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# Change in healthcare: the impact on NHS managers

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## Abstract

**Purpose** – The purpose of this paper is to examine the impact of new public management (NPM) style practices on public sector managers and in particular on the stress experienced by managers in the UK National Health Service (NHS). Although, ostensibly NPM liberates public sector managers to act more like managers in the private sector, the authors argue that it can also lead to negative work outcomes and high levels of stress.

**Design/methodology/approach** – The authors used a multi-method approach, including 33 focus groups and 15 interviews involving 193 middle- and front-line managers in five NHS organisations; together with a survey of 611 managers in the same organisations. Direct and mediation effects were tested using structural equation modelling; qualitative data are used to illustrate the quantitative results.

**Findings** – An indirect effect, but no direct effect, of NPM use on stress experienced by managers was demonstrated. The relationship between NPM use and stress was fully mediated by a series of work outcomes, suggesting that the introduction of NPM leads to expanding responsibilities, constant pressure to meet deadlines and extended working hours, which in turn leads to high levels of stress.

**Originality/value** – This paper builds on literature that questions the appropriateness of introducing private sector principles into the management of the public sector, by demonstrating a relationship between the introduction of NPM and high stress experienced by managers. The use of a multi-method design allows both the relationship to be demonstrated and its nature to be explored.

**Keywords** Managers, New public management, Healthcare, Stress, Work outcomes

**Paper type** Research paper

## Introduction

This paper is concerned with the impact of implementing new public management (NPM) practices on public sector managers. In this paper we present evidence that the implementation of recent changes in the UK National Health Service (NHS), informed by the principles of NPM, have placed a series of pressures on managers which have resulted in them experiencing high levels of stress. Specifically, we show a link between changes designed to foster a more "business like" environment in the management of healthcare and stress experienced by managers. We find that this relationship is mediated by a number of work outcomes emanating from these changes, such as expanding responsibilities, extended working hours and workloads which are perceived as unmanageable.

In recent decades there have been significant attempts to reform the public sector in many parts of the world (Lynn, 2007) and much of this reform has been driven by the NPM agenda (Pollitt and Bouckaert, 2000). NPM is concerned with increasing efficiency in the management of public services by the introduction of competition for service provision; private sector style management practices and the more explicit management of performance (Hood, 1991). In essence, NPM represents an assertion of management over bureaucracy (Lynn, 2007) and attempts to "liberate" managers in the public sector to

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behave more like their counterparts in the private sector. However, in practice it has been observed that this apparent liberation is also often accompanied by the increasing use of benchmarks and performance monitoring (Meier and Hill, 2007). Noordegraaf and Abma (2003) observe the rise of "management by measurement" in the public sector and the use of business like measurement models to assess public sector performance. Thus, whilst public service managers may have greater freedom to choose how they operate, they are at the same time held accountable for the outcomes delivered. As a result, managers might focus on "producing numbers" (Hall *et al.*, 2003) and a decline in bureaucracy related to service delivery may be replaced by an increase of bureaucracy of control.

The premise of NPM is that private sector style management practices can be introduced into the public sector with beneficial effect. However, it can be argued that management roles in the public sector differ from those in the private sector in a number of important ways (Pollitt, 1993). Management practices may therefore not transfer unproblematically from one sector to another and may deliver different outcomes when implemented in a different context. Public sector managers are charged with producing public goods and services and therefore typically operate in an environment that is more strongly influenced by government institutions and processes than their private sector counterparts (Rainey and Chun, 2007). The nature of public sector activity means that performance can be difficult to measure and for improvement to be demonstrated (Pollitt and Bouckaert, 2000). Such differences may create tensions when aspects of NPM are introduced. Furthermore, NPM may raise ethical issues for public sector managers, since an emphasis on efficiency (Dobel, 2007) may conflict with notions of public good, seen as the "moral mooring" of public sector managers (Lynn, 2001). Consequently, Tummers *et al.* (2009) argue that many public professionals feel estranged from the policies they implement and present evidence of professionals experiencing "policy alienation" from NPM practices, because they believe them to have a dysfunctional focus on outcomes and efficiency. Similarly, Ferlie and Geraghty (2007) note that NPM practices may not always be welcomed by managers and some reforms may be seen to challenge their professionalism (Sehested, 2002). To date relatively little research has been undertaken on the experiences of public sector managers, even though the central tenet of NPM is concerned with the role of managers (Thomas and Davies, 2005).

The UK NHS has been subject to significant change in recent years, as part of these reforms. The coalition government, elected in the UK in May 2010, sought significant cuts to public sector spending and, as part of this, the NHS was required to deliver significant cost savings, undergo a major re-organisation and at the same time improve the quality of service provision (Tailby, 2012). Although the NHS has been subject to on-going change throughout its history, it has been observed that the speed and depth of these changes represent a departure in magnitude from previous change initiatives (Carlisle, 2011), resulting in significant, new challenges for health service managers. It is therefore important to understand how change driven by the NPM agenda has been experienced by NHS managers.

Kuipers *et al.* (2014), in a review of studies concerned with the management of change in the public sector, observe that attention has mainly focused on the antecedents and processes of change, rather than the outcomes. However, in the more general research on organisational change there has been some examination of how those subject to change respond to it. Oreg *et al.* (2011) argue that how change recipients respond to change is central to whether or not it succeeds. In their review of existing studies they examine explicit reactions to change (cognitive, affective and behavioural) and change consequences

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(work-related and personal outcomes). They found that increased stress was identified as an outcome in a number of studies (Amiot *et al.*, 2006; Cartwright and Cooper, 1993), as were other-related responses such as anxiety and similar negative emotions (Paterson and Cary, 2002; Keifer, 2005). Other research suggests that change in organisations can result in uncertainty, frustration and anxiety (Hui and Lee, 2000; Yu, 2009) and that this, together with threat of job loss, changes in responsibilities and transfer of authority, can lead to increased stress (McHugh and Brennan, 1994). Studies which have specifically examined the responses and consequences of organisational change for managers have identified a series of outcomes (Vince and Broussine, 1996; Huy, 2002; Turnbull, 2001; Clarke *et al.*, 2007; Kelliher *et al.*, 2012), including emotional responses and changes to the nature of their roles.

In healthcare, it has been observed that is it front-line and middle managers who are often responsible for the delivery of organisational change (Hewison, 2002) and, by virtue of their position in organisations, often deal with the consequences of change processes (McConville and Holden, 1999). As such, organisational change has been found to create role conflict and ambiguity for them and to exacerbate already high workloads (McConville and Holden, 1999; Hewison, 2002). More generally these factors have been identified as job stressors (Johnson *et al.*, 2005) and in this context healthcare managers have been found to experience high levels of stress (Hutchinson and Purcell, 2010).

In this paper we report research designed to examine how NHS managers experienced NPM-driven change and in particular how these changes relate to stress experienced. We examine the existence of, first, a direct relationship between NPM use in the NHS and stress experienced by managers. The potential conflict between the delivery of services to meet patient needs and a focus on efficiency and measurement, together with feelings of policy alienation and of professionalism being challenged may be stressful for managers concerned with implementation. Based on this argument, we first hypothesised:

*H1*. There will be a direct relationship between NPM use and stress.

Second, we examine the conflicting argument for the existence of an indirect relationship via work outcomes. The introduction of NPM, at least in the short term, may create pressures for managers in terms of new and/or additional responsibilities and the need to meet targets, which may result in the perception of a workload which is difficult to manage, extended working hours and an unsatisfactory work-life balance. These may in turn be a source of stress for managers. Our second hypothesis is therefore:

*H2*. The relationship between NPM use and stress will be mediated by work outcomes.

## Method

In line with recent calls to go beyond the use of surveys in public administration research, we adopted a multi-method approach (Perry, 2012), involving a survey to examine general trends and qualitative methods to gather more in-depth insights into these findings. The data presented here are drawn from a larger project designed to examine the realities, roles and contributions of middle managers during major on-going change in the UK NHS. Participants were middle managers, which for the purpose of the project were defined as staff with managerial responsibilities, but who were below board level. This group included, for example, heads of departments and services, senior nurses and doctors with managerial responsibilities. They were chosen for this study because previous research in this field has focused on senior managers and front-line healthcare

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practitioners and as such are an under-researched group (Walshe and Smith, 2011; Christian and Anderson, 2007). Data were collected through a survey of 611 managers and a series of interviews and focus groups conducted in five UK NHS organisations during 2010-2011.

At the time of the research, the NHS was divided into 28 Strategic Health Authorities responsible for overseeing both primary care (general practitioners and dentists) and secondary care (acute NHS "Trusts" managing hospitals and community-based services). The organisations in this study were acute hospital Trusts and were selected to vary in size and geographical spread to maximise the potential range of responses. Table I details the Trusts and respondents.

*Survey*

The questionnaire was developed based on the literature in order to measure both NPM style activities and work and employee outcomes. The questionnaire was piloted with five participants from one of the participating Trusts and a number of minor changes were made. The survey was administered online using Qualtrics. Potential respondents were identified from a list of middle- and front-line managers (usually using their pay grade) provided by each Trust. A cover letter was sent via e-mail to respondents from a senior manager (usually the CEO) which included a link to the survey. A reminder was sent after two weeks.

*Measures*

Three measures were used for this study.

*Use of NPM practices*. This scale contained three items developed from a review of the literature on the characteristics of NPM (Hood, 1991) and examination of the nature of the specific changes being implemented in the NHS. These items were: "The need for me to focus on cost effectiveness has increased"; "The need for me to be more business like has increased"; and "The pressure for my department to meet targets has increased". Respondents were asked to indicate their agreement with these statements on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

*Work outcomes*. A five-item scale was developed based on the literature and the qualitative findings. The items were: "My overall workload is usually manageable" (reverse coded); "I am able to maintain a satisfactory work-life balance" (reverse coded); "I am always trying to meet another deadline"; "My management responsibilities just seem to keep expanding"; and "I frequently arrive earlier and/or leave later than my contract requires". Respondents were asked to indicate their agreement with these statements on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

**Table I.** Summary of participating organisations

| Organisation | No. sites | No. staff | No. beds | No. focus groups | No interviews | No. participants | Survey responses |
|---|---|---|---|---|---|---|---|
| Healthcare B | 1 | 2,400 | 400 | 5 | 0 | 47 | 108 |
| Healthcare C | 1 | 7,000 | 1,150 | 4 | 10 | 52 | 250 |
| Healthcare G | 2 | 8,000 | 1,100 | 7 | 0 | 33 | 77 |
| Healthcare N | 2 | 4,200 | 600 | 12 | 0 | 38 | 86 |
| Healthcare S | 2 | 9,000 | 1,150 | 2 | 0 | 23 | 90 |
| Healthcare W | 1 | 3,400 | 700 | 3 | 5 | 41 | 0 |

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*Stress*. Four items from Rose (2005) were used. Respondents were asked to indicate their agreement with these statements on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). These items were: "I worry about problems after work"; "I find it difficult to unwind after work"; "I feel used up after work"; and "I feel exhausted after work".

Descriptive statistics and correlations were undertaken to ensure that the assumptions of normality and multicollinearity were not violated. Table II contains the descriptive statistics and bivariate correlations for each of the three variables. The correlation coefficients between NPM use and work outcomes and work outcomes and stress were over 0.7 (as might be expected given the hypothesised nature of our relationships), however VIF values for each were below 5.0 so multicollinearity was not suspected.

*Interviews and focus groups*

In total, 33 focus groups and 15 interviews were conducted across the five organisations, involving 193 participants in order to provide some detailed in-depth information to supplement the survey data. Interviews were conducted where participants were not available to attend focus groups.

Focus groups and interviews were conducted face-to-face in the workplace, during working time and lasted approximately one hour. Focus groups typically included five to seven participants in similar management roles. The focus groups and interviews were audio recorded, except where permission was not granted, in which case detailed notes were taken. The purpose of the focus groups and interviews was to explore managers' experiences of the roles, pressures and changes encountered. The protocol was developed based on a review of the relevant literature and in collaboration with representatives from the participating organisations. The protocol was pre-tested for relevance and understanding with representatives from these organisations. The data were analysed using content analysis in which emergent themes were identified.

## Results

The relationships between the three variables use of NPM practices, work outcomes and stress were assessed using structural equation modelling.

*Measurement model*

Confirmatory factor analysis was undertaken to assess the measurement of the three scales described above. Based on the modification indices from the initial analysis, three of the error terms of variables within the same scale were allowed to co-vary. The final measurement model is presented in Figure 1. The fit indices for this model represented moderate to good fit (CMIN/DF = 1.741; CFI = 0.979; GFI = 0.948; AGFI = 0.918; RMSEA = 0.054; PCLOSE = 0.945).

| Variable | Mean | SD | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 1. NPM use | 5.47 | 0.84 | 1 | | |
| 2. Work outcomes | 4.63 | 0.84 | 0.72 | 1 | |
| 3. Stress | 2.72 | 0.97 | 0.32 | 0.71 | 1 |

**Table II.** Descriptives and bivariate correlations

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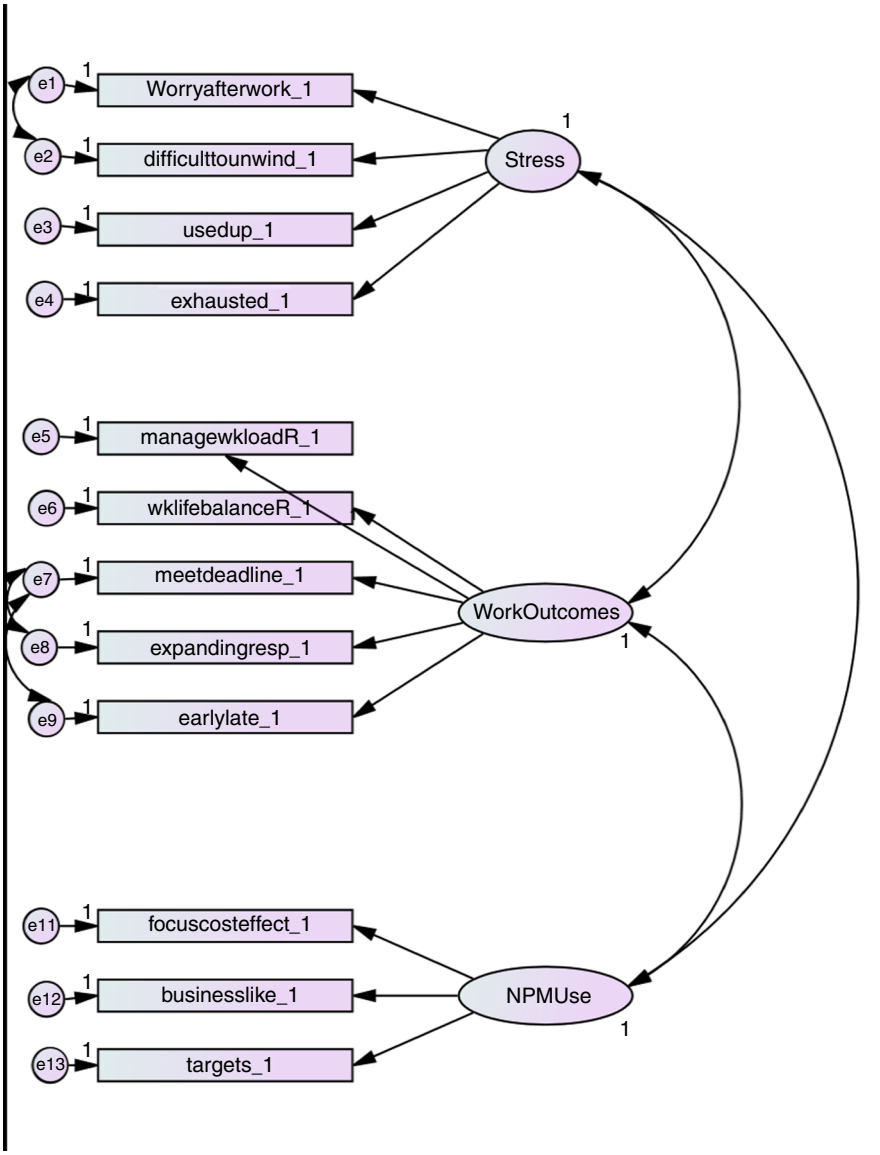


**Figure 1.**
Measurement model

*Structural model*

The structural model consisted of the three latent variables (NPM use, work outcomes and stress). In line with our hypotheses, the model tested a direct effect of NPM use on stress and also an indirect effect via the mediator of work outcomes (i.e. an impact of NPM use on work outcomes and then the impact of work outcomes on stress). The effect of three controls on stress was also tested. These were: whether the individual's job was wholly managerial or a mixture of clinical and managerial;

sex; and the individual's tenure in their current role. The initial model was adjusted based on the modification indices to allow two further error terms to co-vary. The final structural model is shown in Figure 2.

The model demonstrated good fit with the data (CMIN/DF = 2.211; CFI = 0.975; GFI = 0.961; SGFI = 0.944; RMSEA = 0.045; PCLOSE = 0.844). The parameter estimates for the paths in the model are shown in Table III.

None of the three controls demonstrated a relationship with stress that was significant at the 99 per cent level. However, both sex and whether the respondent had a purely

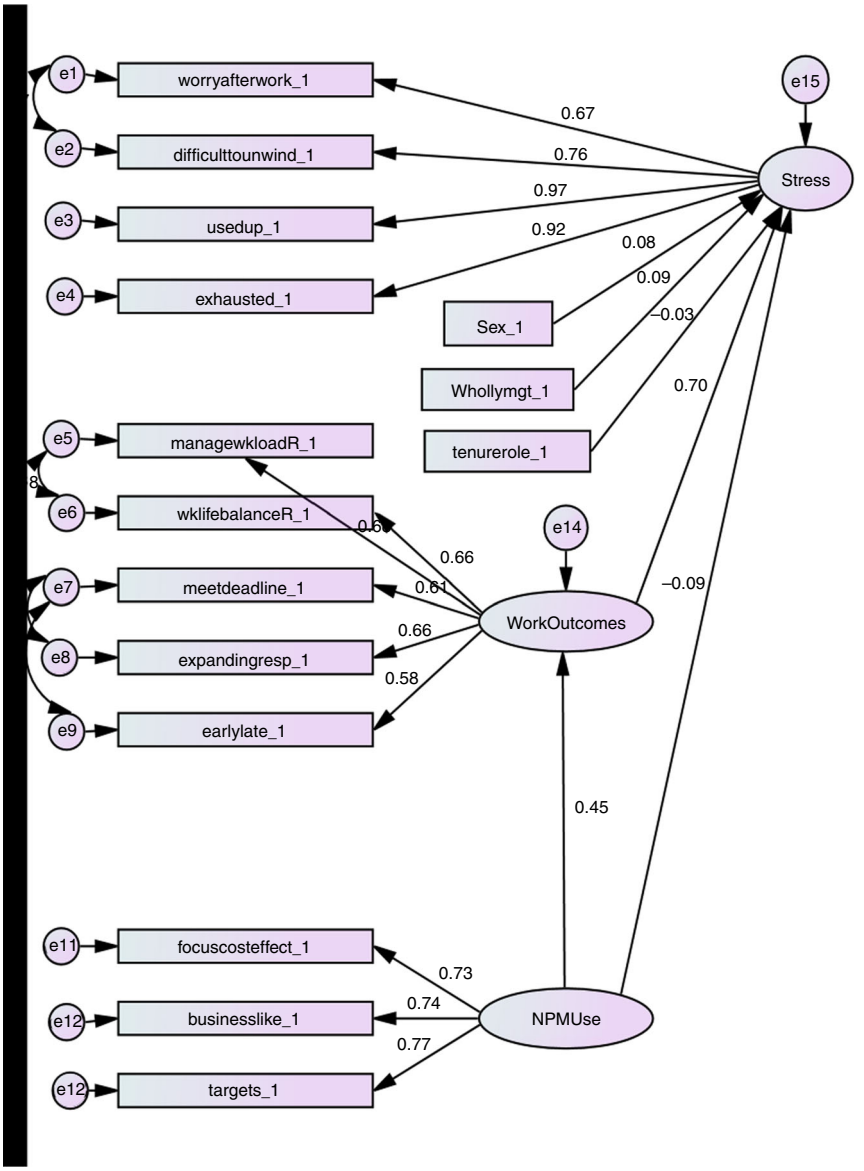


**Figure 2.**
Structural model

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management or a hybrid management/clinical role were significantly related to stress at the 95 per cent level. This suggests that women and those in a hybrid role showed higher stress on average.

The direct relationship between NPM use and stress was not significant, therefore *H1* was not supported. The relationship between NPM use and work outcomes was significant ($p < 0.01$). This was also found in the qualitative data where a number of participants reported experiencing outcomes such as an increased workload. For example, a manager commented:

> Because basically my job, with just the same time allocated, and the same money, changed, you know, increased eightfold, easily. A massive increase. And maybe to begin with it was simple […], but now it's got bigger and bigger, and I said I didn't know how it was sustainable really, I was worried about doing it all. Real worries about taking so much time out of my working week to do the management side (Clinical Director, W).

Another indicated they felt that the workload had become unmanageable and described their response:

> […].the documentation thrown at us is mad, it's untested, it's like a hyperactive child; I don't have time to read it all never mind answer it; everybody needs to join in to cover all this work […]. The amount we have to read and digest-it's impossible; it's a form of systematic bullying this constant overloading. It's crazy (Clinical Director, N).

Some interviewees directly attributed these work outcomes to the bureaucracy alongside practices, supporting the quantitative analysis. For example:

> The burden of external regulation is now overwhelming. There is a lot to set up, with regard to the directorate and individual consultants. This is material that we have never been taught, and it's not intuitive. These are all problems related to standards (Clinical Director, N).

Another interviewee noted:

> And you must have documented action plans and outcomes for everything which means more work and more time. Some targets are unachievable and some are beyond our control. Cleaning audits for example are an estates issues – this target has a hundred elements and involves "white glove" checks on cleanliness (there must be no cobwebs); although these audits are carried out by estates, if there's a problem, matrons are marked down; "it's all your fault" (Matron, N).

The relationship between work outcomes and stress was significant ($p < 0.01$), suggesting that work outcomes had a significant and positive relationship with stress. The relationship between NPM use and stress was fully mediated by work outcomes, supporting *H2*.

**Table III.** Parameter estimates (standardised) for structural model

| Path | Parameter estimate | SE | $p$ |
|---|---|---|---|
| NPM use – work outcomes | 0.522 | 0.065 | < 0.01 |
| Work outcomes – stress | 0.635 | 0.061 | < 0.01 |
| NPM use – stress | −0.097 | 0.051 | 0.057 |
| Sex–Stress | 0.131 | 0.058 | 0.025 |
| Management/clinical role – stress | 0.127 | 0.050 | 0.012 |
| Tenure in role – stress | 0.000 | 0.000 | 0.339 |

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The link between work outcomes and stress was also evident from the qualitative data. One interviewee commented:

> There is a "sense of permanently chasing your tail". There is nowhere to go to "switch off". Individuals take stuff home mentally, emotionally and also literally (General Manager, B).

## Discussion

This paper has examined the impact of introducing NPM practices on managers in the UK NHS. We examined the existence of both a direct relationship between the use of NPM practices and stress experienced by managers and also an indirect relationship, mediated by work outcomes such as extended working hours, increased responsibilities and constant deadlines. Our results show that work outcomes fully mediate the relationship between the use of NPM and stress experienced by managers, indicating an indirect, but no direct, relationship.

The data show evidence of NPM use, including being more business like, increased focus on costs, increased need to meet performance targets (Hood, 1991) and demonstrate accountability through performance reporting (Meier and Hill, 2007). The data also show these changes presented challenges for managers and contributed to work outcomes such as increased responsibilities, extended working hours and perceptions of an unmanageable workload, which in turn resulted in high levels of stress.

We proposed both a direct and an indirect relationship between the use of NPM practices and stress. We argued that a direct relationship might be as a result of tension between the delivery of public services and being more "business like" (Dobel, 2007; Lynn, 2001; Noordegraaf and Abma, 2003) and that these practices might not be welcomed by managers (Ferlie and Geraghty, 2007; Tummers *et al.*, 2009). However, we did not find evidence for a direct relationship, suggesting that it is not the use of NPM practices per se that causes stress, but rather the outcomes associated with their implementation. This might be explained by public service managers, experienced in operating in an environment influenced by government institutions and processes (Rainey and Chun, 2007), being less personally influenced by the nature of policy developments and thereby not experiencing stress as a result of the introduction of NPM *per se*. However, the work outcomes from implementing NPM were associated with stress, implying that it may be the way in which change is implemented, rather than the nature of change itself which is stressful for managers.

It could be argued that the work outcomes found in this study may only be a short-term consequence of the introduction of these practices and they may lessen as changes become embedded. However, given that NPM practices have been in place in the NHS for some time and we failed to find a significant effect with tenure of managers, our findings suggest that this is not the case. Other studies have also found NHS managers experiencing higher stress levels (Hutchinson and Purcell, 2010), which may suggest that the implementation of NPM is problematic, based on the differences between the public and private sectors. Our findings, along with those of others (Meier and Hill, 2007), suggest that the resulting closer performance management and the need for accountability create pressures for managers, by increasing the range of their responsibilities and their workload, which in turn are associated with stress. These results raise questions over the suitability and sustainability of practices driven by NPM in the public sector, since negative work outcomes and stress are likely to impair

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the performance of managers. However, it is worth noting that the need for increased cost effectiveness and greater management by measurement may create pressures for managers resulting in stress irrespective of sector.

*Research limitations and future research*

These results are based on data from five NHS Trusts and therefore may not be generalisable across healthcare organisations. However, all NHS Trusts have been subject to similar changes and steps were taken to select cases that differed on a range of characteristics, including location, size and focus. Future research could extend this study across the NHS and indeed other public sector organisations to test the applicability of these findings across the public sector and where NPM may have been less instrumental in driving change.

We have chosen a relatively simplistic analysis as a first test of our ideas and so have selected a limited number of variables to be included in our model. Future research could develop more detailed analysis of the impact of NPM use on managers. A more detailed examination of the potential conflict between the motivations of public sector workers and the NPM ethos would be interesting, including responses in the form of resistance and adaption of policies (Thomas and Davies, 2005). This study focused on individual-level outcomes. Future research might examine the impact of NPM on organisational-level outcomes, such as standards of patient care.

*Practical implications*

The findings from this study suggest that the introduction of NPM practices in the UK health service has not been unproblematic, nor without costs to the well-being of managers concerned with their implementation. Organisations seeking to implement these types of reforms need to consider carefully the impact they may have on managers, in particular in relation to the pressure of targets and the implications for workload. From our findings, it would seem that it is the way in which these changes are implemented that impact management responses. Better planning and resourcing may reduce the need for extended working hours and perceptions of expanding responsibilities and unmanageable workloads. Our qualitative findings suggest that providing support for managers in terms of training and additional resources may help alleviate some of the negative work outcomes, contributing to stress levels. Support in managing stress during periods of change may also be important to reduce the costs to individual well-being.

## References

Amiot, C., Terry, D., Jimmieson, N. and Callan, V. (2006), "A longitudinal investigation of coping processes during a merger: implications for job satisfaction and organizational identification", *Journal of Management*, Vol. 32 No. 4, pp. 552-574.

Carlisle, D. (2011), "Managers' big worries over £20 billion target", *Health Service Journal*, Vol. 28, pp. 19-22.

Cartwright, S. and Cooper, C.L. (1993), "The psychology impact of merger and acquisition on the individual: a study of building society managers", *Human Relations*, Vol. 46 No. 3, pp. 327-347.

Christian, S. and Anderson, S. (Eds) (2007), *Review of Research Needs and Priorities 2007*, NHS National Institute for Health Research, London.

Downloaded by TASHKENT UNIVERSITY OF INFORMATION TECHNOLOGIES At 01:45 11 November 2016 (PT)

Clarke, C., Hope Hailey, V. and Kelliher, C. (2007), "Being real or really being someone else?: change, managers and emotions at work", *European Management Journal*, Vol. 25 No. 2, pp. 92-103.

Dobel, J.P. (2007), "Public management as ethics", in Ferlie, E., Lynn, L.E. and Pollitt, C. (Eds), *The Oxford Handbook of Public Management*, Oxford University Press, Oxford, pp. 156-181.

Ferlie, E. and Geraghty, K.J. (2007), "Professionals in public service organisations: implications for public sector 'reforming'", in Ferlie, E., Lynn, L.E. and Pollitt, C. (Eds), *The Oxford Handbook of Public Management*, Oxford University Press, Oxford, pp. 422-445.

Hall, M., Holt, R. and Purchase, D. (2003), "Project sponsors under new public management: lessons from the frontline", *International Journal of Project Management*, Vol. 21 No. 7, pp. 495-502.

Hewison, A. (2002), "Managerial values and rationality in the UK national health service", *Public Management Review*, Vol. 4 No. 4, pp. 549-579.

Hood, C. (1991), "A public management for all seasons", *Public Administration*, Vol. 69 No. 1, pp. 3-19.

Hui, C. and Lee, C. (2000), "Moderating effects of organization-based self-esteem on organizational uncertainty: employee response relationships", *Journal of Management*, Vol. 26 No. 2, pp. 215-232.

Hutchinson, S. and Purcell, J. (2010), "Managing ward managers for roles in HRM in the NHS: overworked and under-resourced", *Human Resource Management Journal*, Vol. 20 No. 4, pp. 357-374.

Huy, Q.N. (2002), "Emotional balancing of organisational continuity and radical change: the contribution of middle managers", *Administrative Science Quarterly*, Vol. 47 No. 1, pp. 31-69.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P. and Millet, C. (2005), "The experience of work-related stress across occupations", *Journal of Managerial Psychology*, Vol. 20 No. 2, pp. 178-187.

Kelliher, C., Clarke, C., Hope Hailey, V. and Farndale, E. (2012), "Going global, feeling small: an examination of managers' reactions to global restructuring in a multinational organisation", *International Journal of Human Resource Management*, Vol. 23 No. 11, pp. 2163-2179.

Kiefer, T. (2005), "Feeling bad: antecedents and consequences of negative emotions in ongoing change", *Journal of Organizational Behaviour*, Vol. 26 No. 8, pp. 875-897.

Kuipers, B.S., Higgs, M., Kickert, W., Tummers, L., Grandia, J. and Van der Voet, J. (2014), "The management of change in public organizations: a literature review, *Public Administration*, Vol. 92 No. 1, pp. 1-20.

Lynn, L.E. (2001), "Globalization and administrative reform: what is happening in theory?", *Public Management Review*, Vol. 3 No. 1, pp. 191-208.

Lynn, L.E. (2007), "Public management: a concise history of the field", in Ferlie, E., Lynn, L.E. and Pollitt, C. (Eds), *The Oxford Handbook of Public Management*, Oxford University Press, Oxford, pp. 27-50.

McConville, T. and Holden, L. (1999), "The filling in the sandwich: HRM and middle managers in the health sector", *Personnel Review*, Vol. 28 Nos 5/6, pp. 406-424.

McHugh, M. and Brennan, S. (1994), "Managing the stress of change in the public sector", *International Journal of Public Sector Management*, Vol. 7 No. 5, pp. 29-41.

Meier, K.J. and Hill, G.C. (2007), "Bureaucracy in the 21st century", in Ferlie, E., Lynn, L.E. and Pollitt, C. (Eds), *The Oxford Handbook of Public Management*, Oxford University Press, Oxford, pp. 51-71.

Noordegraaf, M. and Abma, T. (2003), "Management by measurement? Public management practices amidst ambiguity", *Public Administration Review*, Vol. 81 No. 4, pp. 853-871.

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Oreg, S., Vakola, M. and Armenakis, A. (2011), "Change recipients' reactions to organizational change: a 60-year review of quantitative studies", *The Journal of Applied Behavioral Science*, Vol. 47 No. 4, pp. 461-524.

Paterson, J.M. and Cary, J. (2002), "Organizational justice, change anxiety and acceptance of downsizing: preliminary tests of an AET-based model", *Motivation and Emotion*, Vol. 26 No. 1, pp. 83-103.

Perry, J.L. (2012), "How can we improve our science to generate more usable knowledge for public professionals?", *Public Administration Review*, Vol. 72 No. 4, pp. 479-482.

Pollitt, C. (1993), *Managerialism and the Public Services*, Blackwell, Oxford.

Pollitt, C. and Bouckaert, G. (2000), *Public Management Reform: A Comparative Analysis*, Oxford University Press, Oxford.

Rainey, H.G. and Chun, Y.H. (2007), "Public and private management compared", in Ferlie, E., Lynn, L.E. and Pollitt, C. (Eds), *The Oxford Handbook of Public Management*, Oxford University Press, Oxford, pp. 72-102.

Rose, M. (2005), "The costs of a career in minutes and morbidity", in Houston, D.M. (Ed.), *Worklife Balance in The 21st Century*, Palgrave Macmillan, Basingstoke, pp. 29-54.

Sehested, K. (2002), "How new public management reforms challenge the roles of professionals", *International Journal of Public Administration*, Vol. 25 No. 12, pp. 1513-1537.

Tailby, S. (2012), "Public service restructuring in the UK: the case of the english national health service", *Industrial Relations Journal*, Vol. 43 No. 5, pp. 448-464.

Thomas, R. and Davies, A. (2005), "Theorizing the micro-politics of resistance: new public management and managerial identities in the UK public services", *Organization Studies*, Vol. 26 No. 5, pp. 683-706.

Tummers, L., Bekkers, V. and Steijn, B. (2009), "Policy alienation of public professionals", *Public Management Review*, Vol. 11 No. 5, pp. 685-706.

Turnbull, S. (2001), "Corporate ideology-meanings and contradictions for middle managers", *British Journal of Management*, Vol. 12 No. 3, pp. 231-242.

Vince, R. and Broussine, M. (1996), "Paradox, defence and attachment: accessing and working with emotions and relations underlying organizational change", *Organizational Studies*, Vol. 17 No. 1, pp. 1-21.

Walshe, K. and Smith, L. (Eds) (2011), *The NHS Management Workforce*, The King's Fund, London.

Yu, M. (2009), "Employees' perceptions of organizational change: the mediating effects of stress management strategies", *Public Personnel Management*, Vol. 38, pp. 17-32.

## Further reading

Seeman, M. (1959), "On the meaning of alienation", *American Sociological Review*, Vol. 24 No. 6, pp. 783-791.

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