, there was inconsistency between the questionnaire and the interview responses. Only two of the respondents ticked the management qualification category: respondent DS14 ticked the management qualification box and added that it was a Post Graduate Certificate in Leadership, and DS33 just ticked the management box. However, following the interviews a different picture emerged. It appeared that respondents: DS32, DS22, DS28 and DS24 had not ticked the management qualification box, but had in fact studied management and leadership.

Smith (1996, 2002, 2005) identified a substantial increase in the availability of management training courses for heads of department in higher education institutes. He suggested that this was likely to have been influenced by previous reports of limited training opportunities and the increasing managerial nature of the universities (Smith 2002: 307).

Discussion related to the formal in-house training revealed that the respondents viewed the course less as an education and more as on-going socialization and sophistication of their skills. Respondents spoke of the university offering this course as a pro-active attempt to support the development of the managers, By far the most frequent comment on the course concerned the benefit of meeting people from different parts of the university, as suggested by respondents DS21, DS27, DS28. and DS29. The respondents emphasised the importance of transferable skills developed and learnt throughout their careers, and suggested that the management courses only served to polish and fine tune skills acquired over years of experience.

Management courses are often offered to newly-appointed heads of department and middle managers as a form of induction to the post, and it appeared to be the case in the case study school of healthcare. Trowler and Knight (1999) identified the tendency to a reductionist approach in relation to university induction, with priority given to overt rather than tacit learning, and formal rather than informal processes. This study suggests a middle ground, acknowledging the value of formal management training, yet also emphasising the pivotal role that social processes and prior experience contribute. The learning needs of individuals entering middle management posts in healthcare education is a subject worthy of further research, particularly

as future generations of healthcare academics may enter higher education at a much earlier point in their career and therefore have less management experience in the NHS. A relatively recent study of six Australian universities found that although there was congruence between academic conceptions of leadership and management roles, there was considerable variance and gaps between these conceptions and those of colleagues in human resources, which had significant implications for the professional development practices (Marshall et al. 2011). Similar research into how decisions are made related to the professional development opportunities for middle managers in the UK would be valuable.

Role models and anti-role models:

Role models and anti-role models appeared to have played an important part in the respondents' socialisation. Eight respondents spoke at length about personalities that they had met on their journey to their current post and the influence that they had had upon them. Gronn (1999:28) describes critical people as '*contributing to mode and speed of career advancement'* . Similarly Parker (2004) discusses the importance of mentors in the preparation for headship roles. Dhunpath (2000: 546) suggests that critical people may be: '*significant others, such as parents, mentors colleagues and peers as both powerful positive and negative influences that shape an educators practice'.*

Maudsley (2001) distinguishes between mentors and role models. The former are generally arranged with the implicit or explicit agreement of both parties, extend over time, and are limited to a few individuals. In contrast, role models may be unaware that they are serving as such to one, a few, or many individuals, the duration of exposure is highly variable, and no informal or formal relationship necessarily

exists. The respondents in the case study school of healthcare spoke of role models as those who had a powerful influence upon their socialisation in healthcare and education , thus assisted them to acquire the skills and attitudes necessary for them to function within their society (Turner 1994).

Mentors were not a feature of their discussion, but it is likely that in some cases the role models were formal mentors, such as the ward sister mentioned by respondent DS18. There are very few unflawed studies into the impact of role models. It appears that many studies have focused on female students, they are generally small, atypical samples, and there are no studies focusing upon minority students. It appears to be an area where further research could be profitable (Speizer 1981:708). In 1970 Bell introduced a distinction between two processes involved in the role modelling relationship; interaction and identification. Few researchers have considered Bell's ideas, and it remains questionable whether interaction is a necessary element or whether just the presence of a sufficiently charismatic person is enough for positive or negative identification. In this case study all the respondents referred to situations involving both interaction and identification.

7.1.3: Personal identity

The role of luck and good fortune:

Hodkinson and Sparkes (1997) argue that the social, cultural, economic and symbolic notions developed by Bourdieu (1986) are blended with personal choices, preferences and opportunities, in a way that incorporates serendipity (1997: 32). As the respondents spoke about their clinical experiences, there were many references to the process of deciding which specialism or field of healthcare they would work within.

They often spoke of people, incidents or particular experiences that helped them to understand their capacity to function within that speciality. Turner (1994) suggests that individuals require certain capacities in order to function within their society, including; motives and recognition of the type of person they are. Respondent DS16 gave an insight into this process when she discussed the decision to embark upon development work in the third world, and spoke of her lifelong interest in ethics and healthcare.

A term used commonly (and throughout this text) is career trajectory, Banks et al. (1992) argue that there are patterns to career progression which are best described as trajectories. However, Hodkinson and Sparkes (1997: 38) suggest that this term denotes a subtle determinism about the choices made, implying that progression is set and predictable. Strauss (1962) also describes this 'knowability' with reference to the term 'career ladder', a metaphor that depicts a gradual methodical climb up from the lower rungs of the career ladder. By contrast, the respondents in this study presented career pathways pitted with turning points and epiphanies (Strauss 1962, Denzin 1989, Antikainen et al. 1996, Hodkinson and Sparkes 1997). The respondents present as individuals who have 'outgrown' their original identity as a consequence of a great variety of turning points, including; developing self-knowledge, changes in habitus, new opportunities, key players and networks. None suggested that they began their career with a clear plan to become a manager in healthcare education. However they did speak of characteristics and dispositions that could be viewed as predictors, such as; periodic bouts of boredom, a fighting spirit and an ability to recognise and act upon new opportunities.

7.1.4: Academic identity

All of the respondents in this study presented as having vision beyond just doing the job, and an appreciation that academic qualifications were essential to their career progression. There appeared to be substantial amounts of variation in starting point, with three respondents speaking candidly about having very limited qualifications upon leaving school. Regardless of these variations, eleven respondents had achieved doctoral status, and all had studied to master's degree level.

There have been a number of studies questioning the relationships between social class origin, educational performance and equality of access to university courses and professional roles (Trow 1973, Ball 1998, Skilbeck 2000, Allen 2005, Trow 2006, HEFCE 2006, HEFCE 2007, James 2007). Despite massive growth in higher education participation over the last fifty years, there remain striking demographic imbalances, and social class is considered to be the single most reliable predictor of an individual's likelihood to participate in higher education at some stage in their life (James 2007). However, for this group of respondents, on-going professional education was an integral part of their development within a community of healthcare. The commitment of the Department of Health and the NHS to modernising healthcare has been dependent upon the training and education of staff and this has in the past offered NHS staff a greater chance of equal access to education regardless of their different socio – educational starting points. Respondent DS14 alluded to this when she stated;

> *'I think I have been very fortunate, I've been entirely state educated, entirely state educated. My PhD, I didn't pay for that because you know, it came through from work, and when I did the first degree it was grants'.*

The future education of healthcare employees may well be more problematic as renewed economic pressure upon public services is felt at every level within the NHS. Anecdotal evidence within the NHS suggests that clinical managers with a finite budget will always place patient care above the educational needs of the staff. Healthcare practitioners and educators cannot be blamed for cynicism concerning future educational accessibility, despite the rhetoric of the current Health Secretary Andrew Lansley (2011):

> *It is central to our vision that the healthcare professions provide leadership in ensuring the quality of education and training - so that locally and nationally we can all be confident about the standards being achieved.*

7.2: How do middle managers in a school of healthcare describe and understand their own identity?

7.2.1: Personal identity:

Gee (2001:99) defines identity as: *'being recognised as a certain kind of person, in a given context*', and '*we are what we are because of the experiences we have had with certain affinity groups'* (Gee 2001: 101). According with Gee's definition (2001), the biographical data collected from the questionnaire responses in this study offers a very limited perspective on the identity of the respondents. None the less, information on gender, age, and ethnic origin did offer material that assisted in characterising the nature of the group according to what Ball (1972) refers to as substantive, and Gee (2001) refers to as core identity. This reveals that within this group of respondents there was very little variation in the age or ethnic origin; all were white, and eleven respondents were within the age range 50-59. No respondent

was younger than 40 years and women predominated over men at a ratio of 10: 4.

The predominance of women is without doubt related to the female domination of nursing prior to the last two decades, and the domination of nursing over other non – medical allied health care professions. However, as discussed earlier, this dominance may well be challenged in future with increased entrance of men into nursing (Evans 1997), and a tendency for the men in all the non – medical allied health professions to seek positions associated with increased status and power.

Smith (2002) in his study of the role of the head of department in two British universities revealed a predominance of men in both universities (chartered and statutory). This data is further confirmed by countless studies revealing the under-representation of women within university management in the UK (Nestor 1995, Schuller 1995, Brown 1997, King 1997, Powney 1997, Farnham 1999, Bagilhole 2000, Prichard 2000, Hellawell and Hancock 2001, Smith 2002).

Clegg (2008: 337) found gender to be 'problematic' in her small scale study in a university in the north of England. In her study of 13 academics, the ratio of women to men was 7:6, and the women interviewees testified to 'chauvinistic' attitudes and inequalities in promotion (2008:337). Clegg explained that this inequality took more subtle forms, in terms of women having to juggle childcare and career, whereas men being able in many cases to sacrifice their relationship with their children in favour of their careers.

By contrast in this study, there was no mention of chauvinism, or male dominance. However, respondents did describe difficulties associated with juggling childcare and a career. In some cases having children had acted as a career watershed, forcing a review of work patterns. Respondent DS28 stated that she stepped into an educational role because she had children and needed to work regular hours, and although she was the only one to explicitly link the move with childcare and family, others alluded to this as influential in their career decision-making. Respondent DS21 explained how the step up to management would have been impossible when her children were young, and the female respondents appeared to have waited until their children were sufficiently grown up before taking on a management role. Respondent DS31 offered a man's perspective stating;

> *'So quite a toll on the family really, because they had to accept that daddy's working very hard …but that was just the way it goes'*

This view corroborates Clegg's (2008) contention that men are in some cases more able to sacrifice their relationship with their children in favour of their career, and that success in this case may also depend upon the support and labour of a spouse. Indeed, in this study five respondents referred to the impact that their wife, husband or partner continued to exert on their ability to manage busy schedules and competing demands.

There is a paucity of available literature on the impact of a spouse upon managerial career progression. However, some researchers (mainly American) have explored the role of family in career success, focusing upon dimensions of marital and parental status. A marital bonus has been repeatedly found for men (Hill 1979, Korenman

and Newmark 1991, Landau and Arthur 1992, Friedman and Greenhaus 2000). Friedman and Greenhaus (2000) found that marriage and children were related to higher managerial level and career satisfaction for men. Women appeared to gain no such benefit from marriage (Hill 1979) or parenthood (Landau and Arthur 1992). Indeed, Hill (1979), Landau and Arthur (1992), and Friedman and Greenhaus (2000) all report women actually suffering career set-backs as a result of marriage and children. In this study, the men did suggest that they were well supported from home, and that their wives and children enhanced their quality of life and thus maintained their ability to function at an optimum level. However, there was no suggestion that they were actually more likely to gain promotion because they were perceived as 'stable family men'. None of the respondents disclosed information about their family life that suggested anything other than that they were conforming to traditional stereotypical family lives, and it was extremely difficult to probe into this aspect of their lives without appearing indelicate.

A small number of studies have found that men with 'stay–at–home wives' have enjoyed career benefits, including; higher earnings and faster promotion (Pfeffer and Ross 1982, LeLouarn et al. 1984, Stroh and Brett 1996). Kanter (1977) suggested that wives may well contribute to their husband's success by assuming supportive roles, including those of; counsellor administrative assistant and advisor, and that the benefit of this support was then realised in an increase in their husband's earnings. However, Schneer and Reitman (1995) suggest that such managerial career path models need up-dating in line with the changing social climate and labour market. Moreover, McKie, Bowlby and Gregory (2001) suggest that UK employment and social policies continue to be based upon a gender template that assumes women to be the natural

carers, and further emphasises inequalities in the workplace

There appears to be a paucity of research on patterns of support in contemporary family units. In this study respondent DS24 spoke in detail about the supportive value of having a wife who worked at management level within the NHS, and respondents DS27 and DS28 discussed the benefit of having wives or husbands working in similar roles, thus emphasising the benefits that can be gained from contemporary relationships, such as; dual career families (Burke and Greenglass 1987, Falkberg and Monachello 1988, Harvey 1995). Harvey (1995: 236) defined dual career families as those where there are; ‘ *two incomes in the family with both partners having future career orientation and psychological commitment to their work’,* and predicted an on-going growth in this type of partnership. Smith (2010: 22) reported on the factors affecting the career decisions of 40 female secondary school teachers in England. Motherhood and caring responsibilities were amongst a range of factors framing women’s decisions (Smith 2010, 2011). Further research into spousal support and managerial career paths would be useful, although UK legislation related to equal employment opportunities allows very little exploration of these factors at the point of recruitment.

It appeared from this small study the women had waited to step up to management until their children had grown up and they also suggested that they had benefitted from the support and understanding of their husbands. The men appeared to have pursued their career paths with limited interruption from dependent children, and were encouraged by the on-going support of their wives or partners. Four of the respondents discussed working abroad, and all of the respondents referred to having

worked elsewhere in the UK.. It seems that once again the limited research on career mobility is American (Grusky 1966, Jennings 1967, 1970, 1971,Veiga 1983, Harvey 1995), and generally correlates successful career mobility with spousal and family support.

Although family life and spousal support featured as an important aspect of the respondents' situated (Ball 1972) or subjective identity (Gee 2001), other more substantive (Ball 1972) or core (Gee 2001) characteristics emerged as a consequence of asking about how they sustained their motivation. The respondents gave examples of core personality traits that they perceived to be influential to their resilience and success, including; curiosity, competitiveness, optimism, sociability and a sense of humour. Tharenou (1997) studied managerial career success and identified a number of influential factors, including; training, work experience and education, age, sex, marital status and number of children. However, the respondents in this study were inclined to attribute their success less to situated or subjective (Ball 1972, Gee 2001) and more to core (Gee 2001) dispositional aspects of their identity. .

Career success may legitimately be defined as the real or perceived achievements individuals have accumulated as a result of their work (Judge et al. 1999: 622). Intrinsic success, is defined as a person's subjective reactions to their own career, and this concept is most commonly associated with job satisfaction (Gattiker and Larwood 1988, Judge et al. 1999). The respondents in this study spoke of high levels of job satisfaction, six respondents (DS14, DS24, DS25, DS29, DS31, DS32) stating that they loved their job.

Judge et al. (1999) explored the relationship between key personality traits and intrinsic career success. They based their studies upon personality traits that have since been categorised under the umbrella of the 'big five' (Goldberg 1990): neuroticism, extraversion, openness to experience, agreeableness and conscientiousness (Judge 1999: 624). The characteristics that emerged in this study correspond well with Goldberg's (1990) 'big five', sociability, optimism, and a sense of humour for example, suggest a degree of extraversion, openness to experience, and agreeableness. Curiosity and competitiveness suggest extraversion and maybe also neuroticism, while additional comments were of conscientiousness (Judge 1999: 624). The relationship between personality traits or core aspects of identity and job satisfaction , is worthy of further deliberation, especially in view of the well documented levels of stress amongst academics and middle managers within higher education (Smith 1996, Doyle and Hind 1998, Deem and Johnson 2000, Deem 2001, Gillespie et al. 2001, Hellawell and Hancock 2001, Deem 2002, Johnson 2002, Smith 2002, Deem 2003a, Deem 2003b, Deem 2004, Sotirakou 2004, Beck and Young 2005, Smith 2005, Clegg 2008).

7.2.2 Collegial identity:

The kind of stress most obvious in the respondents' descriptions was related to workload, redundancies, and changes in structure or practice. They presented as a group of individuals loyal to the well-being of their own academic community (Becher and Trowler 2001), as exemplified by respondent DS25: '*I'm worried about this member of staff, I'm going to try to see what I can do to help'*. All of the respondents described strategies by which they ensured regular contact with colleagues, and they all worked in the same building on a single campus.

'If I was worried I can phone up and say, I need a coffee, I need half an hour away from my desk, you know, and they will do the same with me'. (DS32).

Geographical location is a factor that is worthy of consideration since in terms of collegial working relations several respondents spoke of 'visibility' (DS28, DS25), 'informal chats' (DS14, DS16, DS18, DS21, DS22, DS25, DS27 DS33) and walking the floors (DS28) as a means of ' nipping issues in the bud'. This corroborates Briggs' (2002: 72) findings on exploring the role of middle managers within further education, in which she questioned staff in one large multi-site college and discovered that the respondents felt that their role was hampered considerably by the geographical dispersion of staff.

Hellawell and Hancock (2001: 184) adopted the following definition of collegiality when interviewing academic middle managers in a statutory UK university:
'decision making by discussion among equals rather than by hierarchical level'
This definition compels the reader to consider the term in a way that it is not always colloquially adopted in practice, suggesting an organisation that fosters more than merely supportive relationships , but has democratic processes of decision-making. In this study the respondents related to collegiality as an aspiration, and although slightly differing definitions and views emerged, respondent DS22 exemplified their attitudes stating:

' I know it's a challenge and management is far from easy, but I suppose especially in a university, you're hopeful of collegiality and for mutual respect, and I think generally that is what happens' (DS22).

Throughout the fourteen interviews, the statement most commonly repeated by all of the respondents' , and in some cases several times during the interview was; '*We are a Russell group university'*. This phrase was used to define the university as; research intensive, traditional, expanding enterprise with its eye on the top of the university league table. The respondents discussed recent restructuring of the school in terms of an attempt to bring the school into alignment with the university's core vision and strategic plan. The university's drive towards research leadership was clearly not open to negotiation, and respondents spoke of the authoritative seminars and workshops that they had attended through which the Vice Chancellor reinforced this vision.

Respondents DS14 and DS24 were the most vocal in defending the department's collegial approach, and explicitly referred to the healthy discussion held at the departmental senior management meeting. All the respondents spoke of their respect and admiration for the Dean of the school, and referred to her strenuous efforts to defend their school at cross faculty meetings.

However, despite the Dean's best efforts a picture emerged of horizontal banding of power within the school of health coupled with vertical hierarchal structures of authority within the university (a combination of liberal minimalism and developmental democracy). This conforms to Weick's (2001: 288) notion of structural and organisational uniqueness, which he refers to as: 'loose coupling'. The looseness of system structures and the nature of the education suggests a need for professional reflexivity, yet the demand for product uniformity over time necessitates rationalisation and bureaucracy.

Respondents DS18 and DS29 alluded to the cultural disparity between the university and the school, and suggested a limited appreciation of the nature and identity of healthcare education as a distinct entity. It has been argued that departmental cultures within the same university vary considerably (Becher 1989, McAleer and McHugh 1994, Becher and Trowler 2001, Smith 2005) and that institutions should avoid the assumption that 'one size fits all'. Although clearly economic viability and survival are essential issues to all university Vice Chancellors, it would be encouraging to see a departure from strategic planning that makes no distinction between completely different cultural norms and realities.

In the light of these complexities, may I suggest that the managers in this school of healthcare struggled at times to balance distinct yet interwoven forms of identity, individual, interactional and institutional (Jenkins 2004). Furthermore, these forms of identity did not always sit comfortably alongside one another, and for these individuals their departmental identity appeared at times to conflict with their identity as an employee of the university. Respondent DS18 stated:

> *'I think the one of the initiatives which I've come to see as detrimental to nursing is widening participation and I would love the day to come when we stop pretending that we can take complete moronic individuals with no qualifications and make them into nurses' (DS18).*

7.2.3 & 4: Being supportive and being academic:

Being supportive and academic presented as aspects of identity and elements of role integral to the respondent's concepts of self. The supportive dimension related not

only to a cultural norm present within many university faculties, but also a socially accepted prerequisite amongst a group of healthcare professionals, primarily in a culture of carers (Gillespie and McFetridge 2006).

All of the respondents discussed supportive measures used daily to alleviate tensions and stress, including the manager from a non-healthcare background (respondent DS22). The supportive instincts of the healthcare professionals in this group were generally manifested in time limited yet effective interventions, such as coffee and a chat (DS14, DS32). No activities were mentioned that involved any greater engagement on a social level, although this does not necessarily suggest that no other activities were occurring. However the lack of organised social events within the department might be considered a departure from the approaches frequently adopted within clinical practice, and encourage deliberation as to whether this was another aspect of teacher socialisation and 'washing out', otherwise related to as divestiture (Bradby 1990, Bullough and Knowles 1991, Kelchertermans and Ballet 2002).

Only a small number of authors have discussed the relationship between caring and intellectualism (Donald 1985, Skeggs 1997, Miers 2002). Skeggs (1997) contends that 'caring' has a low status in education, and that caring courses have the lowest rating on the academic hierarchy, and they are also historically viewed as female orientated. Skeggs (1997: 59) characterised care as a practical skill that compensates for a lack of intellectual ability, stating that: *' A caring self is a practical not an intellectual self'* . It would be interesting to consider the relationship between caring and intellectualism in detail, and in particular explore healthcare academics' perception of their supportive and caring identities, and whether there is an inverse

correlation between the academic and caring self.

The eleven respondents with doctorates had embarked upon these studies as 'mature students'. Respondent DS20 commented on how old she felt compared with other PhD students, and respondent DS27 alluded to the process as a form of metamorphosis from clinician to academic. They spoke at length of the work involved, and personal sacrifices made during the time when they were conducting research, the individual effort that was involved in gaining these qualifications representing what Fulcher and Scott (2007) called a 'turning point' when an individual is no longer prepared to cope with the identity conflicts they are experiencing and decides to align themselves with the dominant cultural norm.

The respondents spoke about how their academic identities were heavily influenced by socialisation experiences at the university, and this involved interpretative and interactive processes between the individual and the structure (Kelchtermans & Ballet (2002). Encountering strong organisational socialisation and cultural change had for some influenced a shift in their professional and personal identities, and for others less willing to adapt encouraged them to leave:

> *'like it or not there are some people who are working in the school who had absolutely no aspirations to get involved in research, and it frightened the life out of them, ……and unfortunately they could see perhaps that they weren't going to fit in' (DS27).*

This corroborates Smith's (2002:309) finding that staff in the chartered (pre-1992) university perceived research as a far greater element of their role, than those within a statutory (post – 1992) university. In this study, respondents clearly recognised the

necessity of having a strong academic identity confirming a form of acceptance in a 'research intensive' organisation. Furthermore there was a strong suggestion that having a PhD was a rite of passage, and minimal starting point for middle management at the university, and thus alluded to their aspirations to be 'academic middle managers' in line with the university's strategic vision. This conforms with Turner's (1994) view that structures in which people operate are socially constructed, and individuals are expected to play particular roles in that society.

7.3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

7.3.1: The operational manager:

During the interviews the respondents were encouraged to describe their day- to- day operational role, and as they elaborated their views reflected the activities of subject leadership outlined in the National Standards for Subject Leaders (TTA 1998). Although the Teacher Training Agency has primarily been involved in the school improvement programme in England and Wales since the 1990s, the four areas of subject leaders' work offer a useful framework that applies equally to middle managers in the case study school of healthcare, they are;

- Strategic direction
- Teaching and learning
- Leading and managing staff
- Efficient and effective deployment of staff and resources.

The following discussion will relate to these areas of activity, beginning with consideration of the respondents' perspective of their role description.

Role description:

Responses to the questionnaire, shows that ten of the fourteen respondents described themselves as a combination of line, operational and academic manager. This finding supports the contention that distinctions between aspects of the middle manager's role are becoming increasingly blurred (Deem 2000), and portrays middle managers as hybrid characters (Clegg 2008: 340) attempting to juggle multiple identities. During the interviews they described a mismatch between expectations of role and the realities of day to day experiences, especially in terms of their role as academic leads when in fact they spent much of their time involved in resource allocation or conflict resolution (Mathias 1991, Brodie and Partington 1992, Middlehurst 1993, Smith 1996, 2002, 2005). These findings are consistent with Floyd's (2009:279) appeal for much clearer job descriptions for heads of department in both statutory and chartered universities.

Thirteen of the fourteen respondents identified academic management as a part of their role and two suggested that this was their primary role. This could be associated with the historical legacy of the binary divide, and the chartered universities continuing to be characterised by academic elitism while the statutory universities veer towards a greater emphasis upon managerialism (Schuller 1995, Smith 1996, 2002, 2005). However, throughout the interviews the respondents alluded to a much more complex picture of closely interwoven every-day identities overshadowed by a pressure to conform to a new elite generation of '*Russell group academics'*.

The respondents described their everyday roles in terms of an amalgam of past and present definitions; line manager, healthcare educator, resource allocator, corporate bureaucrat, agent of knowledge transfer, buffer and disturbance handler (Crouch 1979, Clegg and McAuley 2005). A key area of tension appeared to be the delineation between teaching and research, with the suggestion that teaching had become a less prestigious aspect of the role. Teaching was viewed in terms of measurable outcomes such as the national student survey, and its currency in the form of presenting the university as student-centred. Research had taken centre stage as a means of income generation, prestige and enterprising partnership.

The presence of tensions or contradictions regarding the idea of a university is not new or peculiar to contemporary conceptions of the university. Bernstein (2000) reworked Durkheim's analysis of the tensions between the two discourses of medieval universities: Greek and Christian. He argued that it revealed a dislocation between inner and outer self, which Christianity resolved by developing the concept of the existential self , the ability to think outside oneself in an abstract way. Bernstein (2000) suggests that these ideas and conflicts are relevant to the current crisis in education, with research reduced to a commodity, and education linked to employability, knowledge no longer deemed credible in its pure form, and viewed only in terms of its currency in the market.

These tensions and contradictions appeared to weigh heavily on the shoulders of the middle managers in this study, and it appeared that they were aware of their role in defining the nature and purpose of the school's activities to others, and act as appropriate role models, which was no easy task in the absence of a consensus about

their own role.

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Strategic direction:

It did seem that new understandings relating to this role were being incorporated into a more distinct working definition, and that this was very much influenced by contextual forces (Clegg 2008) . It appeared that the role was being shaped by the university's strategic vision, and that they were pivotal agents of change, and mediators encouraging staff to work with the strategic, cultural, political and economic realities (Croach 1979, Mintzberg 1989, Uytehoeven 1989, Dopson et al. 1996, Ghoshal and Bartlett 1998). This implies that the role of the middle manager is shaped by contextual forces. However, the most powerful influence is the strategic vision of the university in which they reside. Furthermore, this is most likely to be dictated in future by the university sector defying the abolition of the binary divide (1992) and reforming as a two or even three- tiered system: traditional elite (Oxbridge), new elite (Russell group), and statutory. These divisions are likely to encourage a departure from previous attempts to secure a generic description of the role of the middle manager in the university setting, in favour of context-specific role description.

Teaching and learning:

The respondents spoke of coming to terms with their emerging role in developing a culture of research- led teaching. This for some created insecurities related to their own academic profiles;

> *'The vision of the university is that it's research- led teaching .. in other words, the research that you're doing should then feed into some of the programmes that we're offering, and you should be teaching on the*

programmes as well as generating the research' (DS16).

This finding is consistent with the predictions of Hattie and Marsh (1996), Rowland (1996), Braxton and Hargens (1996) and Griffiths (2004), in suggesting that research-led teaching would become a future mission or goal of many universities. However, Griffiths (2004: 711) also postulates that certain contextual circumstances make this a more realistic prospect, he suggests for example that a stronger relationship exists between research and teaching in 'soft' disciplines such as the humanities and social sciences. Furthermore, Griffiths (2004: 720) predicts that it will be an arena in which the research intensive universities would be most likely to excel, stating that:

> *'It is deemed particularly suited to the most able students who will go on to occupy the leading roles in the knowledge-intensive economy, leaving other students to study in more teaching orientated settings'*

Leading and managing staff:

The strategic direction of the university appeared to permeate all the other aspects of the respondents' working life. Respondent DS32 spoke of the school being redirected to meet the university's core strategic goals, including research- intensive academic pursuit, research- led teaching, and the demise of any activity viewed as economically unviable. There is evidence (Middlehurst and Eton 1992, Kogan et al. 1994, Fulton 1996, Henkel 1997, Ramsden 1998) that universities have successfully adapted to external pressures and changing economic circumstances by adopting elements of managerial and market ideology in their governance. However, these changes are reflected in the patterns of relationships within the university. In this

organisation the middle managers appeared to have been pivotal in communicating strategic goals to staff.

Nine respondents spoke explicitly of the support needs of their staff, and particularly the impact of re-structuring, change, redundancies and financial insecurities. This appeared to manifest in a considerable time commitment to supporting, monitoring and managing staff development, portrayed by some as one of the most difficult tasks they faced , with attempts to motivate staff to conform to new standards and practice. All of the respondents presented as managers committed to transformational approaches and in favour of collegial decision- making. However the imperative to implement the strategic goals rendered this difficult at times. Such difficulties are in sustaining a collegial culture alongside increasing corporate and entrepreneurial cultures has been well documented as an inevitable outcome of the emergence of new strategies in response to market forces (Trow 1976, Moodie 1986, McNay 1995, Ramsden 1998, Sotirakou 2004). Shumar (1995: 95) suggests that when HEIs respond to market forces by reframing their services as commodities, there is a steady change in their structure and ideology and what is lost is democratic and participatory education.

Efficient and effective deployment of staff and resources:

Financial insecurity and the impetus to generate income were areas of discussion that impassioned all of the respondents within this study, and it was a cause for concern for all fourteen middle managers**.** The respondents described how the previous year had brought the gravity of the situation to a forefront, with respondent DS21 noting the potential '*threat of closure'*. Respondent DS16 acknowledged the

'*financial crisis'*, respondent DS24 stated that he could not stop '*thinking about the financial stability of the school'* and respondent DS22 suggested that her role in managing the financial crisis led to her being viewed by staff as '*mean and horrible'*. In the questionnaire responses, respondents indicated that a considerable amount of their time was allocated to managing budgets, promoting entrepreneurial projects and seeking funding opportunities. Indeed, respondent DS21stated at interview that she felt as if she had be turned into a '*saleswoman'*. This is consistent with Sotirikou's (2004: 351) perspective that life for academic managers has become much more stressful as a consequence of market forces, with on-going commitments to competition for funds, referred to as 'academic capitalism'.

7.3.2: The academic manager

The Academic role of the respondents was similarly eclipsed by their role as academic capitalists (Sotirikou 2004: 351). Although they each had a distinct academic identity, and in most cases this included impressive qualifications and publications, their academic role appeared once again to be driven by market forces. This entrepreneurial approach generated concerns about academic freedom and Innovation.

The challenge to '*publish or perish'* (Goodyear-Smith and Gunn 2008) appeared for this group of middle managers to be a very real threat, and suggested severe limits upon their academic freedom and autonomy (Sotirakou 2004). Respondents alluded to lower levels of academic autonomy than they had previously enjoyed, and this appeared to be related to the influence of the competitive market and research assessment exercise.

7.3.3: The dark side:

If role ambiguity, erosion of collegiality, financial insecurities and challenges to academic autonomy were not dark enough, the respondents also expressed some concern, that made their lives stressful and demoralising. These tended to be manageable but annoying distractions as opposed to central issues, referred to by respondent DS24 as '*The dark side*' and exposed as '*the rubbish that distracts you … grinds you down and .. demoralises you*' . Top of the list were bureaucratic tasks, e-mails, paperwork, and meetings. Within the questionnaire, the respondents indicated that a good proportion of their time was spent engaged in bureaucratic activities. Furthermore the respondents also reported working long hours, and having heavy workloads, not eased by the current workload model (which was very unpopular). This concurs with Rosemary Deem's (Deem and Johnson 2000, Deem 2001, Deem 2002, Deem 2003a, Deem 2003b, Deem 2004, Deem et al. 2007) and Smith's (1996, 2002, 2005) descriptions of managers working long hours packed with meetings and mountains of paperwork. However, the respondents in this study appeared to place these issues within the overall context as small and annoying but far less threatening than the financial insecurity or the academic challenge.

Summary of Chapter Seven: Discussion:

In order to address this study's specific research questions, and therefore generate theoretical insights into the professional identities of a group of middle managers within a selected chartered school of healthcare (pre-1992) UK university, this chapter has provided an analysis of the findings. The discussion has shown that the respondents had diverse clinical backgrounds and had accumulated a wealth of experience, skills and knowledge. They revealed claims for legitimacy as leaders in

healthcare education rooted in their credentials as practitioners as well as educators and managers, with an ability to present themselves as people who knew and understood the field of healthcare.

Their careers had been influenced by socially constructed realities of primary and secondary socialisation beginning with the initial decision to enter a caring profession. Only one respondent spoke at length about her primary socialisation experiences. However, in discussion they demonstrated substantial variation in academic starting points. Furthermore they described careers pitted with epiphanies, turning points and critical incidents. None had begun their careers with a clear plan of the way forward. Role models had played an important part in the respondents' socialisation, and eight respondents spoke at length about the contribution that critical people had made to the mode and speed of their career advancement.

A pivotal factor that had influenced the career trajectories of the respondents was convergence between their lifelines and the dramatic changes to the National Health Service in the UK during the 1980s and 1990s. The respondents reflected upon the impact of business management models during the 1980s and stated that this led them to management roles in the NHS. They acknowledged that their considerable experience of management within the NHS had equipped them for management in education, and to some extent this limited the usefulness of management training programmes in their current post. By the time they decided to move into an educational organisation the respondents had already performed a multitude of different roles, in different contexts. The decision to move out of clinical practice into education expressed in terms of personal development and academic aspirations,

as opposed to disillusionment with the NHS, and appeared to be a turning point in their concept of self.

There was little variation in the age or ethnic origin of the respondents. All were white, and eleven were within the age range fifty to fifty nine years, none was younger then forty. Women predominated, with a ratio of ten women to four men. This contradicts all other studies of management in university faculties. In light of the dominance of women over men in the school, there was no talk of male chauvinism (or female chauvinism!), however the respondents spoke of difficulties in juggling childcare with career survival, and suggested that they had waited until their children were grown up prior to taking on management roles in higher education. The respondents emphasised the importance of having a supportive spouse, and discussed the benefits derived from being in dual career families. All of the respondents demonstrated some level of past career mobility. Four had worked abroad, and all had worked elsewhere in the UK. None had lived and worked in the same city throughout their career.

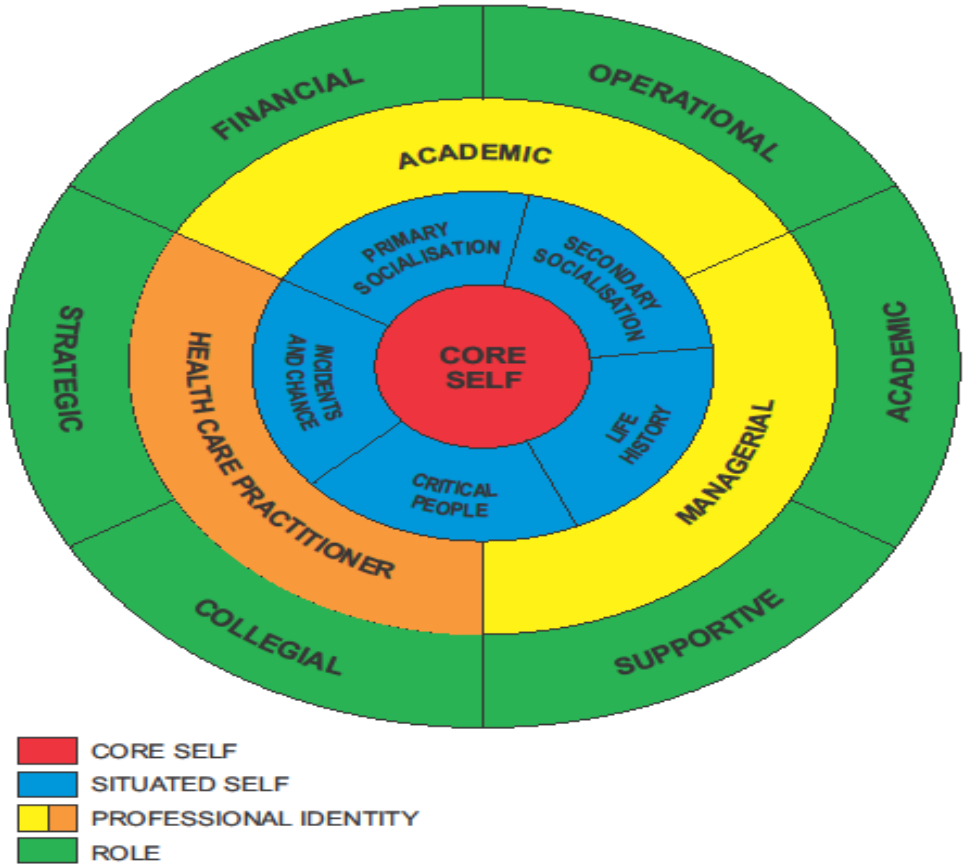
The respondents demonstrated high levels of job satisfaction, six claiming that they '*loved their job'*. Elaborating upon this theme, they articulated a number of core personality traits that helped them to overcome the 'dark side' of their work. These included competitiveness, curiosity, optimism, sociability and a sense of humour. Contrary to previous studies the respondents suggested that the long hours, paperwork and bureaucracy were unpleasant and annoying, but not sufficient to cause significant levels of disillusionment . It would however seem prudent in the light of some of the complaints about administrative tasks to consider more strategic use of support staff

to reduce the time middle managers spend on low-level administration (Mercer 2009). It appeared that the middle manager's role was ill defined and involved the balancing of multiple identities. The strategic vision of the university appeared to be the most powerful influence. The middle managers in this study identified the need to demonstrate a strong academic identity in order to survive in a research- intensive organisation. Despite considerable variation in academic starting point, eleven of the fourteen respondents had doctoral qualifications, and all had studied to masters' level. There was also evidence to suggest that a PhD was viewed as the minimal qualification for this role in the context of a research- intensive university.

Unlike suggestions made in other studies, it appeared that this was no re-fashioning of the traditional university, but a new elitism powered by the strength of the market. In consequence, the middle manager's role in this school was permeated at all levels by the strategic direction of the university, and it was clear that any divergence from these core values was incompatible with their role, and would render their position untenable. They exhibited loyalty to their department and the university, and were committed to collegial decision making.

Diagram 7.1 focuses on the relationships between self, professional identity and role, incorporating aspects depicted in diagram 2.1 and the themes that emerged from the data in this study. The use of a multi-layered model of concentric rings is adopted as a means of depicting theoretical aspects in relation to each other and the 'outer world'. This 'onion' approach has been utilised frequently in psychology and social psychology as a means of representing self and social identity (Hsu 1985, Trompenaars 1994, Hofstede 1991, 2005).

Diagram 7.1: Concentric diagram depicting the relationships between self, professional identity and role in a group of middle managers in the case study school of health care.



The diagram (7.1) depicts core self as the inner most aspect, central and referred to by some psychologists (Suler 1995, Donner 2010) as the nuclear self. Self- psychology is complex and has been the subject of deliberation by numerous eminent psychologists

and sociologists (Mead 1934, Goffman 1959, Ball 1972, Suler 1995, Gee 2001, Donner 2010). The core element is postulated to be the most static and least malleable aspect of self – the inner sanctum containing aspects central to the individual's self-structure. Accessing core self (Ball 1972, Gee 2001) is potentially problematic in any small scale study, and it is worthy of note that Goldberg (1990) adopted a longitudinal approach to elicit core personality traits from the participants in his study. Within this study time constraints made such in-depth exploration impossible, however some core traits were identifiable and comparable, including: all the participants were white, all above forty years old, predominately women (Evans 1997) and they gave examples of core personality traits, including: curiosity, a competitive streak, optimism, sociability, and a sense of humour (Goldberg 1990).

The second layer of this multi-layered model of concentric rings is divided into different aspects of situated identity. This layer represents a more pliable aspect of self, that may be significantly shaped and influenced by personal development (Erikson 1959), primary and secondary socialisation (Giddens 2006, Fulcher and Scott 2007), life history (Olesen 2001, Inman 2007) interaction with others (Mead 1934, Turner 1994, Gronn 1999, Parker 2004) and environment (Taylor 1989, Ball 1972, Bradby 1990, Gee 2001). It is the relationship between core self and the situated self that to some extent deals with the apparent contradiction that self is both continuous over time and significantly shaped by development (Erikson 1959) and environment (Taylor 1989, Gee 2001).

Within this study, a number of key themes emerged from the data that contributed to the respondents' situated identity. Most of this information emerged quite early in the

interviews as the respondents recalled their journey to their current post. These reflections encompassed aspects of life history (Olesen 2001, Inman 2007), primary and secondary socialisation (Giddens 2006, Fulcher and Scott 2007), and the impact of role models, critical people, luck and good fortune (Gronn 1999, Dhunpath 2000, and Parker 2004). Accessing information about the respondents' family lives was limited, as this was not central to the research questions, and the amount of detail offered varied considerably. On the whole the respondents appeared comfortable to share information that related to their functioning in the workplace and thus the situated self in this study is framed within this context. This concurs with Kehily's (1995) suggestion that individuals often reframe life history according with current concerns and issues. At present there is a paucity of literature examining the impact of life history and socialisation on health care professionals who move from clinical practice to higher education. This study suggests that these factors are highly relevant, and that further in-depth research would be beneficial and might enhance career development for future healthcare practitioners.

The third layer of this multi-layered model of concentric rings is divided into the themes that emerged relating to the professional identity of the respondents, including: identity as a healthcare practitioner, academic identity and managerial identity. This layer represents the unique tensions associated with individuals forced to juggle the multiple identities necessary to perform within the context of middle management in a school of healthcare. This accords well with Gee's (2001) suggestion that identity is rarely singular, but pluralistic in nature, and Clegg's (1998:343) description of 'expanding and proliferating hybrid identities'.

Within this study the respondents presented three core aspects to their professional identity that had evolved over long periods of time, and were important in relation to their own experiences and the conception and expectations of others (Goodson and Cole 1994, Volkmann and Anderson 1998).The study highlights the importance of viewing professional identity at the micro level of difference (Clegg 2008:332) as opposed to cross-discipline descriptors. The respondents had well defined identities as health care practitioners based upon their broad clinical experience. They also presented as confident leaders and managers with a solid track record of managing within the NHS (Ferlie and Pettigrew 1996).

Despite eleven respondents having achieved doctoral qualifications, and all having masters qualifications they appeared as a group to be lacking in confidence about their academic identity. It appeared that their thoughts were focussed upon the need to prove themselves as academics, and all of the respondents suggested that they needed further development opportunities and time to pursue academic study.

It appears that for this group of middle managers their professional identity had developed and evolved over a long period of time. Furthermore, their professional identities had been subject to changes and evolution within the profession itself. Although it might be argued that the foundation of an individual's professional identity in healthcare is formed during initial socialisation into the profession, (Bradby 1990) this study encourages deliberation upon the complexities associated with diverse career pathways and potential 're-washing' of an individual's perception of their professional identity at several points during any single career.
Taysum (2003:10) proposed a rationale to assist in shifting the gaze from linear

careers to lived lives, and to appreciating how agency interplays with historical, social and organisational structure. The value of this approach is in the production of a career map that can be described, understood and take into account difference and complexity.

> A leader is a complex spiritual, emotional, intellectual, dynamic and creative human being. Therefore, to further understand leadership a leader needs to build and test a sense of self (Taysum 2003: 11).

The outside layer of this model of concentric rings represents aspects of role presented by the respondents within this study. Once again the layer is divided according to the key themes that emerged from the data, namely: strategic, financial, operational, collegial, supportive and academic. Here, an important distinction is made between the concepts of self, identity and role, with role being directly linked to the professional obligations upon the individual to perform the role for which they are salaried. This accords well with Goffman's (1959) notion of individuals performing roles in different contexts, and the notion of ' role distance', in which he discusses the separation between role and self. In this study the respondents described themselves as having a true affinity with the job, and 'loving it'. This suggests that for this group of middle managers the gap, or 'role distance' between self and role was not as sizeable as perhaps is the case with the more disillusioned colleagues presented in previous studies (Eley 1994, Smith 1996, Deem and Johnson 2000, Deem 2001, Deem 2002, Smith 2002, Johnson and Deem 2003, Deem 2003a, Deem 2003b, Deem 2004, Smith 2005, Deem et al. 2007, Floyd 2009, 2012). It is perhaps this affinity between self and role which accords with West-Burnham's (2009) suggestion that effective leaders are those that do more than the job, and display a complex

interweaving of personal and professional qualities set within a context of moral purpose (in this case referred to as: '*loving the job'*).

The themes emerging from the data in this study also resonate with Pierre Bourdieu's (1984) classifications of social structure. According to Bourdieu cultural capital is concerned with the advantages acquired via primary and secondary socialisation, especially family and educational experience Cultural capital is represented within diagram 7.1 as elements within the situated self: primary and secondary socialisation. Social capital also relates to the situational self, specifically: critical people, incidents chance. Bourdieu suggests that these social networks of friends and associates are reproduced and expanded upon the primary unit which is the family.

Symbolic capital is represented in diagram 7.1 as a central component of the individual's professional identity. Gunter (2001: 13) relates to Bourdieu's theory of practice (1990) when she argues that qualifications such a Doctor of Philosophy (PhD) furnish the individual with a universally approved perspective within a field, and are therefore good currency within the market place. Within this field of practice symbolic capital relates to the individual's sense of credibility within the field, and in the case of middle management in a school of healthcare this involves a unique combination of academic status, professional mastery and managerial acumen. This relates to Johnson's (1993: 8) description of the complex relationship between investment and rewards within a field of practice. In order to successfully negotiate this field the player must possess the relevant amount of knowledge, and skill within all three domains or talent to be accepted as a legitimate player.

Bourdieu (1984) relates economic capital to material goods that may include money. Within this context economic capital is most closely aligned to aspects of role, and the contract for employment with the university. Effective performance of role is integrally related to the salary scale within which the middle managers are working. In this study, the middle manager's role was permeated at all levels by the strategic direction of the university, and as consequence their role was mapped accordingly, it was clear that any divergence from these core values was incompatible with their role and therefore salaried employment at that level of the hierarchy in the university. Taysum (2012: 46) suggests that such deterministic societies exclude the potential for democratic education, where all contributions are valued, and where social reality is shaped by individuals rather than external elements. This sits on the back of Gronn's most persuasive argument that:

> leading is an inherently a symbolic activity', an activity imbued with the intrinsically human capacity to frame meaning, to make sense of one's own and others' experiences of the world (cited in Strain 1998:23).

It frequently falls to educational leaders to make sense of moral debates or discourses in society, and empower others within a community to have a voice on important issues. Taysum (2012: 91) suggests that this role can only be fully realised when the individual leader has reached a point in their own journey whereby they are comfortable with being uncomfortable, core to this is critical analysis, reflection and reflexivity

The following chapter will provide a summary of the overall study including the aims, and methodology. It will emphasise the study's original contribution to knowledge, and outline implications and recommendations for future research and practice.

Chapter Eight

Conclusions, Implications and Recommendations

This final chapter comprises three main sections. Section 8.1 provides a summary of the overall aims of the study and the methodology used to meet these aims. Section 8.2 emphasises the study's original contribution to knowledge and outlines the recommendations for future research and practice. Section 8.3 reflects upon the implications of the study and offers a final word from the researcher.

8.1: Summary of the study:

Following a critical review of the relevant literature the main research objectives for this thesis were formulated as;

- To determine the circumstances that led a group of healthcare practitioners to become middle managers in higher education.
- To explore the professional identities assumed by this group of middle managers.
- To map the characteristics of this group, and explore the interactional balance between the professional, academic and managerial aspects of their role.

In order to address the main research objectives the following three specific research questions were posed:

Research Question 1: What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to middle

management in higher education?

Research Question 2: How do middle managers in this school of healthcare describe and understand their own identity?

Research Question 3: How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

In order to address the research questions, the study adopted an interpretive paradigm, in line with social constructivism, exploring the respondents' beliefs, feelings and perceptions with regard to their career background, identities and role. The theoretical perspective and research approach were justified in relation to the research aim and specific questions. In this sense the researcher was influenced by the desire to understand how this group of middle managers described and understood their world. The research process represented a voyage of discovery in which the researcher set out to 'understand their interpretations of the world around them' (Cohen et al. 2005: 23).

Data were collected from questionnaires and interviews with fourteen middle managers in a school of healthcare in a selected chartered (pre – 1992) UK university. The school was situated within a large urban university in England and is located near the top end of the Guardian league table for nursing, paramedical studies and social work. Data from the interview transcripts were analysed using an open coding technique (Streubert and Carpenter 1995), in which the data was examined line by line and substantive codes were assigned to phrases, sentences or whole paragraphs.

Following open coding, level two coding or categorising took place, using a constant comparative method, and codes were clustered and assigned to categories. Each category was then compared to others to ensure that they were mutually exclusive (Streubert and Carpenter 1975: 157). The data from the questionnaires needed nothing more than accurate reflection of responses to closed questions. This was achieved via diagrammatic representation within chapters four, five and six. This methodological approach allowed the objectives of the study to be met, and encouraged description and interpretation of the career background, identities and roles of this group of middle managers in the school of healthcare in the case study UK university.

8.2: Original contribution to knowledge:

Prior to this study, an abundance of research and publications contributed to the developing body of knowledge related to the role of the middle manager in higher education institutions within the UK (Mintzberg 1973, Crouch 1979, Mintzberg 1989, Uyterhoeven 1989, Deem 1993, Eley 1994, Dopson et al. 1996, Smith 1996, Ghoshal and Bartlett 1998, Deem 1998, Deem 2000, Deem and Johnson 2000, Deem 2001, Hellawell and Hancock 2001, Smith 2002, Deem 2002, Deem 2003a, Deem 2003b, Johnson and Deem 2003, Deem 2004, Clegg and McAuley 2005, Smith 2005 Clegg 2008, Deem et al. 2007, Floyd 2009, Floyd 2012). However, there has been little published research related to the unique role of the middle manager in schools of healthcare. This thesis claims to make an original contribution to knowledge by extending our understanding of this phenomenon.

The following sections emphasise the study's original contribution to knowledge by outlining the interwoven relationships between the career background, identity and role of the middle managers in this case study school of healthcare. It is hoped that

this discussion will develop existing theory related to the role of the middle manager, but in particular throw light upon the unique nature of this role specific to schools of healthcare.

Evidence of Inter-professional education:

It was assumed at the outset of this study that the respondents would be nurse educators, as this had been the author's experience in a statutory (post – 1992) university. By contrast, in the case school of healthcare, eight were nurses, two had both nursing and midwifery backgrounds, one was a pharmacist, one a radiographer, one an audiologist, and one had no clinical background. This indicates that there had been an attempt to embed inter-professional education in this case study school of healthcare, albeit in its infancy. These findings concur with Barr and Ross (2006:97) who suggest that inter-professional education is likely to become an essential characteristic of future healthcare education, although progress towards its integration has been slow and the benefits remain largely unrealised. Future research would be helpful in determining which healthcare professionals most benefit from this form of educational intervention, and its impact on collaboration and quality care in clinical practice. An exploration into the relationship between inter-professional education and research-led teaching would be profitable in exacting whether they are symbiotic.

Evidence of diverse clinical and educational backgrounds:

The thirteen respondents who had clinical backgrounds spoke at length about their broad experiences in clinical practice. They incorporated into their accounts references to how these clinical experiences had shaped their ideas and philosophies related to the field of healthcare. This finding implies a need to encourage future

managers in schools of healthcare to follow similarly diverse clinical careers prior to employment in a university. However, the impact of healthcare and educational reforms and the pressures of grading, pay and pensions makes anything other than linear career paths financially unrealistic for many healthcare professionals (Shields and Ward 2001). Since 1999 the UKCC, and the NMC have demanded that nurses be ‘ fit for practice’(UKCC 1999), and healthcare educators have been called upon to produce competent practitioners. To that end, schools of healthcare require staff who are experienced in the field of healthcare, and competent to assess ‘fitness for practice’. Further research exploring the clinical career trajectories of healthcare educators would be interesting, as would a review of the impact of pay and grading on career progression within this field.

Evidence of management experience in the NHS:

A pivotal factor that influenced the career trajectories of the respondents was convergence between their lifelines and the dramatic changes to the National Health Service in the 1980s and 1990s. The respondents reflected on the impact of business management models during this time, and described having to adapt to a business culture, in which they assumed significant levels of responsibility very early in their careers. They acknowledged how these experiences had been the impetus that led them to management roles within education, and how they had also equipped them with the necessary skills in management. This concurs with Goodwin’s (2000: 52) suggestion that management experience in the NHS encourages proficiency in networking, budgeting, communication and negotiation. The respondents’ management experience appeared to negate the need for in-house management training, as they had already developed what Ferlie and Pettigrew (1996) described as finely tuned networking skills. However, most of the respondents agreed that the in-

house management training was useful as a means of sophisticating skills and discussing dilemmas. The learning needs of individuals entering middle management in schools of healthcare is worthy of further research, and the development of a training need analysis tool might be beneficial. This is especially the case if future generations are likely to enter higher education at a much earlier point in their careers without the benefit of management experience in the clinical sector.

Evidence that the move from clinical practice to education was motivated by academic aspiration rather than disillusionment with the NHS:

The age range of the respondents and the number of years that they recorded as having worked in higher education indicated a degree of convergence between their career trajectories and the relocation of healthcare education into higher education. The respondents spoke of feeling unchallenged, suffering periodic bouts of boredom and aspiring to gain further qualifications. The emphasis was articulated in terms of personal development, as opposed to disillusionment with the NHS. Indeed, the respondents spoke very fondly of their time in clinical practice, although a picture emerged of a group of individuals who had at times felt ostracised by their peers, because they were unwilling to accept the limitations imposed on them, and were extra-ordinarily ambitious.

There also appeared to be substantial variations in starting point, with three respondents speaking candidly about having very limited qualifications on leaving school. Regardless of these variations, eleven had achieved doctoral status and all had studied to masters degree level. The respondents presented career pathways that correspond with the turning points and epiphanies discussed by Hodkinson and

Sparkes (1997: 38). They presented as individuals who had ‘outgrown’ their original identity as a consequence of a great variety of turning points, including; developing self-knowledge, changes in habitus, new opportunities, key players and networks. None of the respondents suggested that they began their career with a clear plan to become a manager in healthcare education. However, they did demonstrate characteristics that could be viewed as predictors, such as restlessness, bouts of boredom, a fighting spirit and an ability to recognise and act upon new opportunities. At present there is a paucity of literature examining the socialisation process of nurses or allied health professionals moving from clinical practice into higher education, and further research could throw further light on this important career decision.

Evidence that role models and significant people were influential in their career success:

Role models, and in some cases anti-role models seemed to have been significant in the development of attitudes, values and skills. The respondents spoke at length about significant people who had helped them on the journey to their current post. This concurs with the ideas presented by Gronn (1999), Dhunpath (2000), and Parker (2004), who espouse the importance of critical people in the mode and speed of career advancement. Maudsley (2001) highlighted the importance of mentorship within the realm of clinical development of junior doctors, and encouraged further discussion related to this important aspect of professional development. However, to date there is a paucity of literature available related to the nature of this relationship and the characteristics of effective mentorship, despite it being a pivotal aspect of clinical career advancement.

Evidence that career success was attributed to core (Gee 2001) rather than situated (Ball 1972) aspects of identity:

The respondents gave examples of core personality traits that they perceived to be central to their resilience and success, including curiosity, competiveness, optimism, sociability and a sense of humour. These characteristics correspond well with Goldberg's 'big five' personality traits (1990), which are reported to be instrumental in achieving career success. The presence of these characteristics may account for the respondents' ability to respond to new opportunities, to aspire to achieve and withstand difficulties, however it is less clear how they relate to their extremely high levels of job satisfaction. Contrary to a number of previous research papers (Deem and Johnson 2000, Deem 2001, Johnson 2002, Deem 2002, Deem 2003a, Deem 2003b, Deem 2004, and Smith's 1996, 2002, 2005) the respondents in this study spoke of high levels of job satisfaction, with six claiming they '*loved their job'*. At a time when public services are under pressure it is reassuring to find that high levels of job satisfaction can still be attained and that all is not 'doom and gloom' within the public sector. The relationship between personality traits or core aspects of identity and job satisfaction is therefore worthy of further deliberation and future research.

Homogeneity, discrimination and spousal support:

There was very little variation in the age or ethnic origin of the respondents. All were white, and eleven were within the age range fifty to fifty nine years, none was younger than forty. Women predominated, with a ratio of ten women to four men. This contradicts the findings in other studies of management within university faculties. The respondents related to difficulties in juggling childcare with career survival, and suggested that they had waited until their children were grown up prior

to securing management roles within higher education. They emphasised the importance of a supportive spouse, and articulated benefits derived from being in dual career families. This study distinguished healthcare as a unique department within the university setting where women predominate in managerial positions. However, it seems that this dominance may diminish with growth in the number of men entering healthcare careers.

Evidence that the role of the middle manager in higher education remains a blurred amalgam of line, operational and academic responsibilities:

Ten of the fourteen respondents described themselves as a combination of line, operational and academic manager. This finding supports the contention that distinctions between aspects of the middle manager's role are becoming increasingly blurred (Deem 2000), and portrays the middle managers as hybrid characters (Clegg 2008: 340) attempting to juggle multiple identities.

Throughout the interviews, they described a mismatch between expectations of role and the realities of day to day experiences, especially in terms of their role as academic leads when in fact they spent much of their time involved in resource allocation or conflict resolution (Mathias 1991, Brodie and Partington 1992, Middlehurst 1993, Smith 1996, 2002, 2005). These findings are consistent with Floyd's (2009:279) appeal for much clearer job descriptions for heads of department in both statutory and chartered universities.

The respondents identified a number of activities within their working life as tiresome and unsatisfying. Meetings, managing e-mail, paperwork and bureaucracy were

identified as key aspects of this ‘dark side’. However, unlike previous studies, it appeared that this group of middle managers did not consider these aspects to be dominating over their working lives. There were no descriptions of ‘drowning under mountains of paperwork’(Deem 2000) or ‘role overload’ (Smith 2002: 296). The key areas of stress for the respondents within this study related to the external force of the economic crisis, the associated financial insecurity, the impetus to generate income and competition for research funds. These stressors were viewed as external forces, impacting upon the whole of the public service sector, as opposed to internal forces creating job dissatisfaction.

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Evidence that this school of healthcare was relocating its place within the field as a research-led environment:

The respondents alluded to a need to come to terms with the developing culture of research –led teaching. This finding is consistent with the predictions of Braxton and Hargens (1996), Hattie and Marsh (1996), Rowland (1996), and Griffiths (2004), in suggesting that research- led teaching would become a future mission or goal of many universities. However, to date, this prediction appears to have been unrealised in many schools of healthcare, and although aspired to may often be entirely un-realistic. However, the contextual circumstances in this school make research-led teaching more realistic as it fits well with the research- intensive strategic vision of the university, as a whole. Although, in its infancy, it appeared that this school of healthcare was re-locating its place within the field, as a research - led environment where the more capable students in healthcare might find suitable supervision for higher levels of learning.

Evidence that in a research-intensive environment middle managers are expected to be research-active and in possession of a doctoral qualification:

In the context of this study the middle manager was required to be research- active, in possession of a higher degree (preferably a doctorate) and committed to developing a culture of research – led teaching. This delineation in the culture of the university implies not only a much more specific selection of staff in the future, but also has implications for student recruitment. Within a research-intensive context it would appear that future student recruitment might be focused upon more capable healthcare employees seeking suitable levels of supervision for higher degrees.

One of the main implications arising from this study relates to the distinction of a new layer in the university sector: the new elite – research- intensive university. This study identified how a group of middle managers working in a school of healthcare in a research- intensive university were reviewing and in some cases refashioning their professional identities in line with the university's strategic vision. This implies that the role of the middle manager may in future be bound to the university's strategic goals and thus bring about a departure from generic role descriptions, and encourage more specific recruitment to this role.

Evidence that the role of the Dean in this school of healthcare is pivotal in ameliorating tensions caused by cultural disparity between the school and the wider university:

The middle manager's role in this school was permeated at all levels by the strategic direction of the university. It was clear that any divergence from these core values was incompatible with their role and would render their position untenable.

They exhibited loyalty to their department and the university and were committed to collegial decision making. A picture emerged of horizontal banding of power in the school of healthcare coupled with vertical hierarchal structures of authority throughout the university. This concurs with Weick's (2001:288) concept of loose coupling, although a key factor ameliorating these tensions in this school was the strenuous effort employed by the Dean to negotiate on behalf of the school at strategic meetings. All of the respondents expressed respect and admiration for the Dean, and referred to her vigorous efforts to defend their school in cross faculty meetings. This suggests that the role of the Dean in a school of healthcare is pivotal in reducing the cultural disparities between the university and the school, and assisting in limiting the 'one size fits all' approach to the implementation of strategic goals.

The following table (Table 8.1) represents a summary of areas where the findings from this study have provided original contributions to the overall body of knowledge related to the professional identities of middle managers in schools of healthcare.

Table: 8.1: Original Contribution to Knowledge:

Career background, socialisation and journey to middle management:
Evidence of inter-professional education: there had been an attempt to embed inter-professional education in this case study school of healthcare, albeit in its infancy.
Evidence of diverse clinical and educational backgrounds: the respondents spoke at length about their broad experiences in clinical practice.
Evidence of management experience in the NHS: the respondents described having to adapt to a business culture, in which they assumed significant levels of responsibility very early in their careers.
Evidence that the move from clinical practice to education was motivated by academic aspiration rather than disillusionment with the NHS: the respondents spoke of feeling unchallenged, suffering periodic bouts of boredom and aspiring to gain further qualifications.
Evidence that role models and significant people were influential in their career success: The respondents spoke at length about significant people who had helped them on the journey to their current post.

The professional identities assumed by this group of managers:
Evidence that the professional identities of this group of respondents had been greatly influenced by diverse career pathways and serial episodes of divestiture:
Homogeneity, discrimination and spousal support: there was very little variation in age or ethnic origin. This study distinguished healthcare as an isolated department within the university setting where women predominate in managerial positions.
Evidence that career success and job satisfaction was attributed to core (Gee 2001) rather than situated (Ball 1972) aspects of self: the respondents gave examples of core personality traits that they perceived to be central to their resilience and success.
Evidence of a narrow role-distance gap (Goffman 1959): the respondents described themselves as having a true affinity with the job, suggesting an affinity between self and role.**.** They spoke of high levels of job satisfaction, with six claiming that they loved their job.
Evidence that the achievement of a Doctoral qualification was viewed as an important sign of metamorphosis from clinician to academic: despite this the respondents presented as lacking confidence in their academic portfolios.
Evidence that this group of middle managers had well established managerial identities.

The interactional balance between aspects of role:
Evidence that the role of the middle manager in a school of healthcare presents as a blurred amalgam of line, operational and academic responsibilities.
Evidence that the middle managers role was permeated at all levels by the strategic direction of the university, and that financial and research aspects of the role were viewed to be pivotal.
Evidence that the role of the Dean is pivotal in ameliorating tensions caused by cultural disparity between the school and the wider university.

8.3: Implications and a final word:

It is acknowledged that the findings from this study cannot be generalised. Case studies strive to portray what it is like to be in a particular situation, and to catch the close-up reality and thick description of the participants' lived experiences, thoughts and feelings (Geertz 1973). In this study, the focus was concentrated upon a single phenomenon ((the group of middle managers) and the researcher aimed to uncover significant factors characteristic of that phenomenon (the characteristics of this group of middle managers). However, the sample of managers was small (14 middle managers) rendering generalisations particularly vulnerable to criticism.

An alternative perspective is to consider reader or user generalisability. This involves leaving the extent to which a study's findings apply to other situations up to the people in those situations (Merriam 1998:211). It is with this intention that the researcher has detailed as much description as possible, in order that readers can make informed choices about the similarities between this organisation and their own.
It is hoped that that these findings provide readers with insights and understandings into the career backgrounds, identities and the role of the middle managers within a school of healthcare and they can effectively apply these findings to their own context or environments.

Key recommendations for action by senior leaders of higher education institutions:

The key recommendations for action by senior leaders of higher education institutions emerged from the original contributions to knowledge (presented in table 8.1), and relate to an increased awareness of contextually specific factors important in the recruitment, and professional development of middle managers.

Career background, socialisation and journey to middle management:

►Senior leaders of higher education institutions might consider exercising a firmer commitment to the on-going development of inter-professional education, via the employment of middle managers from diverse clinical roles within healthcare practice.

► This study suggests that blanket approaches to training and development in management and leadership skills may be unhelpful. Training needs analysis conducted following successful appointment, and prior to employment may assist in tailoring training and development to suit individual needs at this important starting point, follow up could assist in on-going appraisal within post, and assist in a more holistic assessment of the on-going patterns and changes, and the strengths and limitations of the workforce.

► Personnel involved in future appointment to the role of middle manager should consider employing individuals who are at a point of professional mastery, managerial expertise and academic acumen to equip them to juggle the multiple identities within this post.

The professional identities assumed by managers:

► This study suggests that career pathways had been influenced by traditional gender templates that assumes women to be the natural carers, and men natural managers. Senior leaders of higher education institutions might wish to encourage closer collaboration with human resources to assist in the development of up-dated managerial career path models in line with the changing social climate and labour market.

►The middle managers within this study suggested that their career success and job satisfaction was attributed to core (Gee 2001) aspects of self. Personnel involved in appointment to the role of middle manager may wish to utilise a personality styles questionnaire as a tool for review of applicants.

►Evidence from this study suggests that a doctoral qualification and on-going evidence of research activity should be a pre-requisite for appointment within a research elite setting, and other higher education leaders should make a conscious and informed decision about their position in relation to this issue.

The interactional balance between aspects of role:

►Evidence from this study suggests that middle managers struggle to balance interwoven forms of identity, individual, interactional and institutional.

Senior leaders of higher education institutions may wish to consider a departure from strategic planning that makes no distinction between completely different cultural norms and realities across university faculties.

►Respondents in this study described a dark side to their role, which included unnecessary bureaucracy, more strategic use of support staff might assist in reducing the time middle managers spend on low-level administration.

►The role of the Dean was perceived to be pivotal in determining successful communication between different levels of hierarchy. Higher education leaders might wish to take this factor into consideration when appointing to this role.

Finally, this study highlights how personal and professional identity impact upon performance within role. It is recommended that individuals considered for senior roles in schools of healthcare demonstrate evidence of diverse clinical, managerial and educational experience prior to appointment.

A final word:

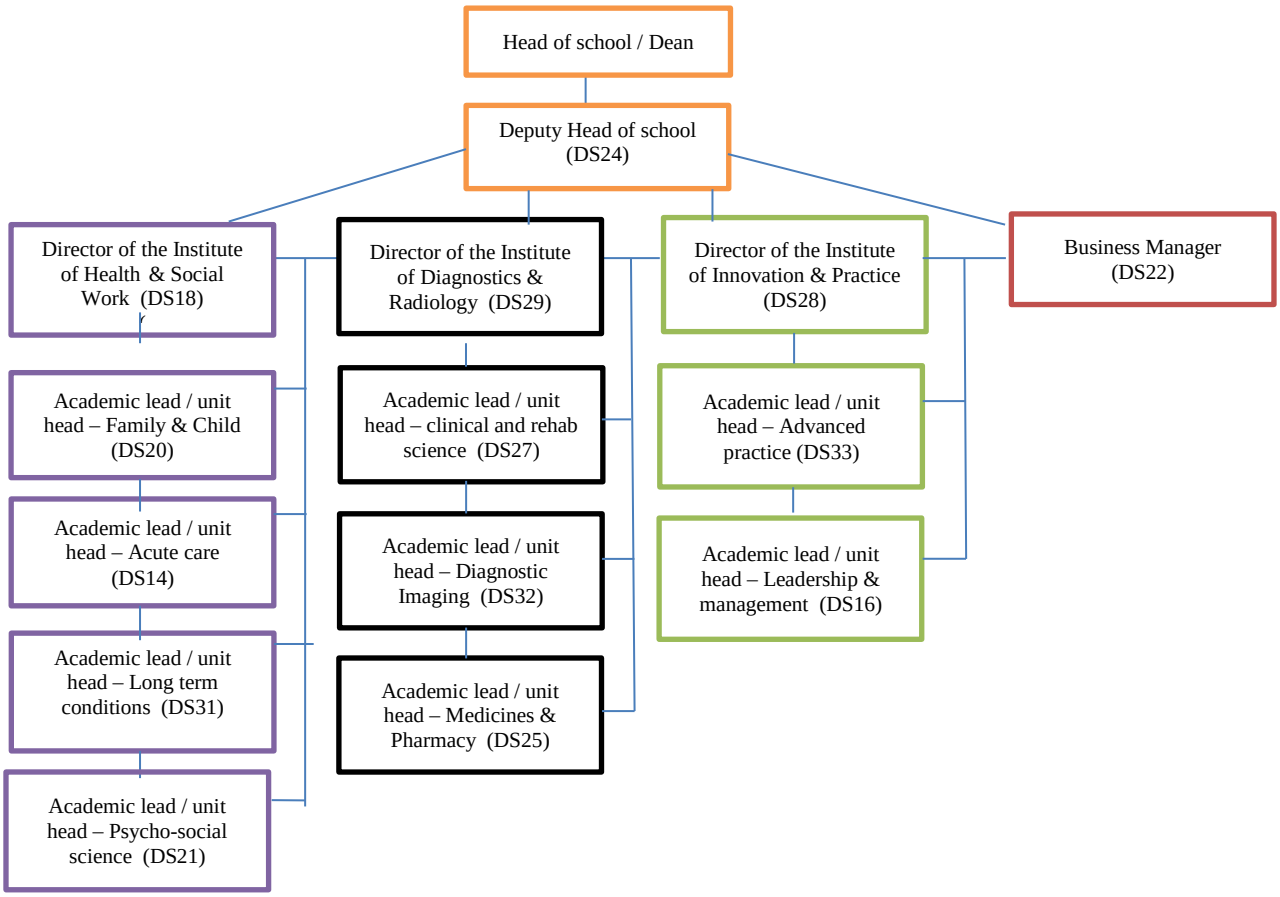
As a senior lecturer in a Faculty of Health and Social Care in a statutory (post – 1992) university, personal experience played an important part in motivating this enquiry. This personal experience highlighted the importance of the role of the middle manager in alleviating tensions associated with curriculum planning, delivery and implementation. Many initial assumptions were proved to be ill-founded and the opportunity to seek the opinions of a group of middle managers in an external site proved to be invaluable. Nevertheless the researcher would have also liked to explore the views of a similar group of middle managers in a school of healthcare in a statutory (post – 1992) university.

One of the most important aspects of this research was the development of knowledge related to the specific identities of middle managers in a school of healthcare that reflects a notion of the complex interplay between self and role. The identities adopted by the respondents were related to reflexive projects of self, shaped by their life stories, experiences and institutions in which they had, and were working within. Indeed, this research implies that we now need to witness a necessary departure from reductionist paradigms associated with descriptions of this group of professionals.

> Behold! Human beings living in an underground den … Like ourselves … they see only their own shadows, or the shadows of one another, which the fire throws on the opposite wall of the cave
>
> (Plato, c375 BC in Dupre: 2007: 9).

Appendix 1

Organogram – situating the sample of middle managers in the case school of health and social care.



Appendix 2

Participant Information Sheet

School of Healthcare - Participant Information Sheet - The Professional Identity of Middle Managers in a School of Healthcare

I am studying for a Doctorate in Educational Leadership & Management at the University of Leicester. The working title of my thesis is:

'Exploring the professional identities of middle managers within a School of Healthcare'

The outcome of this research will increase understanding of this role by developing a typology which reflects the multiple ways in which members of this group describe themselves and the roles they perform.

Professor xxxxxxxxxxxx has identified you as a middle manager within the School of Healthcare at xxxxx University, and has suggested that I include you in my research. However before you decide, please read the following information.

You can choose not to take part without having to give a reason and without penalty.

What is the purpose of this study?

Research Objectives:

To determine the circumstances that led a group of healthcare practitioners to become middle managers in higher education.

To explore the professional identities assumed by this group of middle managers.

To map the characteristics of this group, and explore the interactional balance between the professional, academic and managerial aspects of their role

In order to address the main research objectives the following specific research questions are posed:

What are the career backgrounds of a group of middle managers in a single school of healthcare, and what circumstances led them to middle management in higher education?

How do middle managers in this school of healthcare describe and understand their own identity?

How do middle managers in this school of healthcare describe the interactional balance between the professional, academic and managerial aspects of their role?

Who is doing the study?

The study is being conducted by a Postgraduate Student at the University of Leicester, School of Education, and will contribute to the researcher's Doctoral thesis on Educational Leadership and Management.

Who is being asked to participate?

All of the middle managers within the University of xxxxxxx, School of Healthcare.

What will be involved if I take part in this study?

The study involves asking participants to complete a questionnaire related to the role and professional identity of the middle manager, followed by a semi – structured interview.

The questionnaire will elicit basic biographical data and information about how middle managers see different aspects of their workload. The interview will probe the questionnaire data more deeply. If the participant agrees, a tape – recording of the interview will be made to facilitate subsequent data analysis. After the data has been analyzed, the recording will be returned to the participant or securely destroyed.

What are the advantages and disadvantages of taking part?

The only real disadvantage is the time it will take in your busy schedule. The questionnaire should only take 20 minutes to complete and the interview no more than an hour. The advantages are that you will have the opportunity to express your thoughts about your professional role, and contribute to a study that encourages further discussion and understanding related to the role you perform.

Can I withdraw from the study at any time?

You can withdraw from the study at any time without needing to give a reason and all information acquired via questionnaire or interview will be destroyed.

Will the information obtained in the study be confidential?

All documentation, including completed questionnaires and transcripts will anonymous during data analysis and handled in accordance with the Data Protection Act 1998. The researcher will be the only person who knows the identities of the participants and all electronic data will be password protected.

What will happen to the results of the study?

The study will be written / fully documented within the final thesis – a copy of which will be held at Leicester University Library holdings. It is hoped that areas of interest may be discussed and fed back to participants and interested parties at the School of Healthcare – in a manner that is helpful and maintains the confidentiality and anonymity of all participants.

Who has reviewed this study?

Ethical approval has been sought and gained from the Ethics committee at the School of Education: Leicester University, and the School of Healthcare Research Ethics Committee: University of xxxxx.

If you agree to take part, would like more information or have any questions or concerns about the study please contact……

Annette Thomas-Gregory

Thank you for taking the time to read this information sheet

Appendix 3

Participant Consent Form

The Professional Identity of Middle Managers in a School of Healthcare

The participant should complete the whole of this sheet himself/herself

	Please confirm the statements by putting your initials in the box below
I have read and understood the participant information sheet	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
I understand that I am free to withdraw from the study:- 1 At any time 2 Without having to give a reason for withdrawing	
I understand that any information I provide, including personal details, will be confidential, stored securely and only accessed by those carrying out the study.	
I understand that any information I give may be included in published documents but my identity will be protected by the use of pseudonyms	
I agree to take part in this study	
Participant Signature …… Date	
Name of Participant	
Researcher Signature …… Date	
Name of Researcher	

Thank you for agreeing to take part in this study.

Appendix 4
Questionnaire

The Professional Identity of Middle Managers in a School of Healthcare:

Your assistance in completing this questionnaire would be very much appreciated.

I shall be adhering to ethical guidelines for research (xxxxxx & Leicester Universities) - All information will be treated in the strictest confidence.

Section One: Biographical Information:

Name:

Job Title:

Male: ☐ Female ☐

Age: <30 yrs ☐ 30-39 yrs ☐ 40-49 yrs ☐ 50-59 yrs ☐ > 60 yrs ☐

To which one of these groups do you consider you belong?

White ☐ Black - African ☐ Black - Caribbean ☐ Black – Other ☐
Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other – please describe ☐

Section Two: Your Journey to your current post:

Your Professional Background?

Nursing ☐
Midwifery ☐
Professions Allied to Medicine ☐
Social Worker ☐
Other – please state ☐

If you have a nursing background, which branch were / are you associated with?

Adult ☐

Mental Health ☐

Learning Disability ☐

Child ☐

Please provide any additional Information related to particular clinical specialism (for instance: Intensive care, Oncology, Forensic Psychiatry)

_____

How many years were you 'In full time clinical Practice'?

< 5 yrs ☐ 6-10 yrs ☐ 11-15 yrs ☐ 16-20 yrs ☐ > 20 yrs ☐

Why did you move into Higher Education?

_____

_____

How many years have you worked within higher education?

< 5 yrs ☐ 6-10 yrs ☐ 11-15 yrs ☐ 16-20 yrs ☐ > 20 yrs ☐

Section Three: Your Managerial Identity:

How many years have you worked at managerial level within higher education?

< 5 yrs ☐ 6-10 yrs ☐ 11-15 yrs ☐ 16-20 yrs ☐ > 20 yrs ☐

By what means were you appointed?

Internal promotion (post advertised) ☐

Appointment to advertised post ☐

Other - please state ☐ _____

Tenure: are you employed on:

A fixed term basis ☐

Permanent basis ☐

Other - please state ☐ _____

Do you work?

Full time ☐ Part time - ☐

Which of the following qualifications do you hold? – Please indicate in the additional spacing the nature of the qualification – especially if any are a combination of two categories – (Doctorate in Management would be research and management)

Nursing qualification ☐ _____

Teaching qualification ☐ _____

Management qualification ☐ _____

Research qualification ☐ _____

Other – please state ☐ _____

Have you had any specific / formal management training?

Yes ☐ No ☐

How would you describe your role?

Line Management ☐
(Primarily concerned with people management)

Operational Management ☐
(Primarily concerned with organisational structure and function)

Academic Management ☐

Combination of all above options ☐

Other – please state ☐

Please indicate the number of academic staff within your department

< 5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ > 20 ☐

Which aspects of your role do you enjoy most?

_____

_____

Which aspects of your role do you enjoy least?

_____

_____

What development / training opportunities have helped you this year?

_____

_____

What development / training opportunities would help in the future?

_____

_____

Section Four: Leadership:

If 1 is Directive/ transactional leadership and 10 is Participative / transformational leadership:

1 *Directive/transactional leadership*	*Participative / transformational leadership* 10
1 Leader sets the standards and monitors performance	5 Leader enables shared understanding, resulting in organised action
2 Commitment is implicit in your role – expected to follow the system	6 Staff are helped to establish long-term goals
3 Positive and negative feedback are given from 'above'	7 Individuals are encouraged to take responsibility in decision-making
4 System seeks efficiency in meeting targets	8 There is space for innovation and debate

Please mark on the scales, the following:

The present position for the college management style

1 2 3 4 5 6 7 8 9 10

Your own present leadership style

1 2 3 4 5 6 7 8 9 10

Your preferred position for the college style

1 2 3 4 5 6 7 8 9 10

Your preferred position for yourself

1 2 3 4 5 6 7 8 9 10

Section Five: How much time is committed to different aspects of your role:

Please indicate, by ticking in the appropriate box, how each aspect relates to your overall time commitment.

Strategic:

		None at all	Occasional	Sometimes	Very Often
1.	**Governance:**				
a.	Conducting meetings	☐	☐	☐	☐
b.	Preparation for Internal/external evaluation	☐	☐	☐	☐
c.	Establishing and implementing goals	☐	☐	☐	☐
2.	**Promoting Faculty Development:**				
a.	Fostering good teaching	☐	☐	☐	☐
b.	Stimulating research/publication	☐	☐	☐	☐
c.	Encouraging staff involvement in professional activities	☐	☐	☐	☐
3.	**Representing the Faculty:**				
a.	Interpreting aspects of healthcare to the organization.	☐	☐	☐	☐
b.	Representing the faculty to central administration	☐	☐	☐	☐
c.	Building/maintaining faculty reputation	☐	☐	☐	☐
d.	Representing faculty in external groups	☐	☐	☐	☐
e.	Ceremonial functions	☐	☐	☐	☐
f.	Processing faculty correspondence	☐	☐	☐	☐
g.	Completing forms and surveys	☐	☐	☐	☐

Leading and Management

		None at all	Occasional	Sometimes	Very Often
4.	**Managing Personnel:**				
a.	Involvement in staff recruitment and selection	☐	☐	☐	☐
b.	Assigning non-teaching responsibilities	☐	☐	☐	☐
c.	Initiating and managing staff development	☐	☐	☐	☐
d.	Evaluating staff performance	☐	☐	☐	☐
e.	Dealing with unsatisfactory performance	☐	☐	☐	☐
f.	Making merit/promotion recommendations	☐	☐	☐	☐
g.	Preventing/resolving conflicts	☐	☐	☐	☐
h.	Promoting equal opportunities	☐	☐	☐	☐
i.	Ensuring compliance with regulations (e.g. Health & Safety)	☐	☐	☐	☐

Teaching and Learning

5.	**Managing teaching:**				
a.	Managing teaching workload	☐	☐	☐	☐
b.	Timetabling teaching	☐	☐	☐	☐
c.	Managing teaching budgets	☐	☐	☐	☐
d.	Managing teaching resources	☐	☐	☐	☐
e.	Ensuring curricula is appropriate and up-to-date	☐	☐	☐	☐
6.	**Student Issues:**				
a.	Recruiting/selecting students	☐	☐	☐	☐
b.	Encouraging student participation in Faculty activities	☐	☐	☐	☐
c.	Responding to student feedback	☐	☐	☐	☐
d.	Liaison with employer's	☐	☐	☐	☐
e.	Involvement in student disciplinary matters	☐	☐	☐	☐

Deployment of resources

		None at all	Occasional	Sometimes	Very Often
7.	**Managing Resources:**				
a.	Managing budgets	☐	☐	☐	☐
b.	Seeking external funding	☐	☐	☐	☐
c.	Promoting staff entrepreneurial activities	☐	☐	☐	☐
d.	Developing and maintaining administrative systems	☐	☐	☐	☐
e.	Supervision of clerical staff	☐	☐	☐	☐
f.	Supervision of technician staff	☐	☐	☐	☐

Please feel free to use this space for any additional comments:

Thank you for completing this questionnaire, if you have any additional questions, please contact Annette Thomas-Gregory via telephone or e-mail.

Appendix 5

Section of Transcript: DS550024

ATG: OK, so that's the questionnaire and it's really sort of a guide for some of the areas that we really wanted to consider in the interview. The areas, I'm just, as I say, looking at management and leadership, looking at styles of management and leadership, but also the identity of managers in nurse education, so one of the areas that's been written about quite a bit in terms of management and leadership in higher education, but obviously not within a faculty of health and social care or a school of health and social care, is the journey, the journey to the point where you are at, at the moment. And from interviews in the past I know it's actually quite a nice way to begin, but to ask you to just tell me a bit about your background. And quite a few people have started as early as their nurse training, and have talked a little bit about their educational journey and clinical journey.

INT: Sure. Ooh, extensive clinical background and experience built in adult nursing and in children's nursing. And I suppose two things if you like, what my ?? triggered me into the role in today's, that I always had a keen interest in teaching and the leadership and development of my juniors and my peers, and so teaching was probably a natural step to taking there. I don't know when you've trained, but I think one of the things that happened in my professional career is I was soon given significant areas of responsibility very early on, so as young as I was, I was running units and in fact the whole hospital, even when I qualified and I was only 22 ??, so I was running the whole hospital at time like that. So I was sort of flung into leadership and management in the NHS. That continued and then I stepped into nurse education as it was then in schools of nursing etc. However a senior manager's post because available in the Trust which I thought, well this is different, this is new, and it allowed me to combine leadership management with education, and it was insistent to the chief nurse's job as well, so I applied and somehow I was appointed into that role. So I was senior manager / sort of assistant director for five years in a large NHS Trust, which again was a very different field, but I undertook a load of leadership and management courses under the sun... The job was fantastic, stretched me, I loved being in those roles, but academically it wasn't challenging me, and I thought, should I go back into education at that point? Everyone had moved into higher education. And I also thought about doing a PhD and I thought the correct context for that was in HE and not being in the NHS. Things may have changed since, but... So I applied for a job in higher education and came back into higher education at a different university and then a senior lecturer's post came up here, at the university I'm at, I applied for that, so it was through external competition, and was appointed. Not long after being here I think they sensed, I think they got a sense that I'd got leadership and management attributes and qualities and because of my previous experience obviously, and at that stage we had heads of groups which therefore leadership managerial responsible for a number of staff, and I was appointed into one of those posts. And they ?? were rolling tenure so after so long, after a three year period it went out for expressions of interest, I submitted that I wanted to still be interested in undertaking it, so I was reappointed again. I was successful through competition, reappointed again. And then finally this post, my current one, which is certainly at director level was advertised. I applied and again through competition and I got this post. So although my fundamental role profile, job description if you like, is for a

senior lecturer, senior academic in nursing I think I've had a number of leadership management roles on HE and that probably gives you a sense of the kind of key things, but I've always been engaged in kind of, what I would call senior leadership elements at school and at faculty level.
ATG: Yes. Can I take you back to... were you training and clinically nursing in this area? I'm just trying to get a sense of the geography.
INT: In this area?
ATG: Geographically is it all based round...?
INT: Yes, yes, the xxxxxxx region, yes.
ATG: OK, lovely.
INT: Mainly round the xxxxxxxx region, not just in xxxx but obviously in the xxxxxxxx region. I've moved around the country. I've had some elements of working internationally but that was mainly in practice, so...
ATG: Do you think that's significant in terms of...?
INT: I think everyone's circumstances and the way it sends you along that ???? are different, aren't they? I think, I mean myself and my family, myself and my wife, we've had movement, we're fairly mobile, so when people ask me, have you never wanted to move somewhere else, I mean the answer's been no, because I think it may be that I've found job satisfaction. I think the times have changed most recently, obviously, with the context situation we're in, in that job movement is negligible now, isn't it? But we've always had the mobility, I think I've always liked being in where it all happens so to speak, so I've liked where not only the HE context is right, but also the practice areas are right. You know, we have a large, we are surrounded by the large Trust with all the regional and ?? regional specialities, we've got the expertise around us, and I think maybe I tend to thrive in those kind of cut and thrust kind of environments. You know, when I was in the Trust working at senior manager level I quite got a buzz out of the fact that we were in a large, massive Trust that was going places, and maybe that's... I don't know, I never really thought of it in that way, but we have got social mobility, it's not as if family commitments have stopped me from moving around. What will happen in future I don't know, because I'm probably at a stage of career now where I may have to start to look elsewhere if I want promotion etc. And similarly circumstances change, don't they, and you start to think, it won't be so bad working in X, you know what I mean, any other part of the country. But I've always been happy in the kind of... Out of the two, I mean I've worked in both the newer university and the old university...
ATG: Right, OK, that's interesting! [laughs]
INT: And both for me present sort of benefits as well as drawbacks. The newer university for me, when I look back, gave me a lot of opportunities. Again, they still seemed to recognise that I'd got the attributes and qualities and skills of the leader and manager, and I took a leadership management post in those places, but the newer universities were much focused on teaching and learning with some elements of research. And I suppose sometimes you can be a big fish in a small pond in those kind of environments. And also I think the politics are different, the way that they develop their roles etc is totally different, so I wouldn't see it as a drawback being in a newer university, not at all. I think they can be quite different.
ATG: In what way do you think the politics...?
INT: Politics... They may be less, if you like, driven by what is here in a Russell Group University, a culture of strong academia, strong research. I see though that some of their strengths may be in the IKT of things, you know, certainly for the innovation and knowledge transfer seem to be quite stronger in those kind of

universities, and some of their teaching and scholarship may be stronger, and their leadership roles maybe around learning and teaching. And so therefore the promotion aspects may be different. And I've been out of the newer university now for some years, so I can't really comment on what it currently is like, but when I look back and compare it with being in a Russell Group University, the Russell Group University is very much more traditionally driven by, you know, we want to be in the top league for everything really, and I think you look, and some people are comfortable in that kind of environment and some people are not. Some people start to feel threatened if they're in that kind of environment, or feel misplaced or feel that they're more suited in either different roles or in different universities, but I see them as challenges and as things that perhaps stimulate and motivate me, and so I see it in that way, I see it that it drives me in a way.
ATG: Right. It's interesting because a few people have mentioned the Russell Group and said a few things…..
INT: I think, if you look at ?? currently some of the newer universities I think we shouldn't be complacent because they're catching us up in terms of what was the REE returns, the number of publications in high impact rank journals, etc, don't knock it because I think some of those new universities are catching us up, particularly in our field, in health. So that's why I've said, you know... and each organisation presents its own context, its own strategic and operational challenges, so I think if I went to a newer university in a post in a newer university, I think it would present differently, not that dissimilar to some of the challenges here, so I think there'd be different but still not... not less exciting or not less stimulating or challenging.
ATG: I'm just wondering because you've highlighted the emphasis in your career on leadership and management roles in many ways and that you've done quite a considerable amount of training as well in that area…..
INT: That certainly may be one of the reasons why I got this job, I don't know, you could ask, is I'm a firm believer in transformational leadership and situational leadership as part of that. Maybe that suits this organisation and suits the current context it's been in and trying to get to and to try and answer your question I suppose, I think with every organisation, particularly in the current climate and the context we're in, I think there's many going through that transformational change, and so maybe that's something that a) I seem to rise to. I might moan and groan about all sorts of things about the job but something I seem to rise to and want to be part of, and that could be in a different organisation, it doesn't necessarily have to be this one, but... I've been steeped in leadership and management all the ways you've seen through my professional career and most recently, I mean I've done the Post Graduate Certificate in Higher Education, I've done a fellowship scheme where a big chunk of that wasn't only about business management but also about leadership, and when you think you just can't learn anymore there's always something new to learn about it, so I suppose I'm steeped in it, I'm steeped in it, my job requires me to. I'm not saying I'm brilliant at it every time, but I think that's probably why... It's been part of my blood really and I think I must enjoy some elements of it or else I wouldn't keep doing it. There's times, isn't there, in any job where you think, let me step off and get out, but there must be something which drives and stimulates me else I wouldn't keep doing it, would I?
ATG: Right. So you've mentioned a little bit about your current role which is Deputy to the Dean and you're suggesting that... current place, that this school is very much transformational in it's... I'm just wondering how that feels at the moment in terms of

your role and how, if you could describe a little bit about your role and how it fits in with that.
INT: Yes, sure. When I was first appointed we were just at the beginning of all that and we've made a number of significant moves, shakes, and I think we've, all the way through we've... and credit to xxxx, I think we've certainly tried to engage with people all the way through. That's not to say it hasn't had its turbulent moments, and it was odd, because when I first got the post we never knew what was round the corner, not about the strategic change, xxxxx had a strategic vision and objectives and we've developed that through engagement with everyone, but also the financial situation we found ourselves in and the financial challenges we've had to face and the staff changes we've made, the extensive consultation with unions etc, no one probably would have forecast that round the corner. So not long into the post, whilst I think it's been a massive learning curve for me, but also it's been a scary, hairy moment, you know what I mean, around that. The dust is starting to settle a little bit now and I think although we're still not through and we can't be complacent, I think we've made significant movements, and I call it tipping point, I've always used the phrase tipping point, I think we've reached tipping point now that, there's no going back, there's only going forward, and I think we've achieved that tipping point of change, and so... And people, you know, I do talk to loads and loads of staff up and down the building and the big majority of them are actually with us on where we need to go and feel it's right. I'm not saying they're totally comfortable with it, I'm not saying they don't feel threatened by it, I'd be lying if I did, but I think they're starting to realise that what we're doing is trying to move this school forward and make it sustainable in the future, and I say we, and I think that's all of us and they're with us on that. So I think it's starting to feel like the dust is starting to settle, we've got a long way to go but also we've got the majority of staff with us on that.
ATG: Yes. How long have you been in this post?
INT: 18 months, just over. It's a three year tenure so I'm about just over halfway. I've done two years in September, so...
ATG: I'm just interested in your perception of what came before then and where you've come to, when you say you've got to tipping point and you've done a lot of change, what was your vision of what needed to be changed ...?
INT: Obviously xxxxx was appointed and came with her ideas about not only what we needed to do but also how to get there, and so I think I said to you we've gone through a dual process with consulting and engaging with people to get their perceptions and get their opinions and I've been included in that. OK, I'm not the sole driver, I'm one of the key drivers but I'm not the sole driver and we've got. Before we... we've got a number of anomalies and, dare I say, I think we're in a bit of a freeze really and that's no fault of anyone, I think that to use good old ??, I think we had to unfreeze, and I think we're probably in an out-dated culture and we needed to be very clear where we wanted to be in terms of moving this school in and being sustainable for the future within the changing context that we're in, and what I think we've been really savvy about is that we know our external context and we've identified perhaps what we needed to do, not only about the re-engineering, the restructuring of the school, but also about some major investments where we need them, readers and chairs and people like the business manager, people like the marketing officer. If we wanted to take some things forward and really make change then we needed some of those key investments. So whilst on the one hand we were de-investing, we've had to think very carefully and radically about where we want to be and how we're going to get there, which have required some de-investments. Then

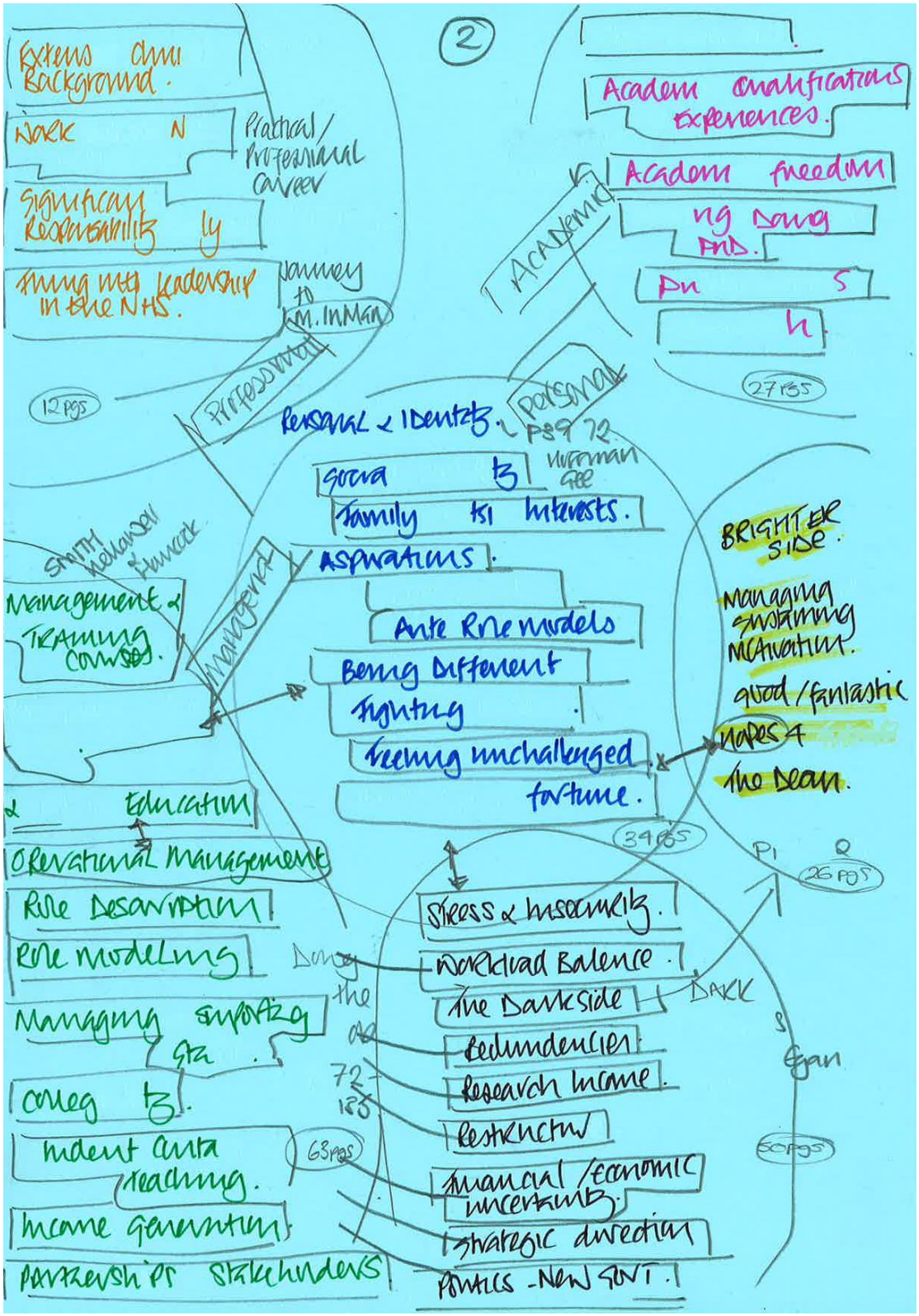
I think we've also made the investments to make the thing work and I think we're starting to reach some of the benefits of those, we're still not finished, we're hoping to make some further investments, particularly around enhancing our research profile. So where we were... we were traditionally a teaching scholarship with some elements of research where I think research and teaching a scholarship were divorced from each other, they were disconnected, I think we've got to make the connections between the scholarship, teaching, research, leadership and management obviously and IKT, you know, the innovation knowledge transfers ?? are an important element. So our strategic vision and aims, which we've only recently revised again is around those very things about where we want to be and how we're going to get the connectiveness and how we're going to raise that profile, not only in terms of our teaching scholarship but also our research profile. So it feels a bit scary sometimes, it feels a bit scary and it poses a number of challenges for staff. One of the other things I think we started to establish is what our expectations are of our staff, so I think we've engaged with them, we continue to try and engage with them, we're making strategic changes, but I think it's only fair that staff are fully familiar with some of the benchmarks by which we, and I mean we as a whole school, have developed in order to say, this is what we now start to perhaps expect of our academic staff in a school like this. And I think that's good because it makes clear expectations to staff and so staff now are becoming... they're using those benchmarks, they're using the documentation to actually look at their own personal and professional development, some of their objectives on a yearly basis, and their career pathways and what is their preferred future pathway or trajectory. So they've been useful, they've been extremely useful.

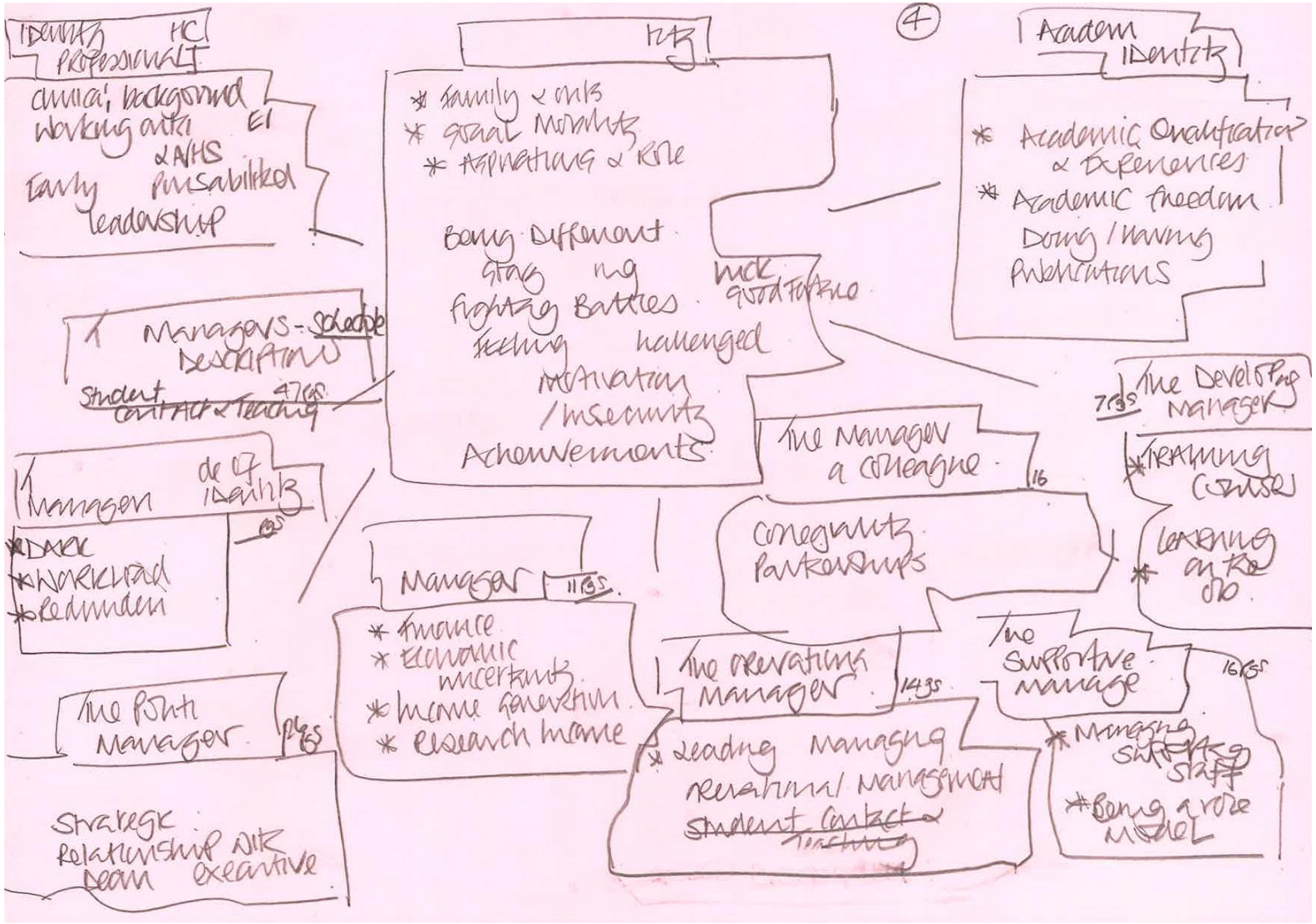
ATG: And what do you think's been the hardest element of that over the last 18 months?

INT: The hardest element? I think the staff losses. The staff losses have played a significant role, morale sometimes has been low, staff feeling not only challenged but overworked. As with any change process I think it's about working with individuals and groups to move along that change process. So I think some of the hardest things is we're faced with massive, massive, significant issues in terms of our financial situation, we had to make some hard and fast decisions about our staffing and our structures, we've restructured but again that's change, and change is threatening some people. So we've restructured, we've regrouped to try and align expertise accordingly and I think that's been a major threat and a major challenge to some people and that's been disturbing and disruption. So as with any change, change can be that, and so I think they've been some of the not so good points and the staff's workload, the staff's morale, they've started to really feel it in some areas and we need to find ways of supporting and developing these staff so that they don't continue to feel that way.

Appendix 6

Diagrams of Codes and Themes




Identity HC
Professional
Clinical background
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leadership
Managers - Schedule
Description
Student contact & Teaching
47 pgs
Managers
de of Identity
*Dark
*Workload
*Redundancy
The Politi Manager
Strategic Relationship with Dean executive
Manager
11 pgs
* Finance
* Economic uncertainty
* Income generation
* Research income
Identity
* Family & ones
* Social Mobility
* Aspirations & Role
Being Different
Staying
Fighting Battles
Feeling
Challenged
Motivation
/ Insecurity
Achievements
Luck
Good Fortune
The Manager a colleague
16
Collegiality
Partnerships
The Operations Manager
14 pgs
* Leading Managing
Operational Management
Student contact & Teaching
Academ Identity
* Academic Qualification & Experiences
* Academic freedom
Doing / Having
Publications
The Developing Manager
7 pgs
* Training (Course)
* Learning on the job
The Supportive Manage
16 pgs
* Managing Supporting Staff
* Being a role model

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