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► **To cite this version:**

Sophie Randon. THE EVOLUTION OF HEALTHCARE MANAGERS' ROLE: A COMPARISON FRANCE/UNITED KINGDOM. Proceedings of 3rd International Joint Conference on Business Strategies on Global Markets, Jun 2012, Prague, Czech Republic and Lyon, France, Czech Republic. pp.202-214. hal-00748840

HAL Id: hal-00748840

<https://hal.science/hal-00748840>

Submitted on 6 Nov 2012

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The evolution of healthcare managers' role: a comparison France/United Kingdom

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ABSTRACT

Nursing shortage is a worldwide problem throughout countries and job satisfaction is recognized to be related with staff retention. In France, the last hospital reforms are changing the healthcare managers' role which have an important role on nurses' job satisfaction. The aim of this study is to investigate the consequences of the evolution of healthcare managers' role. This study shows that the evolution of healthcare managers' role can be dangerous toward their relation with the staff and suggests some future research on the influence of nurse managers' backgrounds on the style of leadership and on nurses' job satisfaction.

KEY WORDS

Healthcare managers' role, job satisfaction, nurses, international comparison

Nursing shortage is a worldwide problem throughout countries (Hayes & al., 2010; Lu & al., 2005). More than 70% of expense of NHS concern human resources. Therefore the optimal use of workforces is a key problem. Job satisfaction is recognized to be related with turnover rate, staff retention and intention to leave in particular in the international nursing literature (Hayes & al., 2010; Lu & al., 2005; Caers & al., 2008 ; Van Saane, 2003 ; Irvine & Evans, 1995 ; Blegen, 1993 ; Coomber & Barriball, 2007)). Several researchers noticed that “job satisfaction is a critical challenge for healthcare organization” (Zangaro & Soeken, 2007, p. 445) because labor costs are high and shortages are widespread in this sector. According to Adams & Bond (2000, p. 537), “the United Kingdom (UK) government’s White Paper *Working Together* (Health, 1999) is the first national policy document to lay down specific requirements for the development of a range of human resource management (HRM) policies within the NHS”. To modernized health service, the NHS Plan consider workforce planning and effective approaches to recruitment, retention and motivation of nurses as key elements (Coomber & Barriball, 2007). One of the important facet of HRM is nurses’ job satisfaction. In France nurses’ job satisfaction is a major concern too for healthcare organizations as illustrate it the “Manuel de certification des établissements de santé” of the Haute Autorité de Santé (HAS) which consider to measure staff’s job satisfaction. Thus, nurses’ job satisfaction is considered as an important concern for the different authorities.

Some authors notice the importance of the healthcare managers’ role in the improvement of nurses’ job satisfaction (Hayes & al., 2010; Adams & Bond, 2000). Adams & Bond (2000) advocate that NHS managers create conditions to facilitate intra-professional team-work amongst nurses and inter-professional teamwork with medical colleagues. According to Hayes et al. (2010, p.812), “these managers are highly influential in establishing and maintaining positive working relationships, appropriate workloads, ensuring sufficient support from allied health staff, improving nurse-physician relationships, improving on-the-job orientation, supporting paid continuing education and the general harmony of the [...] ward environment”. Moreover, healthcare managers could improve nurses’ job satisfaction but they could also influence this phenomenon. Indeed, the literature shows that communication with supervisor (Lu, White, & Barriball, 2005), supervisor support (Lu, White, & Barriball, 2005) or team-building skills of ward leader (Adams & Bond, 2000) are predictors of nurse job satisfaction. Zangaro & Soecken (2007) advice for future researchers to test the hypothesis with the manager leadership style as a variable that mediates the relationship between some predictors of job satisfaction like autonomy and job satisfaction. In France, the lasts hospital reforms and the new technologies are changing the healthcare

managers' role. The implementation of new management systems has led to more and more predictors of tensions, contradictions and paradoxes (Detchessahar & Grevin, 2009). We are witnessing a new governance of the institutions with increased procedures which disrupts the role of the healthcare managers. Kirkpatrick and al. (2011: 501) notice that it is useful for future research to engage a comparative analysis, "looking both at systems where the opportunities for clinical professions to successfully contest the jurisdiction of management have been lower (the UK, for instance) or even higher". The aim of this study is to explore the consequences of the evolution of healthcare managers' role from a nursing role to a management role. The case of UK represents "an early starter in the drive to strengthen management in health services" (Kirkpatrick, Dent, & Kragh-Jespersen, 2011, p. 491). That's why this study focuses on healthcare managers' role in the United Kingdom and compares it with the evolution of healthcare managers' role in France with the aims to highlight the dangers and the strong points of this evolution, in particular on nurses' job satisfaction.

BACKGROUND

The evolution of healthcare managers' role in France

In France, Chantal de Singly (2009) considers the missions of hospital managers as composed of 4 different scope of activities: team building and organization management, transverse mission or project responsibilities, expertise and training.

She notices also the stronger and stronger importance of the healthcare managers in quality management with the central role of management in the certification of establishments. Coulon (2010) notices that the notion of quality of care has changed, nowadays healthcare manager must understand quality of care from a nursing professional point of view as well as from a manager point of view. She emphasizes the importance for hospital managers to have more span of control to obtain a real ability to decide. In French hospitals, to become healthcare manager, people need to have a minimum of length of service to cross the competitive examination. In addition they must have qualifications from universities or, more often, from specialized professional schools. However the author notices that the trainings for healthcare managers are not adapted the task of the future managers and she proposes to standardize trainings intended for healthcare managers. Furthermore she proposes to develop lifelong learning for healthcare managers who are already working. That's why, France is

thinking about the development of systematic management training for the healthcare managers (Yahiel & Mounier, 2010).

Chantal de Singly (2009) distinguishes different kind of managers: managers with direct team responsibilities,,managers with indirect team responsibilities, but also, expert managers and training managers, who are in charge of the procedures, budget management or technical solutions. The last hospital reforms in France increase the place of procedures which lead to think that the number of managers will decreased. Indeed, the author noticed that a more structured and standardized work decrease the number of managers in industry for instance, each people managing themselves.

Literature on nurses' job satisfaction shows the importance of communication with the supervisor (Blegen, 1993) and feed-back (Irvine & Evans, 1995) . Yet, intermediate managers deal more with downward communication than communication towards Direction (Detchessahar & Grevin, 2009). Moreover, healthcare managers realize an invisible work while in hospitals it is acts which are valued (De Singly, 2009; Detchessahar & Grevin, 2009). Detchessahar & Grevin (2009) emphasize the first negative consequences about the evolution of the role of the healthcare managers in France with the rise of their administrative/management role and their absence more and more important toward teams and nursing work. These have consequences on communication as it doesn't allow discussion about the activity and their contradictions, the lack of supervisor support and the absence of managerial role. Nursing staff denounce the evolutions of the position of healthcare managers who from a position of "nursing managers" have became today "administrative/management managers". These observations are worrisome towards the literature about nurses' job satisfaction which notices the importance of communication with supervisors (Blegen, 1993), supervisory relationship and leadership (Irvine & Evans, 1995) on nurses' job satisfaction. In return, the development of a management policy allows the establishments to have more resources and leeway.

The role of healthcare manager in the United-Kingdom

There are different kinds of managers within NHS: *General Managers* who "organize the delivery of healthcare to everyone who needs it", *Estates and facilities Managers* who "manage buildings, support services and other environments where healthcare is delivered", *Practice Managers* who "manage the overall running of GP surgeries", *Information Managers* who "use information and IT to make help ?, monitor performance and set priorities", *Financial Managers* who "manage budgets and decide on resource allocation",

Clinical Managers who “manage the delivery of clinical care and treatment and *Human Resources or Personnel Managers* who “provide career management, training and support for staff”². This study focuses on General Managers, Practice Managers and Clinical Managers.

The evolution of healthcare managers ‘role in UK comes with the creation of a ‘performance culture’ which become important in the role of the manager (Bolton, 2005). Now in UK, “senior nurses are not only asked to do their best for patients but also to achieve this within financial controls” (Bolton, 2005, p. 6) in particular for ward and clinical nurse managers. Bolton (2005) emphasizes that “some aspects of the management role are welcomed” by senior nurses but “the same nurses also show a critical appreciation that beyond the vision of nurses as empowered managers are tight budgetary controls and performance measures and targets” (Bolton, 2005, p. 6).

After having seen the role of healthcare managers in France and in UK, this study will compare these two roles thanks to a qualitative method described below.

METHODS

Data of this study were collected as part of qualitative study composed by semi-structured interviews realized next to nurses and healthcare managers who work in non-profit establishments in France and in UK in 2011. Much of the qualitative data presented here were drawn from informal conversations where nurses and healthcare managers talked openly about the role of healthcare managers and from analysis of different documents like official reports and articles. Data were been analyzed with a manual thematic analysis.

Sample for semi-structured interviews: In UK, the sample of this study (n=8; 3 nurses, 3 healthcare managers, 1 doctor, 1 medical director) is composed by heterogeneous kind of healthcare managers and healthcare professionals (nurse managers, line manager, professional leadership, doctors, nurses) in different establishments of primary care (GP surgery, Mental health center) with the aim of having different points of view about the role of healthcare managers in UK. The French sample (n= 8; 4 nurses, 3 healthcare managers and 1 senior healthcare manager) is also composed by different kind of healthcare professionals in one private non-profit healthcare establishment and one public hospital.

RESULTS

² <http://www.nhs Careers.nhs.uk/> consulted on 19th, July 2011.

The results from the analysis of the interviews next to healthcare professionals in France and in United Kingdom can be decomposed in different themes which studied below.

The importance of the quality

In France and in UK, the part of quality is more and more important in the healthcare managers' missions and it has consequences on nurses' work, in particular with an increase of administrative task in nursing jobs.

The analysis of the interviews realized in UK shows the importance of quality in the missions of healthcare managers.

Quality is another important aspect in my role. To insure a quality of patient care. The quality of safety of patient. (UK Healthcare manager -CUK)

It's important, financially and clinically to the patient, to make sure our target (UK Healthcare manager – CUK)

In France, the report of Chantal de Singly (2009) about the evolution of hospital managers emphasize that the quality become very important in the mission of hospital managers with the central role of management in the certification of establishment. In the interviews of this study, this observation is confirmed.

We are, as a senior manager, in charge of the quality of care [French] (French senior healthcare manager-AFR)

Some managers have the feeling that this importance of quality is a constraint for nurses.

I believe that there are many more administrative constraints, of traceability and that it is, I believe in a lot of job [French] (French healthcare manager-AFR)

The traceability, we are ok but at the moments we spend more time filing in papers than looking after patients. I caricature maybe little but... [French] (French healthcare manager-AFR)

The influence of managers' background

Healthcare managers' background in France is a nursing background contrary to in UK where there are also healthcare managers with non-clinical background. These two kinds of background are questioned. In France, it is management training which is judged like inappropriate to make a good manager and in UK, it is the part too important of management in the healthcare manager profile which is source of dissatisfaction of nurses.

In UK, healthcare managers mustn't have a specific background. Generally, nurses think that their manager is far of the nursing work and they don't know the real constraints of their job and their nursing problems.

Sometimes my manager says "no, we can't do that." Which is fine if...if they give you a reason why. But most of the time, they don't. You know, people who have no clinical expertise and tell you "no, you can't do that." So that's frustrating (UK nurse – CUK)

In contrast, some people think that a nursing background isn't efficient to be a manager.

In National Health Services, a lot of the management [...], the background is the nursing [...]. The question is how much managerial skills they have, that's the question. (UK medical director – AUK)

In France, healthcare managers must have a nursing background and a specific training generally provided by professional schools. This background of healthcare managers is also questioned as illustrated by the report of Chantal de Singly (2009) and the report of Yahiel and Mounier (2010). A common training from university should be set up according to Yahiel and Mounier (2010). This training would be focused on the health management.

An office taken away

In France and in UK, healthcare managers begin to be less and less present in the wards either because their offices are moved next to Direction departments or because they are always in meeting.

In one of the GP surgery studied in this study in UK, the office of the healthcare manager is not in the same floor as the nursing team. No English nurses in this study complain about the

removal of their manager but this observation shows the physical but also mental separation between healthcare managers and the nursing work.

In their case study, Detchessahar & Grevin (2009) noticed that the nurse managers' office has been moved in the same floor than Direction this shows the physical but also mental separation between healthcare managers and nursing work. In France, healthcare managers begin to be more and more absent from their office when their office is on the ward. Nurses complain that their healthcare manager is never present in the ward and is always in meeting.

Because me, now, I am... I am on the field but I'm not in the same... I can't talk about level... I'm not in the same... in the same context [French] (French healthcare senior manager – AFR)

Generally, the direct supervisors stay close to their teams but it is not the same thing with the hierarchy above.

There is no recognition at all from the high hierarchy, even of our skills... [...] However in the ward, there is no problem of recognition. Well, maybe because of my experience ... [French] (French nurse – BFR)

The leadership style

The different style of leadership between French and UK healthcare managers can be explained by the difference of healthcare managers' background. Indeed, in the UK a nursing background isn't required to be a healthcare manager while in France it is compulsory for healthcare managers to have a nursing background.

The interviews in UK give these results.

I include my staff in the majority of decisions but [...] for decisions about service positions, security decisions or financial decisions [...] when we need to make a quick decisions [...] and sometimes it is not appropriate to include the staff (UK healthcare manager – BUK)

We have an action plan. And everyone's names are in the action plan [...] I have to do management meetings. It is a face-to-face meeting as a group sharing action plans and supporting each other. [...] Initially, there were some resistances [...] but I think because

they know there is no choice. As an organization we have to do these targets and we can't go away [...] so they do their best. (UK healthcare manager – CUK)

The interviews show that most of French healthcare managers use a participative leadership while most of healthcare managers in UK are more directives.

What I do personally is a participative management, me I am very rarely directive I need to be pushed to be directive [French] (French healthcare manager – AFR)

It is the team who...who intervenes ... who puts close the name and it is my way of making, of working with the schedule anyway [...] But no, no... I... I let them just the autonomy, the autonomy I protect it [...] Yes, yes... it is necessary to be participative. Yes, yes, that works very well like that [French] (French healthcare manager – CFR)

Implication towards nurses' job satisfaction

Contrary to UK with the annual NHS staff survey, in France there is no national staff survey on nurses' job satisfaction. But healthcare managers make actions to improve job satisfaction of their staff and have thinking on the subject to reduce turnover and absenteeism in spite of the fact that healthcare managers don't have official targets about this contrary to UK healthcare managers.

In UK, the implication on healthcare managers on nurses' job satisfaction is not homogenous inside the profession. Some managers tell that they have the feeling to be implicated in their staff job satisfaction. They feel to have a role to improve job satisfaction.

As a professional leader, it is my responsibility to ensure that the result of the survey we take improves, we do an annual survey on the trust staff well-being [...] my role is to make any... any problem to come out ...(UK Healthcare - CUK)

Other managers don't have the feeling of having the power to improve this. They think that they can't change things.

In France, for the moment, there is not national staff survey on job satisfaction but a study about it is being made. It calls CLARTE and it plans an indicator about job satisfaction which will be followed every year or every two years.

Therefore, French healthcare managers are not particularly implicated in the following and in the improvement on nurses' job satisfaction. Except that, they do different actions to facilitate the life of their staff not to improve the job satisfaction rate but just to make nurses happy to go working and to reduce turnover.

If a nurse asks me not to work one day in particular, I am going to make everything so that she can [French] (French healthcare manager – AFR)

We feel that we have to work in depth this aspect, because the society evolves because ... because people ... young people who arrive on the labor market, they have maybe also things to say, [...]... maybe we need to adapt another organization [...] [French] (Senior healthcare manager – AFR)

We also need to work to facilitate the nurse the work-life with childcare center, accommodations, things like that...[French] (Senior healthcare manager – AFR)

But nurses' job constraints don't allow a total satisfaction of nurses.

I am not completely satisfied every day, I think that we could do better [French] (French nurse – CFR)

Focus on the budget

Although budget constraints are more and more present in France, nurses don't feel the budget management from their managers like a constraint of their job in contrast to UK. In UK, many nurses complain about the budget constraints. In France, nurses feel indirect effects of the management budget but not direct effects. This difference can be explained by the performance culture which developed by healthcare managers in UK and which is not as developed in France. Once again, this difference of mind can be the consequences of healthcare managers' background.

According to interviews, managing the budget is the main role of healthcare managers in the UK. It is the major point which comes out from the interviews.

We need to, we need to make a profit [...] we need to stain profits so...we manage to do that. (UK Healthcare manager- AUK)

My role, I think, it's just to listen to everybody complaints, and trying to keep everybody happy and working... efficiently (UK Healthcare manager - AUK)

We have to be quite professional, I think... It is a business, I think.(UK Healthcare manager - AUK)

The importance of budget management in healthcare managers 'mission is one of the origin of UK nurses' job dissatisfaction. They understand the importance of managing the budget but they don't see it as being the main mission of a healthcare manager and a healthcare system in general. Most of UK nurses declare that one of the main constraints of their job is the financial constraint.

[About the importance too big of the budget in the role of healthcare manager by the nurses]

It is a common complaint. The staff that I manage often accuses me of the same thing... I think because as clinical manager, you are often close to opposition [...] we have a budget, we have to provide service in that budget. (UK Healthcare manager – CUK)

Main constraints of my job are finances as they are limited. (UK nurse – CUK)

DISCUSSION

The small size of the samples of this study (in UK, n=8 and in France, n=8) doesn't allow generalizing its results. And yet, this study allows a best comprehension of the evolution of healthcare managers' role in France and allows a comparison between healthcare managers from two countries which have some common points but also a lot of differences. It highlights the dangers of the evolution of healthcare managers' role from a nursing role to a management role thanks to a comparison between two countries

It is not easy to compare UK nurses and French nurses. First of all, the two samples are composed by nurses and nurse managers who work in different kind of establishment and in particular for the UK sample, some interviews have been made with nurses and healthcare managers who work in GP surgery. This kind of establishment doesn't exist in France. These different kinds of establishments don't have the same organization and don't work in the same way. Moreover, the role of "nurse practioners" doesn't exist in France although the HPST law allows the possibility to delegate some tasks from medical professionals to nursing

professionals. The first protocol of cooperation between healthcare professionals in France signed on July 13th, 2011. This protocol allows nurses to practice some oncologic medical acts in place of medical oncologists. We are witnessing the appearance of a new form of professionals nursing in France. But in this study, none of these new nursing professional have been interviewed in contrast with UK. To finish, UK healthcare system and French healthcare system are two very different systems with different financial system which are not easy to compare. Despite the differences between these two healthcare systems, the study shows that the evolution of healthcare managers' role in the two countries has the same negative consequences in France and in UK towards nurses' job satisfaction in particular with a removal of healthcare managers of nursing teams and nursing works. The two healthcare systems are described in the table below.

Table 1.

Description of the healthcare systems in UK and in France

| | <i>United Kingdom</i> | <i>France</i> |
|---|--|--|
| Different kind of establishments | There are three kinds of health care organisations, the NHS (public), private companies (such as BUPA or Nuffield), and charities/voluntary organizations. | Three kinds of healthcare establishments can be distinguished: public establishments, private non-profit establishments and private profit establishments. |
| Delegation towards nursing professionals | With the intention to control healthcare expenses, UK has created the function of “nurse practioners” which substitute for junior doctors who are | The HPST laws allow that some medical practices are delegated to nurses but, for the moment, just one protocol of cooperation |

more expensive.

between healthcare

professionals has been signed

and it is too early to study

these new nurses.

Financial system

The NHS is a public healthcare system financed mainly by tax (82% of budget). The private insurance covers only a low part of the population. It is a “Beveridge” system with a national healthcare system.

The access to the coverage of the care by the Social Security is connected to the professional activity but there are a lot of exceptions. The system is mainly financed by contributions. It is a Bismark system.

Despite the results found by this study which make thinking that English nurses suffer of a lack of support from their managers, the last results from the annual NHS staff survey shows that 62% of NHS staff in UK are satisfied from the support they received from colleagues and from their immediate manager, it is a little better than in 2009 with 61%. However ambulance staff are generally less satisfied, with less than half (48%) satisfied with support received from their immediate manager. The results of NHS staff survey contradict the results of this study. This contradiction can be the result of the fact that the sample of the national NHS staff survey is composed by all NHS staff and not only by population of nurses. Moreover, nurses interviewed here work in a little structure like GP surgery or little health centers. The establishments studied by the NHS staff survey are bigger than those studied here.

To finish, a useful starting point here would be to engage a longitudinal research about the evolution of healthcare managers’ role, looking at the evolution of nurses’ job satisfaction with the evolution of this role.

CONCLUSION

This study shows that the evolution of healthcare managers' role can be dangerous toward their relation with the staff. In UK, although the last NHS staff survey indicates that more of half the staff is satisfied with the support they received from their immediate manager, the analyze of the interviews show that this results can be brought some reservations. Indeed, in the interviews, most of nurses complain about the lack of support of their managers. The evolution of healthcare managers' role takes managers away from their teams. This observation is valid in UK but also in France, although the situation is not as critical in France as in UK. Indeed, in this study, French nurses don't complain a lot about the lack of support from their manager and don't have the feeling that they are taking away from their teams. But some French nurses and some French healthcare managers begin to find that healthcare managers are too often absent from the ward and are too often in meetings.

The focus on budget is a real problem for nurses in UK and in particular, for their job satisfaction. Healthcare managers are confronted to multiple roles as described by Bolton (2005) who writes "*senior nurses do not switch themselves on and off as either nurses or managers, but glide from one performance to another, sometimes sincere, sometimes cynical, but at all times an element of self is present [...]In other words, whilst acknowledging the 'minor traffic rules' required for their management role (Goffman, 1967), the nurses also follow the traffic rules involved in other roles they must enact – traffic rules which guide them and inform them in the presentation of self*" (Bolton, 2005, p. 20). In France also, healthcare managers is taken between two logic systems, market logic and hospital care logic (Yahiel & Mounier, 2010). These multiple roles have consequences on the style of leadership used by the manager and on a nurses' job satisfaction. This point would be developed in a future research.

One finding of this study is the importance of the health care manager background for nurses and for the relationship between healthcare managers and their teams. Finally, the results of this study is an useful starting point to engage a future research about the influence of healthcare managers' background on nurses' job satisfaction and on style of leadership.

ACKNOWLEDGEMENT

This study would not have been possible without the continued generosity of Susan Hamer and Gayle Garland – in terms of use valuable time and level of commitment to the research

project. Thanks also to COST action ISO903 and Ian Kirkpatrick who allowed me to come to the UK for this international comparison.

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