HYBRIDS, NETWORKS AND ORGANISATIONAL CHANGE: FACILITATING CHANGE IN COMPLEX ORGANISATIONS

Professor Louise Fitzgerald;* Professor Dave Buchanan; Professor Aly Rashid; Cerian Lilley – De Montfort University
Professor Ewan Ferlie; Rachael Addicott – Royal Holloway College
Dr Juan Baeza – Imperial College London
Ms Aoife McDermott – Trinity College
*contact author: Louise Fitzgerald

Professional firms display multiple interest groups which may limit the scope and pace of change and mean that change occurs in some areas of the organisation, whilst continuity persists in others (Hinings *et al.*, 1991; Morris and Pinnington, 1999). Evidence of similar phenomena has been detected in health care organisations (McNulty and Ferlie, 2002). An interesting characteristic of change in professional firms is the impact and influence of historical and institutionalised relationships, both within the organisation and with the professional bodies.

The more specific literature on roles in change relies primarily on commercial settings, is concerned mainly with typologies and competencies, and does not directly address role relationships. However, managerialism in healthcare since the 1980s has contributed to the development of clinical directorate structures, creating the role of clinical director who combines medical and managerial responsibilities. Seen as key drivers or inhibitors of change, the nature and competency requirements of their role have attracted attention (Fitzgerald 1994; Fitzgerald and Dufour 1997; Buchanan and Wilson, 1997; Thorne, 2000; Locock et al., 2000), but less is known about their roles in change.

Our research builds on and extends early prior research on the construction and enactment of the roles of hybrid, clinical managers in the NHS. This paper focuses on the findings from a major research project which seeks to improve our understanding of the roles of clinical managers and their counterparts from non-clinical backgrounds, in managing organisational change within different parts of the health care system in the UK. The research design involves a qualitative-inductive comparative case approach (Langley 1999; Poole et al., 2000), with eleven sites, including six acute and five primary care trusts, across the U.K. Site selection was based on complexity and healthcare priorities, targeting areas exhibiting major changes - cancer, maternity, and diabetes care. Data collection included background and service-specific documentation, followed by interviews with (15 - 20) staff involved with the changes identified as the tracer issue at that site.

Hybrids with a "middle-up-down" management style (Nonaka and Takeuchi, 1995: 127), bridging the gap between the ideals of top management and the front line, chaotic reality may most effectively create knowledge and promote organisational change. Middle managers are placed at the centre of knowledge management process, at the intersection between the "vertical and horizontal flows of information within the company". In the NHS, hybrids could play a vital role in organisational change by mediating between the top-down "modernisation agenda" and clinical guidelines – which stipulate what and how care *should* be provided – and the bottom-up reality.

However, Schofield (2001) proposes that middle managers in the UK public sector continue to fulfil their traditional role as bureaucratic intermediary between the centre and the front line. Yet, Nicolini *et al* (Nicolini *et al.*, 2003) suggest that middle

managers have endured the burden of the significant levels of organisational change that have been occurring in the UK health sector over the past several years.

The data will demonstrate three key themes from the project. The first theme explicates the inter relationships between the organisational contexts and change progress and processes. The second relates to the complex and varied roles held by managers, focusing particularly on management roles in networks. The third and final theme will illustrate aspects of change leadership and its impact on the change projects.

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