

**Paper to be presented at the EGPA Annual Conference ‘Reinventing Government in the Information Age’**  
**Malta, 2-5 September 2009**  
**Study Group 3: Public Personnel Policies**

## **People management activities of police and healthcare middle managers**

*Draft version, not to be cited*

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### **1. Introduction**

The interest in public management and in the professionalization of public managers has grown over the past decade (e.g. Farrell & Morris, 2003; Grey 1997; Kirkpatrick et al. 2005; Van der Meulen 2009; Noordegraaf 2007; Noordegraaf & Van der Meulen 2008). However, research interest has focused mainly on executives and top managers. Not much attention has been paid to middle and front-line managers and – related to this – to people management activities and the professionalization of these activities (for an exception see Harris & Foster 2007).

There are good reasons, however, to examine the people management activities of middle managers in public and non-profit organizations, more specifically in the police force and healthcare sector. First, new public management inspired reforms have impacted on both sectors and have resulted in the introduction of various forms of cost control and performance management. There is also evidence of a ‘modernization’ of personnel policies through human resource management ideas, which would in theory involve a devolution of personnel management responsibility to the line. Yet how much discretionary room managers will actually have for managing the work processes and people professionally remains to be seen because public organizations have traditionally been known for the limited room for managers due to detailed personnel systems and regulations (Rainey 2003). Secondly, demographic studies point at a structural shortage of high-skilled employees in the labour market, and the public sector will do well not only to attract new talent but also to develop and retain all competent employees they employ currently. Middle managers have a crucial role in this. Thirdly, human resource management research as well as professional associations of HR-staff (such as CIPD) have discovered the role of the line manager in ‘bringing policies to life’ (Hutchinson 2008). Earlier studies focusing on the devolution of HR responsibilities to the line (Larsen & Brewster 2003) have been followed by studies of actual people management activities. This interest comes from the recognition that line managers’ activities have an important part to play in the implementation of HR-policies and that their activities help to explain the chain between HRM and business performance (Boxall & Purcell 2008; Purcell & Hutchinson 2007; Purcell & Kinnie 2007).

This paper examines the people management activities of middle managers in the police force and in healthcare, more specifically the support that middle managers give to the employees they supervise.

This involves support for the employee's personal well-being, for instance by facilitating arrangements for a healthy work-life balance. In addition this involves support for employees' career or employability by offering opportunities for developing their competences through training and job rotation, and coaching their career steps. Support for employees' employability has gained extra attention in the Netherlands as part of the government's policies to raise the labour participation of older employees. In addition we are interested in the personal and organizational characteristics that influence middle managers' activities. The personal characteristics include the coaching competences of managers and their willingness to use these on behalf of their employees. We regard these competences as integral part of the public managers' professionalism. As regards organizational characteristics that influence actual people management activities we concentrate on the discretionary room that middle managers have. Thus the question that this paper will answer is: what people management activities do police and healthcare middle managers carry out and to what extent are these influenced by personal and organizational characteristics?

## **2. Theoretical framework**

### NPM and the professionalization of public managers

The public sector's interest in new public management has continued to grow from the 1980s onwards. NPM has gone along with such ingredients as a focus on outputs and outcomes, a shift towards measurements and quantification (for instance performance indicators), the deployment of market-type mechanisms for the delivery of public services, and an emphasis on service quality and a consumer orientation (Pollitt 2003). NPM has also led to a substantial increase in employees in managerial positions and particularly so in professional human service organisations such as in health care (Noordegraaf & Van der Meulen 2008).

Scientific interest in the effects of new public management has concentrated on a number of issues, among them the clash between management and managerialism on the one hand and professionals and professionalism on the other (Exworthy & Halford 1999; Farrell & Morris 2003; Noordegraaf 2007). Several studies (Brooks 1999; Farrell & Morris 2003) have made clear, however, that an analysis of new public management as an attack on professionals or in terms of a conflict between management and professionals is too simple. These studies show that the effects in everyday public service are varied. There are instances of managers - who are often former professionals - resisting businesslike performance goals, and of divisions within professional groups, such as nurses, when some accept certain managerialist ideas in their profession while others resist these (Brooks 1999). Another example is the interaction between managers and professionals who making use of increased organisational autonomy actually increase professional autonomy and produce better public service as in education and healthcare (Farrell & Morris 2003). We think that the understanding of the impact of NPM as counterposing managers vis-à-vis professionals may be related to the focus of quite a few studies on executive management (Grey 1997; Noordegraaf 2007; Noordegraaf & Van der Meulen 2008). This has favoured an interpretation of conflict between the executive or managerial interests in cost control, lean organizing and performance management on the one hand and professional autonomy oriented at patient care or client well-being on the other.

There has also been an increasing scientific interest in the professionalization of public managers (Grey 1997; Noordegraaf 2007; Noordegraaf & Van de Meulen 2008). Because the research focus is on executives or top managers the professional knowledge base that is considered relevant consists of such fields as strategy and financial management, which are the main areas of MBA's and related programmes. Whether management can qualify as profession with independent control of managerial

skills is a moot point (Grey 1997; Raelin 1997). This is an issue that is of less interest for those researchers (Grey 1997; Noordegraaf 2007) who take a political-cultural perspective, in which not the functional preconditions of an exclusive jurisdiction are of primary interest but the ongoing symbolic and political struggle between different occupational groups over occupational domains.

The concentration of research on top management and the management profession has its consequences. The picture that emerges is limited because other managerial positions, goals and activities which go along with other relationships between managers and professionals and other employees are neglected. For instance, middle managers are not included in these studies nor are management activities such as quality management and human resource management. In addition, when the focus is not on a professional occupation per se but on the professionalization of various occupational practices, it may be possible to get at a more differentiated view than one in favour of or against the possibility of public management as a professional occupation. Our view is that middle managers in public organizations hold a different position in the sense that they do have a responsibility for cost control and case management derived from top management aims, but also engage in other managerial activities such as coordination of team leaders, team leader consultation and information, coaching of individual employees, and activities related to the implementation of HR-instruments such as facilitating training and development or arrangements that support the work-life balance. Such activities are obviously not exempt from financial constraints but are more capable of addressing and supporting occupational goals of team leaders, professionals and other employees and clients' well-being. Thus a less restricted notion of professionalization would not focus on the management occupation as such but on the professionalization of sets of managerial activities by developing the relevant competences. We regard the people management activities as one such set of managerial activities, for which supervisors are prepared by management development programmes as many middle managers originate from the professional ranks and have not been trained as managers.

### Professionalizing people management activities

Organizational performance, especially in service organizations revolves around the quality and motivation of employees and thus around human resource management (e.g. Normann 1991; Purcell & Hutchinson 2007). Studies of organizational performance in public service organizations confirm this point (Gould-Williams 2003). Personnel management in public organizations has been characterized as collective and standardized and orientated on employee well-being in contrast with the private sector's orientation on individualist incentives to boost organizational performance (Farnham & Horton 1996; Boyne, Jenkins and Poole 1999). Because of this collective and standardized nature of public personnel policies the implementation of regulations concerning employment conditions was often in the hands of personnel staff with little discretionary room for management. Thus it must be considered a difficult order for public organizations to instigate a change in human resource management in which the line manager has a central role, but the desirability of such a change would follow from recent research that shows that line managers are vital in bringing human resource policies to life (Hutchinson 2008; Purcell & Hutchinson 2007).

Purcell and Hutchinson (2007) have suggested the term 'people management' to indicate two types of activities that are closely related, namely leadership behaviour and the application of HR practices. They elaborate on the former on the basis of the leader member exchange (LMX) theory which emphasizes interpersonal relationships between supervisor and employee, involving expressions of affection and evaluation. The latter element of the application of HR practices involves all sorts of job-

related information and assistance that can support the employee's performance, career and well-being. In fact these two elements of people management resonate with earlier studies (House 1981; Vaux 1988) of social support that understood social support as involving active interplay between a focal person and his support network – in the context of a workplace consisting of supervisors and co-workers - which has a role in buffering the effects of stressors and contributing to individual well-being. Drawing on these concepts and on earlier research of supervisor support for older workers, we can derive a sense of what the professionalization of people management activities involves and what factors influence the activities that managers undertake.

Line managers' support for older workers was the object of a number of studies. Boerlijst et al. (1993) examined line managers' activities aimed at supporting the learning value of the job, the quality of functioning of (older) employees, their participation in various sorts of social networks and job mobility. Thijssen (1996) studied the influence of line managers on their older employees' participation in training. Leisink et al. (2004) presented evidence that line managers offer social support to older workers and attach most importance to activities that support retention of older workers through training and functional flexibility measures.

Earlier studies of support for older workers also studied determinants of management activities. Boerlijst et al. (1993) found that most managers prefer a majority of younger employees working in their department and legitimize this by negative stereotypes about older workers' lack of flexibility, creativity, ambitions and performance. The fact that older workers benefit less than younger workers from a range of managerial activities that support employees' participation in training, job mobility and job performance is partly accounted for by the prevalence of such stereotypes.

Until recently there has been little interest to study other managerial and organizational characteristics as determinants of line managers' support for older workers. This is curious because the studies about the devolution of HRM responsibilities to the line come up with various other factors that influence line managers' take up of their responsibilities. Following these studies (notably McConville and Holden 1999; Larsen and Brewster 2003; Whittaker and Marchington 2003), supervisors' people management abilities, their discretionary space and HR-tools for engaging in career-related support activities should be considered as relevant factors. Following another but related body of human resource development literature it is to be expected that managers' coaching behaviour is based on their ability to empower and to facilitate employees (Hamlin, Ellinger and Beattie 2006).

Summarizing these studies we can conclude that people management activities by supervisors refer to supportive behaviour, including acts of showing interest in how employees are doing in their job and interest in their personal functioning (support of employees' commitment) as well as acts facilitating employees' participation in training and use of career opportunities provided by the organisation (support of career development). The factors that influence the occurrence of such support activities can be distinguished in personal and organizational characteristics. Among the personal attributes of supervisors the coaching competences stand out as well as the willingness to use these competences. Among the organizational characteristics the discretionary room that managers have is notable. Generally speaking, we would assume that middle managers who have more coaching abilities and are more willing to use these abilities and have more discretionary room will engage more in people management activities. More specifically we want to test the following hypotheses:

- H1 There is a positive relationship between middle managers' coaching abilities and the support they give their employees.

- H2 There is a positive relationship between middle managers' willingness to coach their employees and the support they give their employees.
- H3 The relationship between discretionary room of managers and the support they give to their employees is mediated by the middle managers' willingness to coach their employees.

The latter hypothesis is based on the assumption that discretionary space does not in itself impact on people management activities directly. It seems more likely that given a certain degree of space it is dependent on the manager's willingness to coach his employees whether and to what degree he uses his space to engage in people management activities. In addition we assume that the manager's willingness to engage in people management activities will be influenced by the degree of discretionary space he perceives. One may be less willing to engage in people management activities if one perceives little or no space while one may be more willing when one perceives more or sufficient space for undertaking people management activities.

#### People management activities in the police force and in healthcare

We are interested in studying the people management activities in two segments of the public sector, police and healthcare. The concept 'public sector' is understood broadly in the Netherlands, referring to public administration and semi-public and third-sector organizations that are financially dependent on the state and operate under public law regulation (Bovens et al. 2001). Both police and healthcare are part of the public sector in this broad sense. The police are hierarchically controlled by the Minister of the Interior and the executives of the 25 police districts are directly appointed by the Minister. The hospitals are governed by an independent two-tier board who have management autonomy within the financial and institutional regulations set by the Ministry of Public Health and the quality control by the health inspectorate.

We will explore the particularities of management reform in the two sectors further below, but it is worthwhile to note that it is difficult to predict *a priori* whether and how the sectoral contexts and the specific reform processes will be associated with differences in people management activities and in the discretionary room of managers. One way of approaching this issue would be to start from Antonsen and Beck Jorgensen's study (1997) that showed that public organizations differ in the degree of publicness and that this is related to differences in for instance professional orientation and managerial autonomy. Antonsen and Beck Jorgensen did not include police and healthcare organizations in their study, but we assume that both would be ranked as organizations with a high degree of publicness. Both share in several characteristics that Antonsen and Beck Jorgensen list and both subscribe notably to public values such as providing services of general public value and providing these by an authoritative and disinterested public organization, and with citizens making a financial contribution through a non-risk related health insurance (but not paying a market-price for the services they consume) (Antonsen & Beck Jorgensen 1997: 340). This high degree of publicness of police and healthcare organizations would, following Antonsen and Beck Jorgensen, go along with such features as strong external control through ministerial regulation of the use of resources, appointment of leaders and setting goals, and a strong internal control by top management. These features in turn appear to be related to the slow introduction of organizational changes such as human resource management and management training (Antonsen & Beck Jorgensen 1997: 346). Obviously, these data reflect the 1990s' situation in Denmark and we may assume that these organizational changes have occurred since, but the important insight from this analysis for the present paper is that if we are correct in designating police and healthcare organizations as high public organizations we

cannot deduce any assumptions about relevant differences as regards people management activities between these two. Therefore we will briefly describe the recent history of public management reform and the current human resource policy as a basis for explaining the data from the empirical research.

### *Police*

Decision-making on public security policy and the organization of police-work has been characterized for decades by a tension between central and local authorities and shifting emphases over time (Van der Meulen 2009). The early combination of a centralized bureaucratic organization and local police forces shifted in the 1980s towards regional police districts and decentralization of authority from the central level as well as an increase of discretionary space for community police work. However, the growing concerns of national politicians over organizational fragmentation in the face of increasing international criminality and risks to public security led to attempts to define national police policy priorities by successive governments from the late 1990s. The initial national policy briefs developed into performance targets and performance covenants in 2003. These targets included such issues as the number of suspects to be delivered to the public prosecutor, the number of offenders to be fined, and the level of satisfaction by civilians over their latest contact with the police. Obviously these performance covenants which became slightly more flexible since 2003 impacted on the organization of police work. The result was more standardization of operational activities and increased attention for quantitative output criteria. In addition various projects were initiated that aimed at increasing coordination and standardization between police districts. The heads of the 25 police districts themselves took several initiatives to combine a strengthened coordination at concern level with district-oriented police work, regional authority and professional autonomy (Van der Meulen 2009: 167). One of the areas in which strengthened coordination was implemented was the formulation of a vision of the police as employer and a corresponding human resource policy.

Based on an analysis of social trends the employer vision (Landelijk Programma HRM Politie 2008) argues for a focus on qualitative deployment of police officers. This involves both professionalism that requires the development of employees and the centrality of professional standards, and differentiation that involves the capacity to respond to diverse and changing societal issues. In general terms three strategic interventions are proposed, namely knowledge development, network collaboration with other partners which requires turning the hierarchical police organization into network collaboration, and creativity and flexibility which requires professional police employees who have the abilities, facilities and discretionary competences to make choices in operational activities. This employer vision is operationalized for all domains of human resource management, but we will only briefly review those aspects that are relevant for our paper. Employees are regarded as responsible for managing their own development and career, and supervisors are assigned the task to facilitate and stimulate this process in relation to organizational change processes. Flexible career arrangements are offered, involving both vertical and horizontal career steps. Training and development programmes and lifelong learning are regarded as essential in view of the strategic goals. For line managers both managing and leadership are considered requisite for getting results. Leadership focuses on qualitative results. Line managers must coach and inspire employees so that they can excel in what they are good at and get more room to act according to their expertise. Management development must therefore be orientated on knowledge, skills and behaviour as well as on developing insight in leadership effectiveness from the different perspectives of social context, profession and employee behaviour. Police managers must develop abilities for horizontal coordination, different leadership styles, teamwork, managing capacity, motivating employees to add value and facilitating personal development and commitment of employees.

## *Healthcare*

Public healthcare policy has seen decades of ongoing reform (Van der Meulen 2009). A report by the Dekker Committee in 1987 marked a continuing shift from supply regulation to attempts to regulate healthcare demand and to introduce regulated competition. Since 2001 a new legal framework exists that introduced liberalisation of healthcare services supply, price regulation, explicit costing mechanisms, a system in which health insurance companies contractualise medical services with healthcare providers on behalf of their clients, who are free to join any health insurance company they wish to join while these health insurance companies have to compete in a free market. This regulatory framework implies for hospital managers that they have to negotiate with health insurance companies and must fix the price of medical treatments and regulate the available capacity. Increasing management control has gone along internally with registration systems, setting performance targets, customer service orientation and increasingly also with redesign of healthcare service delivery.

As regards human resource policies we will concentrate on one of the largest academic medical centres, because this is where the survey research was done. An academic medical centre combines patient care with research and academic training of medical students. There are 8 academic medical centres in the Netherlands, which share a collective labour agreement covering 60,000 employees. In addition, each medical centre has its own human resource policy.

The Utrecht academic medical centre employs almost 10,000 employees.<sup>1</sup> It presents itself as a top employer. Its motto is “we always try to get better”. From the statement that “everything revolves around people: patients, students but also employees” the employer derives the effort to do its very best to enable people to perform as well as possible, by good employment conditions, a good work-life balance and particularly by offering opportunities for personal development and growth. Human resource development and career policy involves an important role for frequent talks between supervisor and employee. The employer brochure puts it like this: *‘an academic medical centre that wants continued development cannot do so without employees who share this ambition. It’s a mentality: the will to become always better. For us it is therefore self-evident that we stimulate and support people in their wish to grow and develop. This is therefore a topic of ongoing talks’*. This medical centre offers facilities for training aimed at supporting the employee’s functioning in his present job and/or in another successive job in the organisation. The employer also promises career governance, involving talks between the supervisor and the employee, at least twice a year, about performance results and development and career wishes. ‘Good leadership’ is regarded as one of the conditions for this medical centre’s career policy, and there are management development activities for all managers.

Comparing the information about these two public sector organisations the similarities are more striking than the differences. According to earlier studies both sectors have been affected by ongoing reforms inspired by new public management ideas that have resulted in cost control drives, performance targets, increased managerial control and decreased discretionary space for lower line management. Both present a human resource policy that - at least as the policy statements claim – centre employees, and emphasize opportunities for development and career steps that are supported by supervisor-employee talks. The human resource rhetoric is up-to-date in both cases. Differences are minor if real at all, but it seems that the police human resource policy centres the employee while the medical centre begins with patient care and gears personnel policy to that purpose, and in addition that

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<sup>1</sup> All information from the website [www.werkenbijumcurech.nl](http://www.werkenbijumcurech.nl) and [www.nfu.nl](http://www.nfu.nl)

the police human resource policy elaborates more on leadership abilities and the need for professionalism and discretionary room. Thus our hypothesis is:

- H4 People management activities are more prevalent in police than in healthcare organizations because (following human resource policy) police middle managers (may be assumed to) have more coaching abilities and discretionary room than healthcare middle managers.

### **3. Research design**

The data assessed in this paper come from research on people management activities in several police districts and in one academic medical centre. The data were collected in 2007 (medical centre) and in 2008-2009 (police). The sampling was selective in the sense that the survey included police managers who took part in a leadership programme; the managers in the medical centre were surveyed as part of a project that examined manager support for employees and particularly employees over 45. For the purpose of this paper, the data come from questionnaires completed by 94 middle managers. Executive managers were excluded, meaning superintendents of police and members of the executive board and the boards of the hospital divisions. 35 police middle-managers (22 male, 13 female) are included who serve as unit leaders, heads of operational support services, heads of detective units, deputy district commanders, and heads of community police. 59 healthcare middle-managers (23 male, 36 female) are included who serve as heads of patient care, managers of clinical support services, clinical care, and medical analyst units. The mean age of the respondents is 46,2 years ( $sd=7,5$ ).

The variables were measured using five-point Likert scales, with a score of 1 indicating very weak support for the statement in the item, and a 5 very strong support. Given that most of the scales used were newly developed, the test reliability scores will be provided. To assess the reliability of the scales we were guided by Nunnally's (1978) suggestion that Cronbach's Alpha should be at least 0.70 for acceptable reliability.

The concept of people management activities is understood as supportive behaviour by the manager and defined as specific acts that have the intention of helping the employees supervised. The dependent variable, supervisors' supportive behaviour, consists of two sub-variables which have been established on the basis of factor analysis, namely:

*(a) support of employees' commitment*

This variable is based on four items asking managers to indicate their support for statements about their interest in how employees are doing in their job, and interest in their personal functioning. Cronbach's Alpha for the reliability of the scale was good at 0.78.

*(b) support of career development*

This variable is based on four items asking managers to indicate their support for statements about facilitating their employees to participate in training and use the career opportunities provided by the organisation. Again, Cronbach's Alpha for reliability was good at 0.80.

The independent variables consist of three managerial and organizational characteristics. The managerial attributes include coaching competences, involving both coaching abilities (c) and the willingness to use these abilities (d). The organizational characteristic is discretionary room (e):

*(c) ability to coach employees*

This variable is based on six items that asked managers about their abilities to coach employees in various aspects, such as discussing their job performance and selecting and discussing appropriate training and career possibilities. Cronbach's Alpha was good at 0.77.

*(d) willingness to coach employees*

This variable is based on five items asking managers to indicate their willingness to coach their employees in various aspects. Cronbach's Alpha was good at 0.79.

*(e) discretionary room*

This variable is based on six items asking healthcare managers about the autonomy they perceive in making tailor-made arrangements for their older workers, their room for making use of career opportunities and adapting the job. Cronbach's Alpha was acceptable at 0.71. In the police survey this variable was measured by eight items about the room managers perceive in making individualized arrangements in several areas (such as adapting job activities, training, job rotation) and the room they have in relation to their performance targets. Cronbach's Alpha was good at 0.76.

The data analysis involves a number of steps. First, we present descriptive statistics for the variables used, including a comparison of police and healthcare organizations and of male and female middle-managers. Secondly, we present the results of a correlation analysis. The third step is a regression analysis to test whether the effect of the variable 'discretionary room' on 'people management activities' is mediated by 'manager's willingness to use coaching competences'. For the purposes of the regression analysis, the two sub-variables that make up the dependent variable are combined. This is warranted because Cronbach's Alpha for the combined eight-item scale is 0.79.

## 4. Results

Table 1 presents the means and standard deviations for the variables used. Middle managers in police and healthcare organizations are compared, as well as males and females.

*Table 1: Descriptives statistics (means and sd)*

	Medical centre <sup>1</sup>			Police <sup>1</sup>			<b>Total</b> (n=94)	diff. sig. <sup>2</sup>
	Male (n=23)	Female (n=36)	Total (n=59)	Male (n=22)	Female (n=13)	Total (n=35)		
Commitment support	4,1 (0,5)	3,9 (0,6)	3,9 (0,6)	4,0 (0,4)	3,9 (0,4)	4,0 (0,4)	<b>4,0</b> <b>(0,5)</b>	no
Career support	3,6 (0,6)	3,4 (0,6)	3,4 (0,6)	4,2 (0,5)	3,9 (0,5)	4,1 (0,5)	<b>3,7</b> <b>(0,6)</b>	yes
Coaching competences	3,7 (0,4)	3,6 (0,4)	3,7 (0,4)	4,0 (0,5)	3,8 (0,4)	3,9 (0,5)	<b>3,8</b> <b>(0,5)</b>	yes
Willingness to coach	3,7 (0,5)	3,7 (0,5)	3,7 (0,5)	3,9 (0,5)	3,9 (0,5)	3,9 (0,5)	<b>3,8</b> <b>(0,5)</b>	yes
Discretionary room	3,1 (0,5)	3,0 (0,6)	3,1 (0,5)	3,6 (0,6)	3,4 (0,7)	3,5 (0,6)	<b>3,2</b> <b>(0,6)</b>	yes

<sup>1</sup> In both sectors there are no significant differences between men and women.

<sup>2</sup> This column shows whether the differences between the healthcare and police middle managers are significant.

Turning to the comparison of people management activities undertaken by middle managers in police and healthcare organizations, it appears that there are overall differences as expected. Table 1 shows that police managers score higher on commitment support and career support than healthcare managers. This difference is not significant in the case of commitment support but it is in the case of career support. As expected in H4 both coaching abilities, willingness to coach and discretionary room of police managers are higher than of healthcare managers and these differences are all significant.

*Table 2: Correlations for the variables used*

	a	b	c	d	e
a. Support commitment	1,00				
b. Support development	,28 **	1,00			
c. Coaching competences manager	,29 **	,54 **	1,00		
d. Willingness to coach	,25 *	,58 **	,31 **	1,00	
e. Discretionary room	,11	,57 **	,34 **	,41 **	1,00

The results of the correlation analysis confirm hypotheses H1 and H2. There are moderately strong positive relationships between both managers' coaching abilities (c) and their willingness to coach (d) and their support for employee commitment (a) (.29 and .25 respectively). There are strong positive relationships between manager's coaching abilities and willingness to use these and the career support (b) they offer their employees (.54 and .58 respectively). We can also conclude that there is a weak and non-significant positive relationship between the degree of discretionary room that managers perceive (e) and their commitment support, while there is a strong positive relationship between discretionary room and career support (.57). However, this analysis does not enable us to draw any conclusions about the mediating nature of this relationship; this requires a regression analysis.

Table 3 displays the results of the regression analyses undertaken to test the effects of personal attributes and discretionary room on managers' support for their employees. Based on the sectoral differences displayed in Table 1 we added 'sector' as a control variable in the regression analyses.

*Table 3: Results of regression analyses*

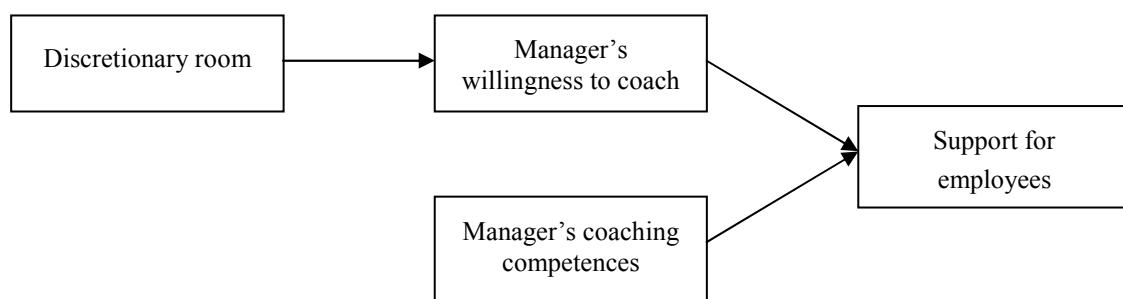
	I	II
Coaching competences manager	.39** (.09)	.29** (.09)
Willingness to coach		.34** (0.9)
Discretionary room	.20* (.08)	.13 (.07)
Constant	1.69** (.35)	.95* (.38)
F	16.6**	18.2**
R <sup>2</sup>	.38	.47
Adjusted R <sup>2</sup>	.36	.45

1. Dependent variable: ‘support for employees’; unstandardized regression coefficients are shown. Standard error within brackets.
2. Control variable: sector.
3. \*\* p < .01; \* p < .05.

To demonstrate a mediating effect (H3), according to Baron and Kenny (1986, p. 1176), three conditions must be met:

(a) variations in levels of the independent variable [must] significantly account for variations in the presumed mediator (i.e., Path a), (b) variations in the mediator [must] significantly account for variations in the dependent variable (i.e., Path b), and (c) when Paths a and b are controlled, a previously significant relation between the independent and dependent variables [must] no longer [be] significant.

The results in Table 2 show that all three conditions are met. There is a significant positive relationship between discretionary room and managerial support for employees (Model I). This relationship becomes non-significant when managers’ willingness to coach employees is added to the model (Model II) – condition (c). Moreover, there is a moderately strong to strong positive relationship between managers’ willingness to coach and managerial support for employees (Model II) – condition (b); and similarly a moderately strong positive relationship between discretionary room and managers’ willingness to coach employees (.41, see Table 1) – condition (a). Therefore, based on the regression analysis, H3 can be confirmed. The fact that the relationship between discretionary room and managers’ support (path c) is not reduced to zero suggests that there are other mediating factors (Baron and Kenny 1986). That is, a manager’s willingness to coach is but one mediating variable. Nevertheless, in the final model, a manager’s willingness to coach and ability to coach employees are both powerful predictors of the social support a line manager will give to employees ( $B = 0.34$  and  $0.29$  respectively). Overall, 45 per cent of the variance in social support for older workers is explained by Model II. The resulting model is visualised by the Figure below.



## 5. Conclusion and discussion

This article set out to investigate what support activities middle managers undertake with regard to their employees, and what personal and organizational characteristics influence these activities. We conclude that middle managers support the employees they supervise by stimulating their commitment to the job and supporting their career development. The extent to which middle managers provide this support is dependent on their coaching abilities and their willingness to use these abilities. This willingness is to an extent dependent on the discretionary room that the organization provides to middle managers. This is an interesting conclusion in various respects.

First, this illustrates the importance of middle managers in HR activities targeted at employees' employability. This finding resonates with the significance attributed to people management in the HRM performance chain generally (Purcell and Hutchinson 2007).

Second, an important finding concerns the significance of middle managers' coaching abilities, and their willingness to coach the employees they supervise. This study shows that those middle managers who are more competent more frequently support their employees, and that the willingness to use such coaching abilities is the most important factor in determining the activities undertaken. This finding is in line with other studies on the devolvement of HR responsibilities to line managers, which have concluded that a lack of ability and ignorance about recent developments in HRM are among the problems hindering line managers taking up HR responsibilities.

Third, in addition to managers' abilities, and their willingness to make use of them, the discretionary room that organizations offer to their managers is important. Clearly, organizations have much leeway in setting the conditions that enable managers to manage people, not only in terms of enabling the development of their coaching abilities but also in terms of providing managers with the discretionary room required to facilitate their people management activities. However, an interesting difference shows itself in the significance of discretionary room for providing commitment support and career support respectively. Discretionary room has a weak non-significant correlation with commitment support and a strong significant relation with career support. Apparently managers offer commitment support to their employees almost irrespective of their discretionary room while career support is dependent on discretionary space. On closer inspection this result stands to reason. A manager can always show an interest in an employee's well-being and express appreciation for how he is doing in his job. This is an aspect of interaction that is not much dependent on discretionary space, although it may to some extent be dependent on the manager's own workload that offers more or less time for engaging in such talks (Knies, 2008). On the other hand, offering employees opportunities for training and helping them to make use of career opportunities at a similar or higher level does require discretionary space because such conditions as the use of training budgets and having knowledge of job vacancies and securing the collaboration of other managers are involved. The finding that discretionary space influences people management activities mediated by managers' willingness to coach employees is important for public organizations. As Antonsen and Beck Jorgensen (1997), Rainey (2003) and others have pointed out, public organizations differ from private organizations in the constraints on managers, particularly in the area of personnel management. This can also be observed in the data that we reported for police and healthcare organizations, where the mean scores for discretionary space are just higher than the theoretical middle of the scale and far below the other scores. So, it is important for public organizations to reflect critically on these constraints when they recognize that employability and talent development are important for organizational performance and that people management activities of managers are much needed for achieving these goals.

We also found that people management activities are more prevalent in police than in healthcare organizations and that police middle managers have more coaching abilities, are more willing to coach and have more discretionary room than healthcare middle managers. This result is a surprise because we felt that the reform trends in police and healthcare organisations were not too different and that the human resource policies showed minor differences at best. Apparently it is not only the human resource rhetorics that differ but also the human resource practices. One explanation could be, as we suggested in the theoretical section, that managerial activities in healthcare are geared primarily at the patients and that employee support is subservient to the patients well-being and perhaps neglected when the managerial workload is high. Another explanation could be that all police managers in our

sample (as opposed to the healthcare managers) took part in a leadership programme, which includes a course on human resource management. It is possible that the attention for people management activities in the programme resulted in higher levels of coaching abilities, willingness to coach and support for employees – emphasizing the importance of development of line managers through management development programmes.

We also found that there are no differences between men and women with regard to the support they give to their employees, and their coaching abilities and willingness to coach. Other studies (e.g. DeHart-Davis, Marlowe & Pandey 2006; Guy & Newman 2004) have reported that women are overrepresented in positions such as human resources that require emotional labour involving responsiveness and a caring attitude. Theoretically we would thus expect that female managers score higher on coaching competences and employee support. However, in our study there are no differences between men and women on both commitment and career support, as well as on managerial characteristics. This is an issue for further study.

We acknowledge that our study has some limitations. The number of respondents is low, and the police respondents are employed at different police districts while the healthcare managers are employed in one academic medical centre. The operationalization could also be improved upon by unequivocally understanding people management activities as targeting all employees and not 45+ employees in particular, and understanding discretionary space equally as concerning people management activities towards all employees. However, we are very pleased with the robust support for our conclusion that managers' coaching qualities and their willingness to use these have a strong influence on the people management activities that they engage in, while noting that their willingness to coach is dependent on the discretionary space they perceive. This conclusion has some clear implications for public organizations. First, human resource management policies should prioritize the professionalization of coaching competences of managers through management development programmes. These coaching competences do make a difference for professional people management. Second, executive managers in public sector organizations should reflect critically on the constraints they put on line managers to manage. There is a paradox here. On the one hand public organizations with a high degree of publicness such as the police and healthcare organizations are held accountable by the ministers and face multiple stakeholders, and such features can be dealt with better when there are strong vertical control mechanisms. On the other hand, however, strong vertical control restrains the discretionary space of line managers and thereby make it very hard and less motivating for line managers to engage in people management activities whereas their support for the employees they supervise are the basis for professional public service delivery. One way to tackle this paradox is by paying attention that management development programmes for senior public managers do not only address the insights they must have in dealing with external stakeholders (ministry, inspectorate, and so on) but also make them interact with middle and frontline managers and make them aware of the discretionary space they need to support the employees in professional service delivery.

#### Note

The authors would like to thank Laura Koot for her assistance with the fieldwork at the academic medical centre.

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