

Human resource management in hospital networks

Abstracts Submission deadline: 31 March 2009

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Hospitals are an essential service. Throughout the world hospitals are facing many challenges including increased costs, per capita decreases in government funding, technology that delivers both less invasive surgery (consequently capacity to perform more inpatient procedures) and the capacity to deal with more complex medical interventions. As such, one important area of improving and maintaining service delivery is to better manage the HR function and human resources more generally. In many cases this is complicated yet further because people working at a hospital site are likely to be employed by a range of different organisations both from the public and private sectors. This makes management of what is meant to be a joined-up healthcare experience potentially confusing and subject to multiple influences.

Government reports have warned that a chronic shortage of health professionals is constraining the capacity of hospitals to deliver adequate services. Shortages of nurses, doctors and some allied health professionals are national and international problems. There have been many media reports of hospitals closing emergency departments and wards due to workforce shortages. Such labour shortages are putting pressure on politicians, policy-makers, health practitioners and administrators to find solutions to what is increasingly seen as a health-care crisis. One of the main causes of labour shortages is the inability of hospitals to retain existing staff. An alarming proportion of the trained and experienced health workforce become dissatisfied and exit from hospital settings.

Performance measurement has been a major theme. But it has been noted that many of the performance measures in hospitals are unique, for example, staff per bed workloads, number of patients treated, patient mortality (Buchan, 2004). The high proportion of skilled professional working within the highly labour intensive environment provides the ideal context to promote highly successful HR systems. But, if these are to work across organisational boundaries within the network, they need to be integrated wherever possible. However this is not always easy as the workers employed by other organisations that operate on hospital sites might also be part of other large organisations, so any attempt to integrate teams across employer boundaries might lead to disintegration of terms and conditions within their own employing organisations.

Various studies have attempted to link the management of human resources to patient mortality in acute hospitals. Through attracting and retaining good nurses through the HR practices 'Magnet' hospitals have lower patient mortality rates (Aiken et al, 2002). Jarmen et al (1999) have shown a strong association between the number of doctors per bed and patient mortality rates. However, this research is not uniform in reported results. West et al (2006) cite studies with conflicting results when investigating the relationship between nursing workload and patient mortality and the Aston research argue that bundles of HR practices are linked with lower patient mortality.

Evidence from the USA, UK and Australia suggests that there are common values held between front-line hospital staff and administrative staff within organisations (cf. Hyde et al, 2006). However, there appears to be no uniform approach to HRM within the sector due to differences in organisation between different countries (eg private v

public), to the ways in which hospitals might be grouped together (eg acute v mental health), and to the roles that governments and labour organisations might play within different institutional contexts.

Research in this sector is limited by a range of factors. Firstly, a lack of methodological pluralism inhibits our ability to understand the complex social and institutional dynamics involved in managing HR in hospitals. Secondly, there is a failure to adequately examine structural and organisational aspects of hospitals that are important in measuring performance. Aikin et al (2002) note that their data suggest that 'what ails hospitals' is not country specific but rather based on management styles and strategies that do not match the funding arrangements and service provision models under which they are operating. Hence, research on HR in hospitals provides a timely examination of what might lead to better outcomes for employees, patients and, as a consequence, the organisation.

We seek contributions that critically explore aspects of HR within hospitals. This can include but is not limited to:

- Managing diversity
- High Performance HR
- Line managers
- Organisational Change
- Global market for nursing
- Fragmented workforces and managing across organisational boundaries
- Professional groups

Submission details

Abstracts should be submitted via email to Dr. Keith Townsend at k.townsend@griffith.edu.au. Papers should be submitted through manuscript central (<http://mc.manuscriptcentral.com/hrmj>), are no longer than 8000-8500 words, (including tables, figures and bibliography), and conform to the Human Resource Management Journal style. All contributions are subject to a double-blind review process. Full submission details are available at www.blackwellpublishing.com/hrmj

- Abstracts submitted by 31 March 2009
- Full papers are to be submitted by September 2009.
- The editors for the special edition are: Professor Adrian Wilkinson, Griffith University (adrian.wilkinson@griffith.edu.au); Dr Keith Townsend, Griffith University (k.townsend@griffith.edu.au); Professor Mick Marchington, Manchester University (michael.marchington@manchester.ac.uk).
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