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# Need to nurture middle management

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## *Threats to healthcare succession planning*

No one wants their contribution at work to be taken for granted. No one wants to feel unappreciated or undervalued, ignored, rejected, shunned, or sidelined. Such neglect is even more difficult to bear – and difficult to understand – when you are part of a workforce which is so essential to the organization's success that your efforts should be celebrated, and you and your colleagues should be at the forefront of succession planning.

Take a bow middle management in the US healthcare organizations whose responsibilities encompass planning, directing, and coordinating medical and health services. They might manage an entire facility or specialize in managing a specific clinical area or department, or manage a medical practice for a group of physicians. Typically, they work to improve efficiency and quality in delivering healthcare services; stay current with new laws and regulations for compliance; supervise assistant administrators in large facilities, and manage finances such as patient fees and billing. Middle managers also create and monitor work schedules and represent the facility at investor meetings or on governing boards.

They keep records of the facility's services such as number of inpatient beds used, as well as communicate with members of the medical staff and department heads. Nevertheless, many middle managers, having reported feelings of being underappreciated, typically point to the lack of information or poor communication from senior executives.

## **Frustration leads to sliding out to isolated out-of-reach positions**

The Affordable Care Act has prompted a large number of mergers within the US healthcare industry, and, to meet new challenges, hospitals have reintroduced reforms and structural changes including team-based design, inter-professional collaboration, and shared leadership that worked well in the past. Healthcare units and teams operate in environments that are largely influenced by broader institutional goals where middle managers are most needed for guiding and directing front-line teams to carry out the mission. Yet detractors have continued to call for the elimination of middle management through delayering.

Delayering by which senior executives become directly connected with lower levels has the dual effect of increasing executive span and decreasing depth through functional centralization. Evidence suggests that the number of managers reporting directly to the CEO has increased steadily. At the same time, the number of positions between the CEO and department managers (or division heads) has decreased. While the elimination of middle management layers has pushed some decision-making down to the frontlines and provided companies greater flexibility in responding to customers, research shows that the addition of senior executives (e.g. finance, legal, marketing, R&D) and corporate staff roles

to the C-suite added to the CEO's span of control and shifted decision-making power up, not down.

In hospital settings and health systems, frustrated middle managers react to their loss of autonomy by sliding out to isolated, out-of-reach positions, in effect choosing an avoidance strategy. Unable to handle cross-over pressures, they tend to stay away or lay low, fueling the image of "uncommitted managers".

### **Insufficient development risks burnout and extra turnover costs**

Rather than providing them with assurances, hospital administrators react harshly by typecasting middle managers as abdicators or low performers, who must be further avoided or by-passed. The constant pressure on middle managers to focus on daily routines away from strategic circles places them in sink-or-swim predicaments, creating the impression that middle management is an occupation whose autonomy is largely constrained.

However, grooming middle managers for senior leadership positions makes sense. Middle managers who are appreciated and are also targeted for upward mobility are more satisfied, productive, and committed. With rising CEO turnover rates, hospitals need to develop adequate succession programs to identify and train new leaders. These programs should build a strong talent pipeline with those already working within the organization, especially as it costs less to develop and retain a cadre of leaders in-house than to hire and train new ones.

Have middle managers' roles been undervalued as top executives are prepared to handle new healthcare regulatory requirements? Are healthcare middle management roles still tenable? Are they well regarded and targeted for succession planning? Are middle managers in healthcare organizations well prepared for new structural challenges? Insufficient middle manager development could lead to the risk of burnout, rising turnover costs, and undermining succession planning. Reportedly, higher turnover rates among middle managers might also weaken organizational performance and diminish the vital connection between strategy thinking and planning and implementation.

These questions are posed in a paper by Dr. Alan Belasen and Dr. Ariel R. Belasen who conclude that "Healthcare executives are not placing enough emphasis on cultivating the next cadre of leaders that will be required to sustain competitive advantage and business continuity. Often the importance of involvement in decision making and strategizing is taken for granted by top executives who leave overwhelmed middle managers tied to tasks and operational issues without the ability to step forward and exhibit their stronger strategizing skills".

### **Important for managers to communicate their indispensability**

The feelings of being undervalued or unappreciated can be carried over and lead to anxiety and depression or even to becoming "hypereffective" – working excessively hard in an attempt to prove themselves. Hypereffectivity may sound good, as it tends to transform middle managers into conservative and overworked managers who are pushed

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to the limits by the expectations of those above them who demand nothing short of better results. However, the pattern of change in the tasks and responsibilities underlying the roles performed by hypereffective managers suggests a severe loss of discretionary time and an increase in the sense of powerlessness.

Well-designed leadership development programs and succession planning along with willingness by senior executives to acknowledge the “value in the middle” and promote from within can create the pathways to bridging the leadership gap in healthcare organizations. The CEO and the board need to initiate the selection of internal candidates and ensure their preparation to lead and manage organizational transitions. Senior executives should set out realistic expectations that lead to positive outcomes that are relevant for middle managers. It is important, however, that middle managers communicate their indispensability to senior executives. They need to take the vision and goals of organizational leadership and cascade them appropriately so that frontline teams are aligned with that vision.

**Keywords:**

Succession planning,  
Morale,  
Healthcare middle  
management,  
Hypereffective manager,  
Middle manager  
development,  
Turnover costs

**Comment**

This review is based on “Value in the middle: cultivating middle managers in healthcare organizations” by [Belasen and Belasen \(2016\)](#). They discuss the significant role of middle managers in US healthcare organizations operating in environments of change, the importance of recognizing the conditions leading to low morale, and the rising costs of turnover and leadership discontinuity in healthcare organizations. They also address the need for building a strong talent pipeline through middle manager development.

**Reference**

Belasen, A. and Belasen, A.R. (2016), “Value in the middle: cultivating middle managers in healthcare organizations”, *Journal of Management Development*, Vol. 35 No. 9, pp. 1149-1162.

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