

## ***Regulating time commitments in healthcare organizations – managers' boundary approaches at work and in life***

### **Abstract**

**Purpose** – The aim of this paper is to explore managers' boundary setting in order to better understand their handling of time commitment to work activities, stress, and recovery during everyday work and at home.

**Design/methodology/approach** – The paper has qualitatively-driven, mixed method design including observational data, individual interviews, and focus group discussions. Data was analyzed according to Charmaz' (2006) view on constructivist grounded theory.

**Findings** – A first step in boundary setting was to *recognize areas with conflicting expectations and inexhaustible needs*. Secondly, strategies were formed through *negotiating the handling of managerial time commitment*, resulting in boundary setting, but also boundary dissolving, approaches. The continuous process of individual recognition and negotiation could work as a form of proactive coping provided it was acknowledged and questioned.

**Research limitations/implications** – These findings suggest that recognition of perceived boundary challenges can affect stress and coping. It would therefore be interesting to more accurately assess stress, coping, and health status among managers by means of other methodologies (e.g. physiological assessments).

**Practical implications** – In regulating managers' work assignments, work-related stress and recovery, it seems important to (1) acknowledge boundary work as an ever-present dilemma requiring continuous negotiation and (2) encourage individuals and organizations to recognize conflicting perspectives inherent in the leadership assignment, in order to decrease harmful

negotiations between them. Such awareness could benefit more sustainable management of health care practice.

**Originality/value** – This paper highlights how managers can handle ever-present boundary dilemmas in the healthcare sector by regulating their time commitments in various ways.

**Paper Type** – research paper

**Keywords** – managers, boundary setting, stress, coping, mixed method

# **1. Introduction**

Managers are key persons in organizations, known to be exposed to high demands and work-related stress (Bernin *et al.*, 2001; Skagert *et al.*, 2008). Managerial practice in health care is associated with specific logics, roles, and stressors (e.g. Dellve and Wikström, 2009; Mintzberg, 2002; Wikström and Dellve, 2009), each of them potentially endlessly time-consuming if not limited. Little is known about health care managers' (HCMs') everyday strategies in handling of potentially boundless work-related stress. The allostatic model of stress describes how physiological homeostasis is maintained by individuals' continuous adaptation to a challenging or stressful environment (McEwen, 1998). If allostatic systems cannot function normally, cumulative strain is risked. In order to prevent, and handle, this, it is important to identify managers' strategies to adapt to complex leadership assignments, if for no other reason than that the management of health care also affects subordinates' well-being and the quality of care delivery (Cummings *et al.*, 2008; Nilsson *et al.*, 2005; van Dierendonck *et al.*, 2004). This study explores HCMs' boundary-setting in everyday activities and situations in their managerial practice.

## **Complexities in managing health care**

Health care managers are responsible for the quality of patient care as well as the safety, productivity and work environment in everyday health care practice. Goals and standards of these responsibilities are set by overlapping professional and management systems (e.g. Degeling *et al.*, 2003; Dellve and Wikström, 2009; Llewellyn, 2001). Managing health care, regardless of the organizational level, means responsibility for meeting the needs of and demands from the citizens of the welfare state. The challenges of today include meeting a variety of needs among patients, creating a better flow of patients within the system, increasing patient security and availability of care, and analysing long-term needs in the population (Rechel *et al.*, 2009). The institutionalization of new public management (NPM) has since the 1990s implemented new transorganizational managerial practices in health care

(Christensen and Lagreid, 2007). Centralization of the political control through a range of quality and productivity measures, combined with de-centralization of responsibility for implementing the political decisions, seems to decrease HCMs' actual operating freedom (Hasselblad *et al.*, 2008). The handling of structural changes and re-organizations along with economic restrictions are further characteristics of contemporary health care management (Härenstam and MOA Research Group, 2005; *ibid.*; Rechel *et al.*, 2009). Managers' availability to the society and their own organization is stressed through the national governance practices (Hasselblad *et al.*, 2008), expectations from subordinates and patients in everyday work (Skagert *et al.*, 2008) and principles for building and keeping legitimacy (Dellve and Wikström, 2009).

## **Aspects of stress in health care management practice**

Complex interactions between individuals' resources and their context can lead to perceptions of stress (Selye, 1956). The allostatic stress model describes individuals' continuous adaptation to their environmental demands. 'Allostasis' refers to the process of reaching stability through change, while allostatic load occurs when physiological stress response systems are repeatedly activated, thus risking to wear out the system and increase the susceptibility to stressful conditions (McEwen, 1998). Individuals use a variety of coping strategies to control and handle stressful situations, which roughly can be categorized as either handling the emotions or confronting the problems (Lazarus and Folkman, 1984). Conflicting legitimacy principles of procedural or consequential managerial norms have been qualitatively related to perceived ethical stress among HCMs (Dellve and Wikström, 2009). In their study of pressure at work in managers, Bernin *et al.* (2001) observed endocrinological status and found biological correlates between psychological strain and corporate culture. It has been suggested that HCMs work within a culture of acceptance and expectance of stress

(Rodham and Bell, 2002) and their handling of own and subordinates' stress acts as a 'shock absorber', since it protects both subordinates and superiors from increased workload (Skagert *et al.*, 2008).

In order to master their own and subordinates' potentially harmful role stress and work overload (Chang *et al.*, 2005; Michie and Williams, 2003), HCMs need support in coping with stressful working conditions and distribution of time between competing time-consuming logics. The competing managerial logics have been described as (a) not drowning in administrative issues and details; (b) supporting subordinates and developing employeeship; and (c) creating space for strategic work (Wikström and Dellve, 2009). Professional conflicts among HCMs themselves, with impact on other organizational members, may be due to a hybrid leadership including both clinical and managerial assignments (Kippist and Fitzgerald, 2009). Health effects of high work-related stress among health care subordinates are well studied and include physical, psychosocial, and mental outcomes (Marine *et al.*, 2006; Michie and Williams, 2003). But despite the impact that leadership availability and support have on subordinates' stress, job satisfaction and performance (Cummings *et al.*, 2008; Dellve *et al.*, 2007; van Dierendonck *et al.*, 2004), HCMs' own work situation, stress and work-related health are less well studied.

### *Boundaries and their importance*

Related to competing managerial logics are, accordingly, competing work roles. Role stress theory is concerned with individuals' commitment to multiple social roles. In situations where an individual's roles create more demands in everyday life than can be handled, role overload and stressful conflicts may arise (Nordenmark, 2004, pp.116-117). Boundary-setting therefore would be a central concern in managerial practice, to define and limit competing roles.

'Boundaries' can be described as limits that define entities as separate from one another with a certain degree of permeability and flexibility (Ashforth *et al.*, 2000, p. 747), with entities being social domains such as work, home and third places (Nippert-Eng, 1996).

'Permeability' enables domain-specific role factors to spill over between domains (Campbell Clark, 2000). A permeable boundary would be a manager's office door: the door could be open and then allow elements to cross the office boundary. 'Flexibility' refers to how spatially and temporally pliable a boundary is (*ibid.*). A flexible boundary would allow a manager to carry out certain work assignments in the location they choose.

Such control over own working hours may blur the borders between work and private life since all time then becomes potential working time (MacEachen *et al.*, 2008). Managers' strategies for recovery from workload after work have been described as either 'shutting off' private social activities, or 'shutting off' work by engaging in meaningful non-work activities in order to make sure that life consists of more than work (Skagert *et al.*, 2008). The overall focus on flexibility to meet expectations of responsibility, autonomy and availability challenges managers' boundary-setting and their handling of time commitments. How the boundlessness is actually handled in their everyday activities needs more exploring.

Therefore, the aim of this study was to explore lower-level HCMs' boundary setting in handling their time commitment to work activities, stress, and recovery during their everyday work and at home.

## **2. Methods**

### **Design**

This is an exploratory study using a qualitatively driven, mixed-method design (Lynne Johnstone, 2004). The data sources are individual qualitative interviews conducted during

structured observations, observational statistics and focus group interviews. The study mainly builds on the qualitative data. Grounded theory approaches (Charmaz, 2006; Glaser and Strauss, 1967) were used for the analysis.

## **Participants and sampling procedure**

The sampling of participants for this study was done in two steps, according to grounded theory principles of developing research questions during the process of data analysis (ibid.). Seven first and three second-line managers in health care in the Western Region of Sweden were purposefully selected for in-depth observation and interviewing with the aim to gain variation among participants. The managers were selected via contacts with human resources departments, human resources managers and a general e-mail to managers. The final sample consisted of eight women and two men in full-time work, of ages 44–62 years (mean age 52 years). Four of them worked in outpatient settings, another four managed hospital wards and the remaining two managed both wards and outpatient units. Their experience of the managerial position ranged from 6 months to 18 years, with an average of nearly 10 years. Further interviews with theoretically derived questions from the preliminary analysis were later carried out in 13 focus groups (n individuals = 71). Selection criteria were holding a first-line manager position in one geographic hospital area within a Swedish region. All first-line managers were invited via an e-mail, which was distributed in cooperation with an ongoing health promotion project at the hospital. Like the ten observed managers, focus group participants varied with regard to professional background (nurses, physicians, psychologists, and social workers), age, managerial experience, and clinical activity.

## **Data collection**

The ten initial managers were interviewed three times each during an observation period of 4 working days. Two researchers conducted this data collection. At the beginning of each observation, a background interview clarified the structure of the organization and the managers' background variables. A longer qualitative interview was carried out after the observation period, with questions concerning time distribution regarding work and private time and balance between leadership logics and professional roles, as well as influence in decision-making processes and perception of leadership support. Around 10–14 days after the observation, an interview regarding the activities of a week according to the managers' diary was carried out. This added more data on the time use than could be registered by the observer. To observe their daily work activities and time distribution, a structured observational schedule was used, including predetermined categories for work activities in line with earlier studies of managers' activities and time use (Mintzberg, 1973; Tengblad, 2006). Parallel with the structured categories, the observers made unstructured qualitative field notes. After preliminary analysis of data on the ten initial participants, new managers were invited to a presentation held by researchers, at which the preliminary results were presented. This was followed by focus group discussions held by four researchers from the same research group. Questions concerned strategies for delimitations in work, the participants' perception of fragmentation of their everyday work, and the support they desired in time distribution. All interviews were recorded and thereafter transcribed verbatim by external personnel.

## **Data analysis**

The data analysis was inspired by the constructivist version of grounded theory developed by Charmaz (2006). The initial coding of data was carried out by the first author. In order to base the analysis on more than one person's interpretation of the empirical material, the codes and



categories, and the relations between them, were frequently discussed in the research group. Firstly, initial coding was carried out by reading interview transcripts and observational notes line by line. Statements of relevance for the study's aim were given intuitive labels (i.e. codes). Secondly, categories were created through focused coding. Codes were compared and similarities between them observed, and a number of preliminary categories were formed for each transcript or observation. By merging similar codes into categories, constantly comparing the initial codes with focused codes and categories, the data were abstracted (ibid.). The focus group interviews were coded, categorized and thereafter compared with the previous analysis in the same manner. To establish the emerging categories, they were constantly compared with raw, uncoded data. The qualitative findings were complemented by descriptive observational statistics.

## **Ethical concerns**

The research project was approved by the regional ethics committee at the university. All participants gave their informed consent. All data collection was approved by the hospitals' management. Participation was voluntary.

## **3. Findings**

### **Continuous recognition and negotiation of time commitment**

The empirical material described how the managers' everyday leadership practice occurred in a context of time fragmentation and perceived boundlessness, with their time commitment divided between work assignments and private integrity. Expectations and needs could be impossible to fulfil without an unreasonable amount of work engagement, which is why it was necessary to define how temporal, spatial, and role boundaries set the rules for time

commitment. This was done through a continuous process of recognizing and negotiating the handling of central matters in everyday managerial work. A first step towards regulating time commitment was by *recognizing areas with conflicting expectations and inexhaustible needs*. Participating in clinical practice, interaction with employees, fulfilling administrative duties, and taking active part in strategic networking were all inevitable parts of managerial practice which included time-consuming demands and sometimes contradictory perspectives. Goal conflicts in these areas arose from conflicting time commitments and compound role expectations due to different logics and identities related to the leadership assignment. A second step, *negotiating the handling of managerial time commitment*, was enacted through strategies resulting not only in boundary-setting approaches, but also in boundary-dissolving ones. Some managers' personal experience of stressful over-commitment in leadership practice, the presence or absence of explicit goal descriptions, and their own perceptions of what good leadership means, were factors affecting how they handled managerial time commitments. Independent of what strategies were used and how time commitments were managed, boundary setting for the managers was a continuous process of recognizing and negotiating.

## **Recognizing areas of conflicting expectations and inexhaustible needs**

Certain areas of practice were the responsibility of the individual manager to define and delimit. These areas all contained goal conflicts, expressed through conflicting expectations and inexhaustible needs, and often appeared in a time-fragmented situation (Table 1).

Table 1. Excerpt from observation protocol illustrating time fragmentation.

Start time	Stop time	Duration (minutes)	Activity	Participant(s)
12:33:00	12:36:00	3	break	alone
12:36:00	12:37:00	1	desk work	alone
12:37:00	12:44:00	11	unplanned meeting	coworker
12:44:00	12:48:00	4	unplanned meeting	coworker
12:48:00	12:49:00	1	unplanned meeting	coworker
12:49:00	13:03:00	14	clinical work	alone
13:00:00	13:05:00	5	unplanned meeting	coworker
13:05:00	13:08:00	3	clinical work	external
13:08:00	13:11:00	3	clinical work	alone
13:11:00	13:13:00	2	desk work	alone
13:13:00	13:14:00	1	unplanned meeting	service department

The situations that arose due to conflicting expectations and inexhaustible needs were an inevitable part of every manager’s work. Though they could not be avoided, not all managers recognized each conflicting area. The following areas were identified as being critical to recognize and handle:

*Participating in clinical work – being skilful and helping* was an area of expectations on the manager to also be a skilful clinician. Managers had to be prepared, as part of their work role, to ‘roll up their sleeves’ in stressful situations or when a colleague was on sick leave. The time used for clinical work among the observed managers varied between 0% and 35% of total observed time (Table 2).

Then there are obviously some expectations too, I think that they [subordinates] probably respect that it takes time, our managerial work, but it looks really nice in the time book when it’s all yellow [administrative time]. Then, there are some expectations, when it’s tough for the nurses to handle the phone... I am pretty firm on that, I don’t help out there, but [the co-manager] is really nice when it comes to that. And then I feel, why does she do that? I won’t do it just to become popular. Rather, I must think about taking care of the manager’s job. So, that’s why I only help out when they really ask me to. Then I join in.

Clinical work involved not only role conflicts, but also time conflicts. Managers who considered themselves professionals in the first place often complained of lack of time for development to keep up their medical skills. Their challenge was to find a balance in time commitment between the professional role of clinician and that of manager. Time commitment included the quantitative distribution of minutes and hours, as well as the qualitative, emotional engagement needed to accomplish an assignment.

*Interacting with subordinates – socializing and being available* was an area where availability for needs and requirements of co-workers caused many interruptions in managers' work day, e.g. through unscheduled meetings (for time use in unplanned meetings and activities initiated by others and the managers themselves, see Table 2). Being available for subordinates' questions and requirements was naturally part of managerial work; the challenge was to define a reasonable amount of time giving when there were expectations to be almost constantly available. Employee interaction contributed to 11–44% of all observed interaction (Table 2).

I don't have time; I'm never left alone. I never get the time I counted on having. Questions always pop up, someone's ill, someone comes with an urgent question, someone wants to talk about something that takes time ... suddenly you are so divided that you can't concentrate on whatever you had decided to do.

**Table 2.** Managers' time use in areas of conflicting expectations and inexhaustible needs.

	All observed managers (n = 10)	First-line managers (n = 7)	Second-line managers (n = 3)
<b>Type of activity<sup>1</sup></b>			
Participating in clinical work	0–35	0–35	0–2
Administrative desk work	9–38	18–38	9–23
Planned meetings	5–63	5–35	39–63
Unplanned meetings	5–27	7–27	5–16
<b>Initiative to activity<sup>1</sup></b>			
Others' initiative	9–30	9–30	20–25
Own initiative	58–83	66–83	58–67
<b>Participants in activity<sup>2</sup></b>			
Employee interaction	11–44	29–44	11–27

<sup>1</sup> Range in % of total observed time

<sup>2</sup> Range in % of all observed activities

*Administrative desk work – conscientiously fulfilling duties* was an area where conflicts arose about when to finish off the day's work even if tasks have not been accomplished, prioritizing tasks that should be the manager's obligation to carry out, and delegating administrative work. The time the observed managers spent on desk work ranged from 9% to 38% of total observed time (Table 2). A central belief held among the managers was that they were doing work that skilled administrative personnel would manage more efficiently. Still, they were expected to handle extensive administrative duties as part of their leadership practice. Because of lack of time and because of prioritizing of other tasks, desk work would often be completed after formal working hours, away from the workplace.

*Strategic networking – constant readiness for development* included participation in informal meetings, work group formations and planned meetings, and being available to communicate with members of society and the media as well as the hospital's top management. Planned meetings often were an extensive component of the managers' work, constituting 5–63% of

the time observed (Table 2). Conflicts arose from perceived expectations and own conceptions of a successful manager participating in every strategic opportunity. Also, strategic knowledge gained required undisturbed reflection time in order to be transformed into everyday practice. The challenge was to make space for such focused time and to choose among different strategic networking opportunities. The time for reflection was often given last priority after more immediate tasks had been performed, while networking activities per se were not de-prioritized in the same way.

## **Negotiating the handling of managerial time commitment**

This section describes strategies used to negotiate the boundaries of work's temporality, spatiality and diverse role commitments. Boundary-setting as well as boundary-dissolving were different ways for the managers to manage time commitment. Boundary-setting actions were characterized by separation of assignments and creation of strong, impermeable, or inflexible boundaries, exercised by recognizing and delimiting areas with conflicting expectations and inexhaustible needs. Boundary-dissolving actions promoted permeability of boundaries and strategies to adapt to the conflicts in the central areas of practice.

### *Establishing time frames*

Boundaries established by clock and calendar time were regulated through external factors such as pre-made plans and keeping certain office hours. By *restricting office hours* the spatial boundary for work could be established, by defining a point of day when to leave the office.

So I just stood up and left. It has to wait, sort of. But that, it is probably something I discovered over time, that it's not so serious if things have to wait. And I don't think it's very serious, either. As long as no-one reacts.

But holding on to regular office hours also dissolved the boundary for when work spilled over into the home domain. Leaving the office at five o'clock every day sometimes triggered the

need for accomplishing certain tasks at home and continuing mental work, e.g. problem solving, during free time if the time spent at the office was insufficient.

*Creating set-up time* helped managers to finish off work assignments mentally, to separate and change focus between duties during the work day, and thus establish mental boundaries between different roles. This could be done during the transition time between life domains, e.g. during the commute between work and home, when an occurrence or problem at work could be thought through undisturbed. An example of set-up time during work was given by a manager who preferred to do administrative paper work by himself since this meant time to focus his mind. Many managers used breaks rather than set-up time for dealing with work-related issues. Their need for set-up times sometimes resulted in dissolving the spatial work-home boundaries. For example, they would spend private time on mulling over work-related problems even though they would prefer to turn their attention to personal matters.

#### *Relying on relational resources*

Boundaries established by *relying on relational resources* were more open and dynamic in nature compared with time-related strategies. The managers' needs and preferences in time use were rarely mentioned to co-workers and their own managers, even though they claimed that verbal communication of their preferred boundaries would facilitate their negotiations.

By *expressing own needs to others at the workplace*, managers would clearly be better able to establish boundaries. By communicating their time prioritization to subordinates, the managers would be able to achieve a situation where undisturbed time was respected.

Sometimes, you have to set aside time, so to speak [...] and then I say, now I have to do these things this week, and then I might close the door a bit, and then I get to work undisturbed.

Due to a perceived obligation (and sometimes, the desire) to always be available to co-workers the managers expressed uncertainty about what was reasonable in terms of boundary

setting towards other people and, therefore, about when it was legitimate to communicate boundaries. Also, expressing own needs could be regarded as exposing one's weakness and could therefore decrease the managers' relational trust among subordinates.

Closely linked to this was *selecting when to be available*, often communicated through actions rather than verbally. Self-chosen fragmenting activities such as frequent checking of e-mails or bringing mobile phones in to meetings introduced interruptions and dissolved role-commitment boundaries. When availability was perceived as non-negotiable and as providing the managers with important information and interaction, potentially interruptive activities did not hinder their work flow. Since it could not be known in advance whether an interruption concerned a prioritized issue or not, the managers often choose to be constantly available. Then work could spill over into their private time and dissolve the potential spatial boundary between the life domains. Some managers even wanted to be available for urgent work issues during their free time.

One rather takes an emergency call on a Sunday than have a complete crisis on Monday.

Also depending on relational resources, *delegating duties to others* was a way to handle difficult prioritizing among work assignments. Boundaries for time and role commitment were then established by trusting co-workers with certain assignments. Having confidence and resources to delegate work could limit the own work load and help focus other prioritizations. However, not all managers made use of this boundary strategy, as some were not comfortable with letting go of control.

*Adapting to one's private life situation* included negotiation of spatial and temporal as well as role-commitment boundaries, by engaging in non-professional roles and responding to viewpoints on their work commitment of their important others.



My son actually said, it was just now before Christmas, he said, 'Why do you always have to do everything? You never get home on time.' And that gave me a kind of eye-opener. Oops. [...] He is thirteen. [...] I believe that it goes like this, since I have family and children and all ..., it forces me to let the job go, when I get home. Except on the rare occasions when I feel that I have to. But usually when I get home, work is gone. Then I am very focused, I am at home with everything that needs to be done at home.

On the other hand, boundaries could be dissolved when there was no family member to care about at home.

On Friday, I was here until 7.20 p.m. Because I was home alone and no one missed me and then ... well, then I did other things during that day. And then I thought to myself that I needed to get some work done, having set boundaries so properly this week.

### *Making use of acknowledged organizational structures and norms*

Boundaries established by acknowledged organizational structures and norms were negotiated through formal, physical and normative means. *Adapting to managerial norms and ideals* meant that the managers adapted to the boundary setting advocated by their superiors.

You can't just work, you need your free time too. [...] Most of the time I don't bring anything home. We don't get anything extra for it so it's kind of meaningless; it's not part of our contract. [...] Sometimes I've called the departmental manager to say that I needed to do some work [at home] and then he's said, 'You shouldn't do that.' So they're careful in making sure that we take our time off.

By contrast, sometimes, explicit expectations of the hospital management to exhibit boundless managerial commitment dissolved the role-engagement boundaries between work assignments and personal integrity.

As the CEO of the hospital said that day we were introduced, 'Now you're a manager. You are a manager, and you have 40 working hours per week. But really you're the manager around the clock.' [...] Being a manager, then, as the CEO says, is not only a 7-to-4 assignment. You're manager all the time, when you are manager. There is a lot inherent in this. It means that there are certain views of a person you are supposed to fulfil. ... Being a manager all day round, what does it mean, really? Are you supposed to fulfil some sort of template? Am I not allowed to wear a red sock on one foot and orange on the other and use snuff, just because I am the manager? In my free time, that is. Those reflections, I think they are kind of interesting, because one can wonder what is a manager, then.

Spatial boundaries for work could be established by *adapting to the available administrative systems*, e.g. by eliminating the possibility to check job-related e-mails during private time.

For example, I don't have the option to read my e-mails from my home. That wasn't my choice because then I think I would use it if I could. I don't trust myself enough, it's better that I don't have the option.

However, administrative systems sometimes dissolved formal temporal boundaries. The working-time reporting system of one hospital did not handle the number of hours worked by the manager quoted below, so she quit reporting her working hours.

Earlier, I registered my working hours in [the time registration system], like everyone else here at the unit. It wasn't because I have a 40-hour work week; it was more to get an idea of how much time it all adds up to. But then it didn't work out with the schedule planning system we use, and sometimes it would just annoy me to see how much time it was. So I stopped a couple of years ago.

*Using the spatial workplace* was an obvious strategy for managing time commitment to work. For managers with offices at the ward, the office door was an important boundary marker that could limit availability conflicts. Having the office far from the ward created requirements of being visible among subordinates, and made the subordinates initiate unplanned meetings when they had the opportunity to 'catch' their superior, e.g. during breaks.

Well, if I'm going into the ward, it can't be for as little as 5 minutes, then it's hopeless. Then you have no business going in there. There is always someone with questions. And then it's no good to go in there at all, since you don't have time to answer them. Then it's better not to show up at all.

## **4. Discussion**

The findings presented above need to be discussed in relation to the concept of boundary work. People create, maintain or change boundaries in order to structure the world around them (Ashforth *et al.*, 2000). By 'boundary work' we refer to the process by which boundaries, demarcations or other divisions are constructed, negotiated, reinforced or redefined (Hernes, 2004) which may also include strategies, principles and practices (Ashforth *et al.*, 2000). The managers' boundary work did not define stable boundaries once and for all; rather, defining boundaries can be described as a continuous process

(conceptualized in Figure 1). Through negotiation strategies in everyday work, boundaries related to managers' competing areas of practice were negotiated, and, accordingly, set and dissolved (summarized in Table 3). By 'boundary approaches', we mean the consequences of the negotiations, i.e. the boundary-setting and dissolving activities that were diverse ways of responding to conflicting time commitments and the expressed inter-role strain.

### **Established expectations on pliable boundaries**

Earlier studies have underlined the multiple roles inbuilt in HCM. This study showed how boundaries could help to switch cognitive gears between roles and identities. Establishing clear boundaries between tasks is one strategy to handle conflicting logics (Wikström and Dellve, 2009) and compound identities (Dellve and Wikström, 2009) as a manager work. It has been suggested that HCMs more frequently than before use an integrated leadership model in their managerial work, using concurrent solutions of tasks logics (Wikström and Dellve, 2009). Perhaps the potential for clear definitions and maintenance of strong boundaries is decreasing in contemporary health care management work and instead, boundary-dissolving approaches are necessary to handle compound and conflicting perspectives related to time commitments and multiple roles. However, this is probably true for many post-modern jobs and not only for management in health care. Flexibilization and individualization of modern working life are established conditions in modern Western society (Kallinikos, 2003); individuals are assumed to find their own strategies for handling uncertainties and boundlessness instead of relying on collective solutions or protective structures. The findings from this context-specific study – suggesting that boundaries are handled by continuous recognition and negotiation – may therefore be applicable in other settings, and in other sectors of society.

Without detracting from the importance of contextual factors, individual traits are also likely to affect boundary negotiation. The individual differences in the managers' handling of time use observed in this and other studies (Arman *et al.*, 2009) are likely to be influenced by the characteristics of individual time perception (Benabou, 1999). Time perceptions have been described as a continuum between monochronicity and polychronicity, where the first state represents a preference for routines and doing one task at a time, while the second implies being less bound to timetables and procedures, and a preference to work with several things at a time. The managers' competing areas of practice often required polychronicity in time use, even though not everyone was comfortable with that kind of approach. The matter-of-time perception stresses the importance not only of the managers' external areas of conflict, but also of their personal prerequisites to handle them. This is supported by research concluding the importance of interaction between individual time-use preferences and contextual supplies for work-home boundaries (Kreiner, 2006).

### **Contrary implications of boundary work on stress and balance**

According to role stress theory, extensive demands in everyday life lead to stress, and commitment in multiple roles fuels role conflict within individuals in cases of more demands than one can handle (Nordenmark, 2004). The demanding time-commitment expectations and compound role perspectives described in the managers' central areas of practice carry the risk of role overload and inter-role strain. However, the managers' narrations and actions also suggest that their boundary work may be beneficial in meeting demands and solving contradictions. Figures 1 and 2 show a comparison of implications of the managers' boundary work.

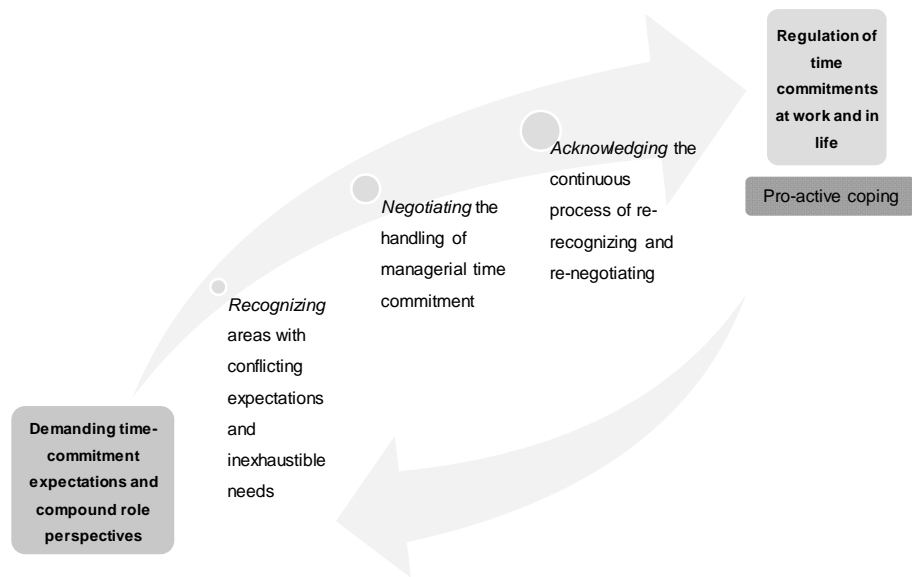


Figure 1. The proactive potential of acknowledging boundary work.

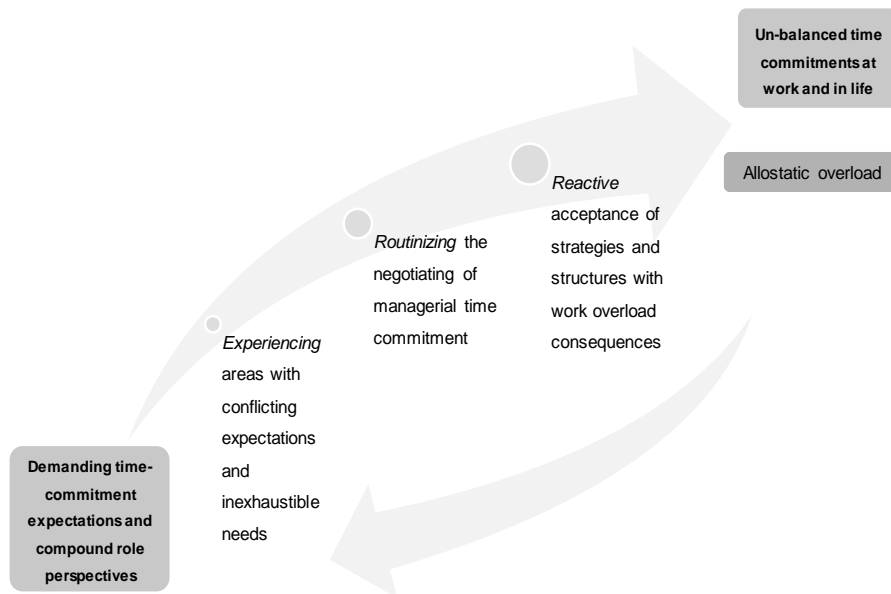


Figure 2. The risk of reactive boundary work.

Figure 1 shows the proactive coping potential of boundary work using the categories from the Findings section. By acknowledging the handling of demanding time-commitment expectations and compound role perspectives – that is, by being aware of it as an ever-present process, necessary to cope with in everyday managerial practice – managers can make it feasible to reflect upon, question, and negotiate the boundaries of work assignments and private life integrity. In order to handle dilemmas, individuals need to be aware of them and be prepared to face them. Those managers who had reflected upon and acknowledged competing areas and related strategies and negotiations, found it easier to manage their time commitments. The acknowledged boundary work may be understood as a form of proactive coping (Aspinwall and Taylor, 1997; Folkman and Moskowitz, 2004); it can enable the

manager to form sustainable strategies for time commitment in order to avoid potential future stressors.

Other stories in our material confirmed the risk of stressful conditions through the boundlessness of the managerial work context. Figure 2 outlines how reactive boundary work implies risk of allostatic overload (McEwen, 1998). The contrast to the proactive scenario is emphasized in the model. Boundary negotiations remain un-reflected when competing areas are passively experienced, and strategies are reactively accepted. To passively accept rather than actively acknowledge the boundary work could mean to ignore important aspects of time negotiating – e.g. finding time for recuperation during the work day. The risk that this model highlights is the interpretation that without questioning the boundlessness, the handling of boundaries is not sufficiently reflected to be beneficial. Several interviewees described their boundary work in an unreflecting and unquestioning way. Reactive boundary work may contribute to unbalanced time commitments at work and in life, risking repeated stressful events and allostatic overload (*ibid.*), since reactive strategies are likely to leave little possibility to control one's working conditions. Mechanisms of control and influence over one's working conditions are well-known psychosocial factors affecting well-being at work (Karasek and Theorell, 1990; Theorell, 1997).

It is not possible to conclude from our data whether approaches of boundary setting are more beneficial than dissolving approaches. Violation of individuals' boundary preference, not permeability or flexibility of the boundary per se, has been described as the main factor influencing stress, job satisfaction and health-related outcomes of boundary setting in potential boundless work contexts (Edwards and Rothbard, 1999; Kreiner, 2006; Kreiner *et al.*, 2009). Following this conclusion, an important health-promoting component in the managers' boundary work would be the ability to exercise control over the boundary character

in order to meet one's boundary preference. This presupposes the questioning and acknowledging shown in Figure 1.

These are two stereotyped extremes of boundary work, with consequences at opposite ends of a continuum. Real life could reveal several outcomes of negotiations, e.g. being aware of beneficial boundary strategies that are hampered through organizational conditions or the private life situation. Still, an essential step towards sustainable boundary work is the acknowledgement of it. The managers we interviewed often used unproblematized acceptance of their demanding time commitments as a form of coping with the boundlessness. Perhaps this is the norm that every manager is assumed to adapt to, but it is questionable if this is a strategy that is sustainable in the long term.

## **Methodological considerations**

The complex phenomenon of boundary setting was here investigated by means of a mixed-method design. Quantitative observational data were added to the qualitative material that constituted the core source of analysis. This was advantageous in that it allowed the research question to be illuminated from several perspectives; interview data on what the managers were saying that they were doing was combined with observational data on what they actually were doing. The grounded theory approaches allowed analytical flexibility in the research process since emerging ideas from the initial data guided the forthcoming sampling and the questions asked to the material. Therefore the findings are considered to be steadily grounded in the empirical data.

The initial ten managers that were purposefully sampled provided data of great variety. In the second wave of data collection more focused and theoretically directed questions were



formulated and thereafter posed in focus groups. As group interviews supply data of a different nature compared with individual interviews, the initial findings cannot be considered fully confirmed by the group interviews. However, the focus groups added more perspectives on the phenomenon, generating a richer analysis. When analysis of the new data eventually did not reveal new properties of the theoretical categories we considered the analysis saturated (Charmaz, 2006). Altogether, this study is based on empirical material from 81 individuals, strengthening the trustworthiness of our findings.

However, one limitation is that the observations were not carried out fully inductively. This may give somewhat biased information about the managers' work focus since certain aspects of work were included in the prestructured observational schedule while others were not. But as pointed out by Charmaz (*ibid.*), pre-conceptions should not be avoided as they form a starting point for entering the data field; furthermore, using categories established in previous time studies enables comparisons with managers' time use studied in other settings (e.g. Mintzberg, 1973; Tengblad, 2006). Also, there was room in the schedule for the observers to make own, unstructured field notes related to the pre-formulated categories, which contributed to the qualitative data used in this study.

In the study no physiological health or stress measurements were conducted. Data on the participants' stress experience was given in their interview narratives and the qualitative observational notes. To assess managers' long-term health sustainability, future research should also include physiological measures of occupational stress and data gathering over a longer period of time.

## **Concluding remarks**

In order to avoid stress and long-term allostatic overload, the managers in this study used various boundary approaches to handle their time commitments at work and in life.

Boundaries were formed through a process of individual recognizing and negotiation in an endeavour to regulate time commitments, constituting a form of proactive coping. There was not one approach that favoured every participant – instead, individual negotiations had to take place in order to outline sustainable boundary approaches for each person.

To enable sustainable time use among HCMs in order to balance work commitment, minimize work-related stress, and enhance recovery, it seems important to (1) acknowledge boundary work as an ever-present dilemma requiring continuous negotiation; and (2) encourage individuals and organizations to recognize conflicting perspectives inherent in the leadership assignment, in order to decrease the need for, and improve, negotiations between them.

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