

Minimizing HR Discrepancy: Goal Congruence between different Stakeholders.

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ABSTRACT

It is a well-known assumption that different HR stakeholders have differences in characteristics, perceptions and goals. These differences may lead to discrepancy between intended practices designed by HR, actual practices implemented by line managers and perceived HR practices by employees. HR professionals, line managers and employees have different perceptions and goals, and they thus may behave different. Therefore, not every practice is implemented as intended and has the same influence on every employee. As a result, variability exists in behavior of stakeholders. This behavior can deviate from the desired behavior intended by HR towards organizational goals and performance. This disunity may decrease effectiveness of the HR practices implemented, since stakeholders might not behave to positively impact organizational performance. This paper aims to examine the reasons for goal discrepancy and assess the effect of the alignment of goals between stakeholders on HR implementation and perceptions. We used an exploratory case study in a Dutch hospital, MST, to identify the goals and perceptions of different HRM stakeholders. Analyzing documents and interviewing a total of 15 HR professionals, line managers and employees from different departments, it was found that in a goal congruent situation, no significant differences appear between intended, actual and perceived HR practices. We confirm that goals are more aligned when it is clear among employees what is expected of them regarding these goals and how they can contribute to the goals. Correspondingly, our research shows that when the HR system provides distinctiveness, consistency and consensus, goals are more aligned. Communication is thus an important means to achieve aligned goals and shared perceptions among HR stakeholders. It is also stressed out that when the organization focuses the communication of their goals on the well-being of employees instead of financial objectives, a goal congruent situation arises.

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Keywords

Intended, Actual and Perceived HR practices, HR Congruence, Goal Congruence, Multi-constituency Approach, Goal Achievement.

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Abbrevations

MST	Medisch Spectrum Twente: a Dutch hospital located in Enschede.
Arbo	Arbeidsomstandigheden: occupational health and safety.
FWG	Funciewaardering: ranking of jobs within Dutch health care on basis of heaviness of the function. Every FWG has its own corresponding salary level.
RVE	Resultaat verantwoordelijke eenheid: profit center within health care organizations, composed of multiple similar departments.

1. INTRODUCTION

Human Resource Management (HRM) has proven to be a significant factor for firm performance. The Becker et al. (1997) model for instance indicates that HRM practices impact the creativity, productivity and discretionary behavior of the workforce. Because of the effects of HR on firm performance, scholars also talk about 'Strategic HRM' to indicate a critical relationship between HRM and organizational effectiveness (Boxall & Purcell, 2000). Since it still is not clear how HR influences performance, researchers refer to the 'black box' of HR (Boselie et al., 2005).

In any organization, a lot of different stakeholders are present. Tsui (1984) and Salancik (1984) concluded that a multi-constituency approach is recommended to make an assessment on HR effectiveness. So, to consider the HR system, not only the HR department should be taken into account, but also other stakeholders affected by HR, including senior managers, line managers and employees. Each of these stakeholders has his/her own experiences (Rousseau, 2001), backgrounds (Cox & Blake, 1991), values (Judge & Bretz, 1992) and goals (Peccei, 2004) that affect the way he or she behaves and perceives things. If people differ so much, it is unlikely that all employees will have the same perceptions about HR (Nishii et al., 2008). This may cause problems, since HR practices affect organizational outcomes through these perceptions of employees (Nishii & Wright, 2008). Different stakeholders have different perceptions and goals. These goals can explain that different actors implement HR practices differently. HR designs practices to positively affect employees and the organization, and differences in implementation can reduce the impact of these practices. There is thus a need to keep variances between levels as low as possible.

The HR practices are developed to meet the objectives of the organization, but when teams and individuals pursue different or competing goals, it can lead to divided perceptions and attitudes, which reduce effectiveness (Bowen & Ostroff, 2004). When organizational goals are communicated clear through the organization, teams and individuals have a clear notice of the expectations and their contribution to achieve the goals (Boswell et al., 2006). Additionally, organizations can provide goals that are relevant for individuals' needs. In this way, teams and individuals are motivated to work towards similar goals (Bowen & Ostroff, 2004). This goal alignment between management and personnel may improve alignment of the different HR practices, which leads to an improved effectiveness of the HR function.

The purpose of this paper is to provide a multilevel, multiple goals approach to help understand differences between the designed and experienced HR practices, and recommend how these differences may be reduced. Taking into account the previously mentioned, the following research question is formulated:

'How can the goals of HRM stakeholders explain and minimize differences between intended, actual and perceived HR practices?'

Identifying the goals and perceptions of the different stakeholders of HR within a firm and trying to align them with each other in order to expalin differences between intended, actual and perceived HR practices is a central issue in this paper. This paper is offering a new addition to existing knowledge, by linking goal achievement to the movement from intended to perceived HR practices in a multi constituency context. This paper is relevant for the HR research field, since HR affects different stakeholders within a firm, and these stakeholders have different goals and motivations that influence the way they perceive and implement the practices. Therefore it is very useful that this paper points out how differences appear between organizational, team and personal goals and how more congruence may be established between those goals. This study is very relevant for business use. Recommendations will be made to reduce variations between intended, actual and perceived HR practices. Minimizing these variations is something every HR department wants to achieve, since it leads to a collective adoption of desired behaviors by employees (Bowen & Ostroff, 2004).

2. BACKGROUND

To consider the relevant stakeholders for the HR implementation process, a multi-constituency approach is needed (Tsui, 1984). Two of the most extensive multi-level models to date are created by Bowen and Ostroff (2004) and Nishii and Wright (2008). The latter describes how stakeholders perceive HR differently, resulting in three concepts: intended, actual and perceived HR practices (Nishii & Wright, 2008). Bowen and Ostroff (2004) introduce the concept of system strength by integrating both a content and process approach of HRM. The content approach focuses on what HR practices will achieve the organizational goals, while process describes why organizational members perceive these practices differently. A strong system is one perceived as high in distinctiveness, consistency and consensus, which results in shared perceptions among employees. As HR stakeholders may vary in gender, age and experience, they may also vary in their perceptions and goals (Jensen & Meckling, 1976). When there exists incongruence in perceptions or goals between stakeholders, this will lead to resistance of some stakeholders to behave in line with intended practices and goals, increasing risk of undesired behavior (Bowen & Ostroff, 2004). When perceptions are shared, employee attitudes and commitment increases (Meglino & Ravlin, 1998). When goal congruence exists, organizations and employees strive for similar goals (Bowen & Ostroff), and employees are motivated to work for organizational goals (Gottschalg & Zollo, 2007). Shared perceptions and goal congruence are present in a strong HR system.

2.1. HRM stakeholders

There is a lot of literature considering the relationship between certain HR practices and their effect on turnover, productivity and financial performance (Huselid, 1995). These effects may be assigned too simplistic to HR content, since the researchers assumed that intended HR practices would be implemented as planned and would have the same effect on every employee. Various studies have doubted these assumptions (Wright & Boswell, 2002; Purcell et al., 2003; Wright & Nishii, 2006), because of a found discrepancy between how HR is intended and how it is experienced. This discrepancy is an effect of the different HR stakeholders. Multiple actors, including HR professionals, line managers and employees have a stake in the implementation of HR (Guest & Bos-Nehles, 2013). To consider these different actors, Tsui (1984) called for a multi-constituency approach, taking multiple stakeholders of HR into account to reach a thoughtful understanding of the HR process. Tsui and Milkovich (1987) state that HR survival depends on meeting stakeholders' demands. It is important to know that all stakeholders, even when they are on the same level, have different backgrounds and agendas (e.g. Rousseau, 2001; Cox & Blake, 1991; Judge & Bretz, 1992), as well as different cognitive frameworks that help sense making of social information (Fiske & Taylor, 1991). There are also differences between goals of HR professionals, line managers and employees (Peccei, 2004), as a result of their ideas on the importance of different things (Bartos & Wehr, 2002). Therefore they all have different expectations and perceptions of successful implementation (Tsui, 1984). Previous research has confirmed this by finding differences in judgment between stakeholders on the implementation process. It is found that chief executives and HR directors have low level of agreement on HR practices' effectiveness (Guest & Conway, 2011; Mitsuhashi et al., 2000), and that this effects HR involvement in strategy (Wright et al., 1998). Bondarouk et al. (2009) found differences in understanding and expectations between HR managers and line managers. Moreover, what makes effective implementation even harder is that every stakeholder puts the fulfillment of his or her own goal in the first place (Tsui & Milkovich, 1987). Guth and Macmillan (1986) found that stakeholders' goals may conflict, causing obstacles for effective implementation.

Thus, there is a discrepancy between intended policy, implemented practices and perceptions as a result of different characteristics and goals of involved stakeholders.

2.1.1 HR professionals

For the intended practices, Khilji and Wang (2006, p. 1172) provide us with the following definition: *'by intended' HRM we mean the practices formulated by policy-makers (HR Managers and senior management)*. The intended practices can be policies or systems in relation to recruitment and selection, training and development, appraisal, compensation

and performance management and employee participation (Boselie, 2010). The clearer and more consistent the intended HR practices are, the more effective they will be (Baron & Kreps, 1999; Bowen & Ostroff, 2004). However, usually not one, but multiple themes and goals are communicated through the system, which may be competing so that people feel like they have to choose one (Boxall & Purcell, 2008). A clear focus should thus be provided by the HR system.

In general, the HR function's goal is to help achieve organizational goals (Boselie, 2010). The relationship between intended HR practices and strategic objectives is widely discussed in HR literature. There is a lot of literature considering the best HR practices for different strategies (e.g. Dyer & Holder, 1988; Miles & Snow, 1994; Schuler & Jackson, 1987). For example an organization that adopts a cost leadership strategy will have different interests in terms of compensation and training than one that adopts a differentiation strategy (Wei, 2006). When there is an alignment of HR practices with the strategic management of the firm, it is called a strategic fit (Schuler & Jackson, 1987). It is emphasized that strategic fit leads to high performance (Huselid, 1995; Schuler & Jackson, 1987). Concerning values and culture, an organization where the HR department is considered less important will have a difficult job to achieve strategic fit, because they are not timely informed by top-management about certain changes in the strategy (Wei & Lau, 2005; Budhwar, 2000). Employees make different HR attributions about the goals underlying HR practices. When they make the attribution that HR goals are aimed at cost reduction and exploiting employees, this has a negative impact on employee attitudes (Nishii et al., 2008).

Thus, the intended practices are the policies made on the top level in the organization, and whether they are aligned with the organizational goals depend on the level of strategic fit. The intended practices should communicate a clear focus through the HR system. Line managers and employees may disagree on HR goals, claiming they exploit employees.

2.1.2 Line managers

The actual HR practices are those practices that are actually applied by line managers. According to Khilji and Wang (2006, p. 1172): *'Actual' or 'implemented' HRM refers to practices operationalized in organizations and experienced by employees*. This means that when there is a difference between intended and actual HR practices, the line manager implemented the HR practices in a different way than the HR department intended to (Nishii & Wright, 2008). The actual practices, and not the intended practices, are the ones that employees perceive and react to (Purcell & Hutchinson, 2007). Therefore these practices and line managers are important subjects of investigation. More and more organizations 'devolve' HR responsibilities and activities from HR managers to line managers (Larsen & Brewster, 2003). Becker and Huselid (2006) state: 'designing an HR system is

not the problem. The challenge is motivating line managers to implement these systems' (p. 919). Since policy cannot cover everything that can happen in an organization, the line managers have a certain level of discretion in implementation (Zohar, 2000). This shows the critical role line managers have in the HR process. However, scholars are not unanimous on the impact of this role. Some evidence implies a positive effect, with devolvement leading to higher employee commitment (Gilbert et al., 2011), while others found that line managers are not motivated enough to contribute to HR (Kulik & Bainbridge, 2006). These and other findings on line managers in the HR systems are provided (Appendix 1).

As well as HR practices, line managers also implement organizational goals onto their teams. These goals focus on team productivity as well as employee well-being (O'Dell, 1989). It is found that within teams, setting goals increases motivation of team members and performance of the whole team (Rodgers & Hunter, 1991). However, there are drawbacks to team goal-setting. When team members perceive that their personal effort does not effect team success, this can lead to a drop in motivation (Karau & Williams, 1993). To overcome this, Buller and McEvoy (2012) suggest that line managers should provide a clear view on how members can and are expected to contribute to the team and even organizational goals. Although teams have particular team goals, the members of the teams also have their personal goals. Research suggests that employees strive for development, recognition and avoidance of failure (Dweck, 1986). Developing oneself may lower overall team performance and thus conflict with the line managers' goals. Vancouver and Schmitt (1991) suggest that when team members have congruent goals, they improve the performance of the whole team. Consequently, when team members feel that their personal goals differ from the goals of other team members, resulting in goal incongruence, this can decrease team performance.

Thus, however with mixed feelings, the role of line managers is becoming more and more important in HR. Correspondingly, more goals are set at the departmental level, focusing on productivity and well-being. This has shown to lead to more motivated team members and enhanced team performance. Pitfalls to this are that goal incongruence among team members and a perceived uncritical role can weaken this relationship.

2.1.3. Individual employees

The perceived practices are, according to Wright and Nishii (2006, p. 11): *'the subjective perception and interpretation of the actual HR practices by each employee in the focal group'*. Every employee has, among others, different experiences (Rousseau, 2001), backgrounds (Cox & Blake, 1991), values (Judge & Bretz, 1992) and goals (Peccei, 2004). Employees differ in their goals, since women may have different needs than men and minority or elderly employees have unique interests (Tsui & Milkovich, 1987). All

of these factors lead to variations in perceptions of the actual practices. This can lead to a situation where the same HR practices are experienced as positive by one employee, while the other experiences it as negative (Guzzo & Noonan, 1994). This perception is influenced by how well the HR practices fit the values, norms, goals and experiences of the employee (Kristof, 1996). In his study on graduate students, Vroom (1966) found that organizations enabling the achievement of personal goals were more attractive to applicants than organizations that did not. For example, individuals who search achievement and control will feel attracted to and will support an organization that has an individual pay-for-performance system (Turban & Keon, 1993; Bretz et al., 1989). Kristof (1996) identified this as the needs-supplies fit: when the organizational supplies the needs of the employee.

Employees usually pursue goals that enhance their well-being, while organizations focus on performance (Peccei, 2004). However, employees also have needs to contribute to business welfare and employee well-being is assumed to increase productivity (Harter et al., 2002). Goal congruence thus has a notable effect on both employee behavior and organizational functioning (Vancouver & Schmitt, 1991). However, what is best for organizational performance may conflict with employee well-being (Peccei, 2004). When employees commit themselves to behavior to achieve positive organizational outcomes, alignment is feasible (Salancik, 1977). Bowen and Ostroff (2004) as well as Boswell et al. (2006) take a more top-down approach in this alignment, considering the line of sight provided by HR management. Line of sight refers to what extent line managers and employees understand what is expected of them and how they can contribute to the organizational goals and policies (Boswell et al., 2006). Bowen and Ostroff (2004) refer to this by means of system strength or more specifically relevance, with HR messages sending a clear signal on how convergence to HR helps them achieve personal goals. This is particularly effective because stakeholders find it most important to fulfill their own goals first (Tsui & Milkovich, 1987). In order for employees to reach a clear and shared understanding of the expectations and contribution to organizational goals, HR may need to provide distinctive, consistent and concessive information on the goals (Bowen & Ostroff, 2004). Distinctiveness is build by visibility, understandability, legitimacy and relevance. Consistency is build by instrumentality, validity and consistent messages. Finally, consensus is build by agreement among decision-makers and fairness. Definitions of the different features, derived from Delmotte et al. (2011) are provided (Appendix 2). How and to what extent the different features influence goal congruence needs further testing.

According to evidence provided by Kristof-Brown et al. (2005), congruence between goals of the organization and the employee lead to more job satisfaction and citizenship behaviors. Yan and

Dooley (2013) emphasized that goal congruence positively affects project performance. This is due to the fact that it leads to mutual support and high commitment (Jap & Anderson, 2003), since people show more support if they know that contributing to an others' goals would not endanger their own goal achievement (Lakemond et al., 2006). Trying to achieve congruence may involve a substantive risk of uniformity. When stakeholders feel like their perceptions and goals are aligned with others, they tend to thrive for consensus instead of critical thinking in decision-making (Janis, 1982). Employees with no personal experiences also tend to rely on others' experiences to form judgments (Kehoe & Wright, 2013). On the other hand, organizations trying to achieve congruence tend to select a uniform group of employees, while diversity can lead to creativity and innovation (e.g. Richard & Shelor, 2002). Therefore, congruence should be achieved while respecting differences in background, culture and education among employees.

Thus, goal alignment requires effort from both employees and the organization. Goal alignment is the result of employees committing to both individual and organizational goals. But to achieve this commitment, the employees should be provided with a clear understanding of the organizational goals and how they can contribute to them. Messages from HR and line managers may enhance this understanding by being high in distinctiveness, consistency and consensus.

A graphical framework of the conceptual model under study is presented in figure 1. We propose a model where goal congruence between levels leads to a common understanding of desired behavior.

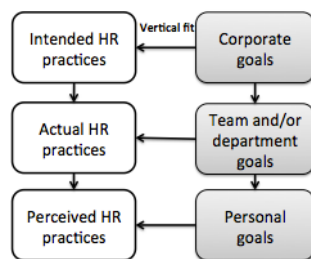


Figure 1: Graphical representation research

3. METHOD

To examine the previously mentioned concepts, we chose to undertake a case study in a Dutch hospital, the Medisch Spectrum Twente (MST). In order to uncover respondents' implicit perceptions and goals, an exploratory research is needed (Ghauri & Gronhaug, 1995).

3.1. Research context: the health sector

Lipsky (1980) provided us with the term 'Street level Bureaucracy', which is very fitting to a hospital and its workers. Lipsky (1980) stated that public service organizations, like hospitals, are complex bodies with vague and conflicting goals. Between turning these

goals into practices, discretion arises. This shows the importance of setting clear and relevant goals. In street-level bureaucracies the professional workers, who have a great amount of contact with citizens, play a critical role in policy execution. This may lead to differences in implementation and experiences of the HR policy. Hasenfeld (1983) came to a similar conclusion when he described his theory on human service organizations. The key to human service organizations is the contact between first line employees and the client. He found multiple factors why discretion exists in these organizations: executives have limited sight on the employees, there is no clear measure for results and that only loosely coupled connections exist within these organizations. This shows that variability within hospitals is likely to occur.

In their study in a large Dutch hospital, Veld et al. (2010) found differences between intended HR practices and the perceptions of these practices among different departments. Baluch et al. (2013) clarified that there was a positive relation between employees' HR system perceptions and patient satisfaction in a hospital. So, when employees are satisfied with HR, patients are satisfied with the employee. Veld (2012) found that when employees have shared perceptions of HR on the ward level, this increases both ward and organizational commitment. This evidence confirms that minimizing HR discrepancy is very welcome for health care organizations.

3.2. Data collection

The method chosen for this study is a case study. A case study is very fitting to conduct exploratory research (Bonoma, 1985). The first part of our study consists of conducting a document analysis, in which we review existing material such as management reports, historical documents and annual reports. Additionally, interviews are held with multiple organizational members from MST.

The policy we use to apply our research on is the 'absenteeism and reintegration' policy, which is in force since November 2012 (Absenteeism and Reintegration policy, 2012). The HR department and the 'Arbo service' designed the policy 'absenteeism and reintegration'. One important aspect of this policy is the so-called triangle relationship between the direct supervisor, the HR advisor and the company doctor, with in the middle the employee. The policy needs to be in accordance with the law 'Wet Verbetering Poortwachter'. This law prescribes that the direct supervisor and the employee together must make extensive effort to prevent disability. Central themes in the policy are motivation and commitment by employees and devolution of executive responsibility from HR to line managers.

At first, we make ourselves familiar with the context of this policy, by reading documents on the organization of MST. Next, we reach a clear picture of the policy and its implications through reading the description of the policy, which was handed to us. We

then use that knowledge to prepare for the interviews. At MST, semi-structured interviews are held with a main focus on finding out people's perceptions on the policy and their goals regarding this policy.

The sample with a total number of 15 respondents chosen for these interviews is as follows: three HR professionals responsible for making the policy, three line managers who implemented the policy and for every line manager, we interview three subordinates. The line managers and employees are active on a polyclinic, clinic or supportive department. Line managers are also referred to as team managers at MST, but we refer to them as line managers for sake of readability.

According to Delmotte (2008), an effective evaluation of HR included multiple stakeholders. We meet this recommendation. Since this study is exploring a relation between congruence in goals and shared perceptions, qualitative research is a valid research method (Popper, 1961). Quantitative research does not offer a possibility of serendipitous or organic findings, which we need for the relation to be explored (Downs & Adrian, 2004). The interviews were arranged so that they covered personal information on the respondent, their attitude towards the HR function in general, their perceptions and goals of the policy in general, and more specific applications of the policy, respectively. Our framework for the interviews can be found in Appendix 2. We based our questions on intended, actual and perceived practices roughly on an interview made by Bos-Nehles (2010). For the questions concerning goal congruence, we used a method that has been used in previous research, asking participants to come up with their own goals (e.g. Witt, 1998; Hermann & Brandstätter, 2013). A team of three researchers designed the interview frameworks, in order to increase construct validity (Ghauri & Gronhaug, 1995). We held each other focused on what we wanted to get out of the interviews and were critical on what we brought in.

3.3. Data analysis

We first enriched our understanding of the organization as a whole and the context in which it is situated, by analyzing management reports, the framework letter and job descriptions, inter alia. We then analyzed the document concerning the absenteeism and reintegration policy. In this analysis, we particularly focused on what was mentioned with respect to the different stakeholders' responsibilities and goals that were mentioned.

To analyze the interview data, we used an open coding method (van Aken et al., 2012). We first screened the interview transcripts and attached labels to interesting statements. These were either similarities or differences between levels or between stakeholders on the same level, or statements that were new or divergent from others. In doing so, we approach the data in a very open way; instead of making it fit a predetermined coding scheme. The data was then arranged as follows: we first analyzed stakeholders'

goals, by stressing out the goals of every stakeholder, whether they know the goals of other stakeholders and their contribution in achieving the organizational goal. Next we gauge perceptions on the HR function, to investigate the legitimacy and strategic fit present. Next, we investigated what stakeholders thought of the communication of the policy. We focused on line of sight in this matter; was it clear to every stakeholder what was expected of him or her? Finally, we elaborate on the line managers' role within the policy, by finding out how HR professionals, line managers and subordinates perceive the line managers' role in executing the policy. An example of some codes attached to sentences from the interviews is displayed in Appendix 4.

3.3.1. Data validation

The interviews were taken together with Nijenhuis (2014) since two persons pick up more information than one. We gave each other freedom to jump in if anyone thought we missed something during the interviews. Through the use of listening to the answer, summarizing the answer and affirmation (Miller & Rollnick, 2002), we checked with the respondent if we understood the answer well. The interviews were recorded with permission of the respondent, in order to ensure that we do not miss any crucial data. After the elaboration of the interviews, we sent them back to the respondent for them to check on correctness. An external member within MST helped us to select the right respondents in order to get a holistic view of the HR system.

4. FINDINGS

4.1. Context

4.1.1. Organization

MST is among the largest non-academic hospitals in Holland (MST, n.d.). It is a top clinical hospital with a main focus on improving the health of civilians in this region. It currently processes 32400 admissions and 1070 hospital beds a year (MST, n.d.). MST was founded in 1995 through the merger between five hospitals in Enschede, Losser, Haaksbergen and Oldenzaal. Nowadays, it has three hospitals: two located in Enschede, 'Ariensplein' and 'Haaksbergerstraat', and one in Oldenzaal. The hospitals in Losser and Haaksbergen were replaced by polyclinics after the merger. MST is a non-profit organization with a yearly budget of approximately 350 million euros (MST, n.d.). In 2012, MST achieved a result of 6,2 million, which was 2,8 million euro lower than budgeted. Causes of this were the slowed outflow of staff and an absenteeism rate that was above the norm.

The mission of MST is to provide all civilians of Twente with modern and safe care (Management report, 2013). In order to make this happen, it provides a very broad range of specialisms and departments: amongst others neurology, oncology, bone marrow transplantation and gynecology. The Framework Letter (2014) shows that MST strives to be a good

improvement hospital. To reach this, every employee is encouraged to enhance the quality of MST and to make this improvement measurable. In 2014, MST received the hallmark 'Topemployer' by the international research firm CRF. It is an acknowledgement for companies offering excellent working conditions, training and career prospects.

4.1.2. Organizational members of MST

The Board of Directors has responsibility for the day-to-day management within MST. This Board is under surveillance of the Supervisory Board. The Client Board, the Medical Staff Board, the Works Council and the Nursing Advisory Board give advice to the Board of Directors on their activities. This hierarchical structure is displayed in the organization chart (Appendix 5). The staff service HR is hierarchically located immediately under the Board of Directors. HR employees are subdivided into two groups: policy makers and HR advisors. The HR department consists of four managers in advice and support, MST at work, Arbo and FWG and policy advice, respectively. The department is centralized, with all managers reporting to one HR manager. An organizational chart of the HR department is provided (Appendix 6).

The different departments within MST are accommodated in RVEs. Such an RVE can be compared with a business unit; it contains departments that serve comparable customer groups. There are medical RVEs as well as supportive RVEs. From the organizational chart (Appendix 7) it can be inferred that an RVE is under direction of a business manager and a medical coordinator, who report to the Board of Directors. A line manager drives one or more departments within a RVE. They hierarchically direct the employees of the department, and are hierarchically directed by the business manager. When there is a need to, they receive functional steering from the medical manager (Job description team manager, 2011). From the job description, it appears that the line manager is responsible for the design and achievement of the departmental goals and the control of the departmental budget. They need to use employees optimally and fulfill organizational objectives. High demands are made towards the social skills of a line manager, since they need to motivate, direct and listen to subordinates. Employees report directly to their line manager during their work. The workforce at MST is diverse, ranging from medical, technical, supportive and many more employees. MST encourages every employee to improve the quality of MST and make this improvement measurable (Framework Letter, 2014).

4.2. Analysis of perceptions

From our analysis, some key findings emerge. First, when we identified the goals of HRM stakeholders by using the policy document and by asking HR professionals, line managers and employees what goals they personally have, as well as what goals they think MST is pursuing with the policy, it was found that the stakeholders strive for similar goals. Further,

concerning the perceptions, the stakeholders have a shared perception on the relevance of the HR function, there are somewhat divided perceptions of the communication regarding the policy and finally, the role of line managers within the policy is perceived different among stakeholders. In the following sections we review these findings in detail.

4.2.1. Goals

The central intended goal for absenteeism and reintegration is lined out in the policy description as: *The prevention, control and reduction of absenteeism and disability* (Absenteeism and Reduction policy, 2012, p. 3). The objective is to decrease absenteeism to 4% (Management report, 2013). MST emphasizes this in the Framework Letter (2014) as one of the central themes to focus on this year, since reducing absenteeism leads to a financial advantage for the hospital and an improvement in patient care and productivity.

All HR professionals mentioned that the most important goal HR achieves with the policy is that it wishes to be a good employer and facilitate good, healthy employees in order to provide the best patient care. Attached thereto is the financial goal of the organization: it is mentioned that 1% of absenteeism costs MST 1.5 million euros on a yearly basis. Taking this into account, the financial benefits of reducing absenteeism are massive. Another much mentioned goal by HR professionals is to provide clarity in the responsibilities and tasks different organizational member should have in this policy.

Line managers agreed with the HR professionals that healthy employees and clarity are important goals MST pursues with this policy. The line managers further underline the importance of providing a healthy work situation in which people feel safe:

I myself have benefited greatly from a good office chair, so I provided a workplace investigation for every employee in my team so that they could do their office work in the most comfortable way. LM1.

The line managers mentioned that the clarity of the policy guidelines benefits them and their team. The line managers like the fact that HR decided the rules and procedures for them and that they do not need to invent and discuss the policy for each individual case:

Employees do not need to agree with the policy, as long as it clear to them what they should do. LM2.

It helps that everything is fixed now. Now it is no longer a point of discussion what people's tasks and responsibilities are. LM1.

The employees in general mentioned that important personal goals for them are to stay healthy and keep enjoying their work:

I hope that I stay healthy, feel safe and can perform my job with care. The policy helps me in this, since it is very clear what I need to do if I have difficulties that limit my health. LM2EM1.

When asked on what they thought the goal of HR with this policy is, line managers and employees mentioned that they perceived financial aspects to be a main concern of management. They disagree with the focus put on financials in regard to health care in general and this policy in particular:

For me, it's more important to know that people enjoy their work here than all these numbers. If you want to keep cutting costs, it damages safety and quality at one point in time. LM2EM1.

I perceived it as if cutting costs is the main goal of this policy. LM1.

Though the absolute goal of 4% was not achieved in 2013, the organizational members did find the policy successful. This is due to the fact that the whole organization is more alert on absenteeism now. Earlier, absenteeism was just accepted and was not paid much attention to, but this has now changed. However, one employee doubts if this attention would last:

You often see that when something is new, much attention is paid to it. But later this attention drops and then the effects reduce. LM1EM1.

Employees state that when absenteeism occurs within their team, their workload rises. This may lead to an increased risk of the other employees becoming sick. Loyalty towards colleagues' well-being is therefore a mentioned reason for employees not to call in sick when they could still do some work:

Calling in sick means that your colleagues need to do more work. I see that this encourages people to go to work when they could still do some work. LM1.

4.2.1.1. Relevance

When asked about the relevance of the policy, The HR professionals underlined that it helps accomplish organizational objectives such as cutting costs and providing good health care. Line managers saw the relevance of the policy for their own goals, since it provides clarity to their team on what they are expected to do. They mention that absenteeism is reduced due to the attention paid to it. This reduction is beneficial for their teams, since the workload for others increases when some employees are absent. Employees also think the policy helps achieving their personal goals of well-being, since the policy takes a very positive approach. It considers what an ill employee is still possible to do, instead of focusing on their shortcomings due to the illness:

It is important to get back on the work floor as soon as possible instead of staying at home with the risk of becoming depressive. LM2EM1.

However, some employees perceived that the policy is only relevant for those who are absent for more than one day, and has no relevance for healthy employees:

I cannot say anything about the relevance of the policy for me, since I have never been absent for more than a few days. LM1EM3.

4.2.2. The HR function

In response to the questions concerning the experiences and opinions of the stakeholders on the HR department, all respondents underlined the importance of the HR function for MST:

HR is the basis for your personnel and it is in the center of your organization. LM1EM2.

For their own function however, employees don't perceive HR to play a dominant role:

Actually, I have almost nothing to do with them (HR department). When there is a change of policy you see them, but not in my daily work. LM2EM3.

The HR professionals perceive a high commitment of HR with the strategic level of the organization. They mention that HR is in the middle of the organization and performs a dual function in satisfying both the needs of employees and top management:

HR is properly informed on strategic decisions. HR1.

As HR, what you write or implement is included on a strategic level. HR2.

The line managers and employees also emphasize the relevance of the HR function for MST, mentioning that it takes care of the most important asset MST possesses: human capital. Line managers all mention that they ask HR for advice in problematic cases or to get a more distant assessment of the situation they deal with. HR regard this too, since line managers usually find their way towards the HR department:

It is still very useful if one can rely on HR for advice on for example absenteeism and reduction or business law cases. HR1.

HR is the basis for your personnel, so it is very important. LM1EM2.

The HR department has moved from a side building to the main hospital recently, so now nursing staff can just walk in in uniform, so the HR professional experience that employees find it more approachable now. However, multiple employees mention that they do not approach HR directly when they have questions, but state that they ask or talk on it with their line manager, who then looks at it further with HR:

When I have a question or problem, I ask my line manager if she could find it out with HR for me. LM1EM2.

4.2.3. Communication

Although the intended means of communicating the policy are not mentioned in the documents, the HR professionals all mention that great effort has been taken to communicate this policy towards line managers and employees:

The policy and its goals are communicated on a wide scale via intranet. The line managers got a training concerning absenteeism conversations and signaling. New line managers also get training. We also made cards with the rules for absenteeism and reintegration for employees to carry with them. New employees are informed on the policy at their introduction. HR1.

The line managers and employees perceive it differently. No line managers could recall receiving training on this subject. Achieving clarity depends more on their assertiveness, they mention:

When I do not know something I'll just ask my HR. I did not get any documents on for example: if this happens than you should do this or whatever. LM2.

A description of the policy can be found using intranet, a website where MST employees can log on to. This medium is not really welcomed among line managers, though:

Intranet does not reach all employees. Some employees check it once a week, others never, so they miss a lot of messages that are posted there. LM3.

It's not yet in my system to check intranet regularly. LM1.

Among the employees, there are also some differences in perceptions on the communication. While multiple employees mentioned that they just had no interest in reading into a policy, one employee attributed this to HR:

Policies are very abstract and written in difficult language. When you see all these terms you're not familiar with, you lose interest in reading further. LM1EM2.

Another employee perceived that staying informed with policy is something employees should take care of themselves:

Some people inside the team complain that they are not told anything, while they can just look up information themselves. LM2EM1.

Despite the lack of clarity among line managers and employees regarding the policy, no cases of undesirable behavior were known in the past years. Stakeholders assign this to the high sense of responsibility that employees have in the health care sector:

In health care, most employees are people's people. They naturally want to show good will. HR1.

It is your own responsibility to reintegrate as soon as possible, and this is no more than usual. LM2EM1.

The employees who do not have any experience with the policy mention that they will do research on it when they become absent for a longer period. They claim that although the line managers facilitate an open communication with them on how to prevent illness and stress, absenteeism is not a topic of interest within the teams. They would however appreciate it if there were some preventive communication on this:

It will be easier if there is clarity in advance. Just so that employees know what to expect if they would become ill, and to improve understanding of colleagues when you become ill. LM2EM2.

Recently, a new system was introduced to keep track of absenteeism via Intranet. Line managers do not consider the way this new system is communicated favorable:

I think I got 45 minutes of explanation on the new system, and after that it was still very unclear. LM2.

The system works theoretically, but in practice it's just not straightforward: when three people fill in a triage, three different assessments come out of it. LM3.

4.2.4. Line managers

In the policy document, there is much emphasis on the critical role of line managers:

In short, it comes down to the manager being responsible for the prevention and control of absenteeism within his or her department and for the reintegration process of ill employees (Absenteeism and reintegration policy, 2012, p.6).

All HR professionals agree that this is a logical choice, giving the hierarchical position of the line managers. They are responsible for their department and absenteeism and reintegration is included in this, they mention. Line managers also emphasize the need to keep the human capital within their department healthy and agree that they carry the responsibility for those people. They thus see the logic behind their responsibility, but also have some doubts:

It is an extra burden. I do think that a line manager can make the best judgment on what is the matter with someone, but I do not know if everyone has the right knowledge and expertise to do so. LM1.

The HR professionals state that line managers have discretion to place their own accents, within the policy framework. On this discretion, line managers differ in perceptions:

I do not have any discretion: the system tells me what to do and when. LM1.

I have lot of freedom in executing the policy. Sometimes I even made a decision that was outside the policy framework, but if I can argue it well, that is no problem. LM2.

All line managers did mention that the level of contact with an ill employee depends on the case, as well as the attitude an employee has:

Sometimes I knew that an employee had a lot on his mind at that time, and then the level of contact was less, but we agreed on that. With other employees, you know that when you call them the day they call in sick, they will be working again the next morning already. LM1.

Within teams, there are different perceptions on how the line manager performs their tasks towards the policy. Some employees are very pleased with the open communication with their line manager:

I can talk to her about everything and s/he signals very good if there is anything wrong with a colleague. LM1EM2.

While others have some remarks on this:

I sometimes miss the involvement of my line manager with all employees, also the ones s/he does not see daily. LM1EM3.

The role of the line manager is very important in the process, but I see that s/he is too busy and cannot free up the time to perform the tasks. LM1EM1.

The line manager does not work close to us, so s/he has to hear it from others or myself when I'm not feeling well. LM2EM2.

None of the employees mentioned that they perceived unfairness in the execution of the policy:

Some people get along better with the line manager than others, but this does not result in unfair decisions. LM2EM2.

5. DISCUSSION

HR practices are found to impact organizational performance through employees' perceptions of these practices (Kehoe & Wright, 2013). However, these perceptions are likely to vary because of differences in stakeholder characteristics (Nishii et al., 2008). These differences lead to variations between intended, actual and perceived HR practices (Nishii & Wright, 2008). In health care organizations, line managers possess much discretion in carrying out their work, which leads to an increased chance for these variances to occur. Since variability can lead to undesirable behavior (Bowen & Ostroff, 2004), noncompliance and a reduced effectiveness of HR (Nishii & Wright, 2008), there is a need to minimize these variances. This study builds on Tsui (1984), who includes multiple HRM stakeholders to make an assessment of HR effectiveness. We assumed that when the organizational and individual goals are aligned, this leads to minimized HR discrepancy and improved effectiveness of the HR practices. Goal congruence may improve by providing a clear line of sight (Boswell et al., 2006) and distinctiveness, consensus and consistency within the HR system. This research confirms that different stakeholders focus on different goals or aspects of goals (Peccei, 2004) and that variances between stakeholders' perceptions exists (Nishii & Wright, 2008).

5.1.1. Summary of findings

5.1.1.1. Goals

From the interviews, we saw that organizational goals slightly differ from individual employee goals. Both emphasize the health of employees, but HR also focuses on the financial benefits of the policy. Some employees did get the idea that financial objectives predominate in the policy, and that this damages safety. Despite this, goals are aligned to the extent that all stakeholders strive to keep the human capital at MST healthy. All stakeholders who have experienced absenteeism underline the relevance of the policy for organizational objectives, team performance and personal well-being. The employees who do not have experience with the policy did not really see this relevance.

5.1.1.2. HR function

Within MST, the HR function is recognized as being of strategic and operational use. HR professionals

themselves think that HR is closely involved in strategic decision-making. Both the line managers and the employees generally see the relevance of HR for both the MST and their own function.

5.1.1.3. Communication

According to the job description, line managers need good social skills to communicate various subjects towards the subordinates. HR professionals did mention that effort was made to communicate the policy to line managers. Despite this effort, this did not come across the line managers, who mentioned that being informed mostly depends on their own assertiveness to ask questions. Employees neither could recall being informed on the content of the policy, but they notice that recently there is more open communication with their line manager aimed at improving working conditions.

5.1.1.4. Line managers' role

All stakeholders agree on the fact that devolving responsibility to line managers is a logic choice. Employees have the feeling they can discuss everything with their line manager. Line managers do think that it is an extra burden, though. This is consistent with the perceptions of some employees, who think that their line manager does not have sufficient time to accomplish the necessary tasks concerning the policy. Line managers are given discretion to implement policy within the set framework, but some line managers experience no discretion at all, while others say that they can even act outside the borders, when they argument this well.

5.1.2. Goal Congruence

In accordance with Boselie (2010), it was found that the main goal of the HR department is to help achieve organizational goals. With the absenteeism and reintegration policy, the HR department at MST pursues the goal to keep the workforce healthy, so that the organizational goal of providing good health service can be achieved. Because of this alignment between strategic and HR objectives, a strategic fit as identified by Schuler and Jackson (1987) is present at MST. Within MST, all stakeholders stress the relevance of both the HR function as a whole and the absenteeism and reintegration policy in particular. They are congruent in their perceptions that the policy contributes to the organizational strategy of MST to provide good health care and the importance of keeping the human capital healthy. This recognition of HR as a department with strategic value enhances strategic fit (Wei & Lau, 2005) and hereby performance (Huselid, 1995). The positive perceptions of HRM stakeholders about HRM and the HR function can have a positive impact on employee attitudes (Nishii et al., 2008).

Line managers and employees mentioned employee well-being to be their main goal for this specific policy. This is in line with the objective of HR to keep the workforce healthy, though it comes with a remark. HR communicates multiple goals regarding this policy such as financial objectives and employee well-being

through the system. Since some line managers and employees perceived that MST sees cutting costs as the most important objective, this damages HR effectiveness (Boxall & Purcell, 2008), since it results in ambiguity among stakeholders. This may harm the attitudes of those stakeholders towards HR (Nishii et al., 2008).

With team members all focusing on the same goals, namely well-being, they improve team performance (Vancouver & Schmitt, 1991). Contributing to an other's goal will not jeopardize their own goal achievement regarding well-being (Lakemond et al., 2006) and this leads to mutual support and commitment (Jap & Anderson, 2003). This is shown by the loyalty employees have towards their team members. This loyalty encourages them to go to work, even when they do not feel well, to save their colleagues from the extra workload. Since HR and employees strive for similar goals, employees are motivated to work for organizational goals (Gottschalg & Zollo, 2007). They pursue their own well-being, and by doing so they help accomplish the organizational goal to keep human capital healthy. There were no conflicting goals found between stakeholders, which helps for effective implementation of the policy (Guth & Macmillan, 1986).

5.1.3. HR discrepancy

We could not find significant differences between intended, actual and perceived HR practices. Also, no undesirable behavior was mentioned by any of the interviewed stakeholders. This can be attributed to the fact that stakeholders mention to have a positive view on the HR function within MST, which makes them perceive policy more positive from the beginning (Nishii et al., 2008). It can also be a result of the goal congruence between stakeholders, which works twofold: stakeholders naturally work for organizational goals by pursuing personal goals (Gottschalg & Zollo, 2007), and stakeholders are willing to comply to policy when they see the relevance of it for their own interest (Bowen & Ostroff, 2004).

Since there was no undesirable behavior mentioned, we might assume that a clear line of sight is present, in which stakeholders know what is expected of them and how they can contribute to the policy (Boswell et al., 2006). However, there is room for improvement. While HR professionals mentioned that the policy was communicated well, line managers stated that they often had to ask for more information. In particular this counts for the new system that is introduced. New line managers could not recall getting instructions on the policy when they began their function. All line managers we spoke were assertive and approached an HR advisor themselves when they experienced uncertainty in the execution of their work, but MST cannot expect that all line managers will do that. Employees did not know much about the policy, because they were not informed about it directly. When they want to know about the policy, they need to look it up at intranet, which is not a commonly used

medium, and the policy document may be too complex to read for a non-HR employee. Such a restricted readability of a document damages its effectiveness (Downs & Adrian, 2004). Employees were also unaware of the preventive measures of the policy, since most of them perceived the policy to be only relevant for sick employees. Some employees would welcome some more information in advance, also to improve understandability among colleagues for a sick employee.

Another point of difference in perceptions exists in the role of line managers. While HR and line managers perceive that the line managers should and could handle the responsibility of the policy, some employees state that their line manager is too busy to pay good attention to employees' welfare. This is consistent with Whittaker and Marchington (2003), who found that line managers do not have enough time to execute HR policy. While HR chose to give line managers some discretion in implementation, which is consistent with previous devolution research (e.g. Zohar, 2000), not all line managers experience this discretion. This difference in perceived discretion may be due to personal characteristics (Carpenter & Golden, 1997), for example due to a different locus of control (Rotter, 1966) or a lack of experience with the policy.

From the interviews, it seemed that stakeholders have a clear idea on what HR does and how it contributes to the overall performance of the organization. They feel that HR contributes to their own personal goals, since this policy focuses on their own well-being. By this, visibility, legitimacy and relevance are highly present at MST (Bowen & Ostroff, 2004). Understandability on how the HR policy works is not always clear, especially not among the non-experienced employees. Distinctiveness is thus not bad at the moment, but can be improved. Instrumentality is not at issue, since there is no incentive to reintegrate faster. This benefits your own health, so employees state that there is also no need to compensate for it. Consistent with social exchange theory (Blau, 1964), they feel that the organization facilitates their well-being and thus employees repay by making effort to reintegrate. The policy is high in validity, since it does what it intends to do and employees are satisfied with it. The policy is consistent over time and does not significantly conflict with other practices. The perceived consistency may be improved on the fact that the main goal is keeping human capital healthy, but some employees think the main goal is cutting costs. Employees experience high consensus within the policy. They did not mention any kinds of unfairness within their own department or between departments. Thus, we can overall say that, despite room for improvement, distinctiveness, consistency and consensus in the HR system of MST is provided.

5.1.4. Recommendations for MST

5.1.4.1. Communication

For MST, it is important to generally communicate the content and expectations of the policy more directly to line managers and employees, and also continue to do so, so that new organizational members will know what they are expected to do and the whole organization stays alert on the subject. This also improves understandability. MST relies too much on the assertiveness and the sense of responsibility of line managers and employees. If these stakeholders do not reach HR with insecurities but make decisions on their own, this may result in undesirable behavior and differences between intended, actual and perceived HR practices. More communication in advance may prevent this. It may also be beneficial to put focus even more on the well-being objective of the policy, instead of the financial aspect. This can take concerns of exploitation away from some line managers and employees, and reduce perceived inconsistency.

5.1.4.2. Healthy employees

Also more emphasis can be placed on the prevention of absenteeism, by also involving healthy employees in the policy. They can do this by making it a more living theme within departments to consciously discuss how all team members can work safely and happy within MST. Especially because absenteeism may also influence healthy employees, since their workload rises in case of a sick employee. An advanced policy to clarify consequences of sickness for healthy employees might improve this process and prepare employees for the extra workload. This would make expectations more clear and decrease the chance of absenteeism.

5.1.4.3. Line managers

Some employees perceive that their line manager is too busy and distant from the work floor to signal signs of illness within the team. To make this signaling more efficient, an employee could be appointed to keep an eye on the work floor and report any inconveniences to the line manager.

5.2. Future lessons

For future researchers, it is important to acknowledge that there are multiple stakeholders of HR and a multi-constituency approach is useful to make an assessment of HR effectiveness. There are differences between these stakeholders, which can lead to variances between intended, actual and perceived HR practices. Stakeholders may also have different goals or focus on different aspects of the same goals. To create more goal congruence, the HR function should show that they strive for what is best for their stakeholders, and communicate clearly what they expect from these employees. This communication should be continuous rather than only at the introduction of a new policy, to keep the whole organization alert on the subject.

We focused our research on accomplishing goal congruence. But as was found by previous research, congruence may result in uniformity and strive for

consensus (Janis, 1982). We do not know if for example employees are influenced by their colleagues or superior to pursue a certain goal. Differences in goals may also lead to benefits for the firm, for example for innovation and creativity (Richard & Shelor, 2002). Since no significant differences between goals of stakeholders were found in this study, this might be something for future studies to investigate.

5.2.1. Limitations

By providing our conceptual model, we recognize that we have not included all relevant variables for the relationship between goals and perceptions. However, we present a model that gives a new insight on some relevant past models and how they may be related. Although we only conducted our research in a very specific sector, this would not inhibit generalization, since the models we have applied are applicable to all sectors. We do welcome future researchers to check our model in different sectors. We limited our research to one policy, but this policy does show how the processes, relations and perceptions in general are. Our research did not include the hospital location in Oldenzaal, but we assume that the employees at the two locations in Enschede give a good impression on those employees. Though the three departments in our sample are diverse, future research may be done on more top clinical departments.

6. CONCLUSION

This paper is offering a new addition to existing knowledge, by linking goals achievement to the movement from intended to perceived HR practices in a multi constituency context. We confirmed that stakeholders have different goals or focus on different aspects of the same goals, and if the HR moves emphasis to employee well-being, it becomes more effective. We confirmed that when the HR system is perceived as relevant for stakeholders' personal goal achievement and employees have a clear understanding of what is expected of them, this would minimize differences between stakeholders. We confirmed that HR and employees have a different focus, and if the HR moves emphasis to employee well-being, it becomes more effective. We also confirmed the importance of good communication (Bowen & Ostroff, 2004) for HR. When communication does not cover what HR is expecting of stakeholders, they can make their own decisions, which may be undesirable for the organization.

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9. APPENDIX

9.1. Findings on HR implementation

Study	Findings on HR implementation by line manager
Bond and Wise (2003)	HR staff doesn't supply line managers with the information needed.
Bos-Nehles et al. (2013)	Ability improves line managers' HR performance.
Bos-Nehles (2010)	Employees and line managers both think line managers' implementation is effective.
Fama (1980)	Discretion allows line managers to work for personal benefits instead of for shareholders.
Gilbert et al. (2011)	Line managers increase employee commitment.
Hope Hailey et al. (2005)	Line managers could and would fulfill the implementation flawed.
Kulik and Bainbridge (2006)	Line managers are not motivated to perform HR role.
Maertz et al. (2007)	Line managers can cover shortcomings in HR policy.
McGovern et al. (1997)	Line managers lack HR skills.
Renwick (2003)	The line managers rely on HR to do HR work properly.
Whittaker and Marchington (2003)	Line managers don't have enough time.
Wright et al. (2001)	Line managers lower perceptions of value-adding function HR.

9.2. System strength features (Delmotte et al., 2012; p. 1486)

<i>Distinctiveness</i>	
Visibility	Degree to which internal customers have a clear idea of HR, know which practices are implemented and what to expect of HR.
Understandability	Degree to which internal customers understand how HR practices work. No ambiguity in content.
Legitimacy	HR function is seen as high-status.

Relevance	Degree to which HR practices contribute to both organizational and personal goals.
<i>Consistency</i>	
Instrumentality	Degree to which HR practices steer employee behavior
Validity	Degree to which HR practices do as they propose to.
Consistency of HR messages	Consistency of HR practices over time and in terms of validity.
<i>Consensus</i>	
Agreement among HR decision makers	Degree to which HR decision makers share the same vision.
Procedural justice	Degree to which decisive processes are perceived fair.
Distributive justice	Degree to which results of decisions is perceived fair.

9.3. Interview templates

HR professionals

1. Introduction
 - *What is your function within MST?*
 - *How long do you have this function?*
 - *Can you tell us something about your day to day activities?*
2. Questions concerning the HR department of MST
 - *How does the HR department get involved with the strategic decision making process of MST?*
 - *To what extend do you think that the line-managers of MST find HR initiatives usefull and that they think of HR managers as adequate providers of support?*
 - *To what extend do you think that the other employees of MST find HR initiatives usefull and that they think of HR managers as adequate providers of support?*
3. General questions concerning the absenteeism and re-integration policy
 - *What was the direct motivation for the development of this policy?*
 - *To what extend was the HR department free to develop the policy according to their own wishes? (bounded to CBA and laws or not)*
 - *Which parties were involved in the development process of the policy?*
 - *Which goals is MST trying to achieve with the policy?*
 - *What is the relation between the policy and the organization-wide strategy of MST?*
 - *To what extend does the policy help to achieve the goals of MST?*
 - *How have the goals of the policy been communicated to the line-managers and employees?*
 - *How has the policy itself been communicated to the line-managers and employees?*
 - *To what extend are the goals of the policy achieved art this moment?*
 - *What do you think hinders the goal achievement-ability of the policy?*
 - *What is your role within the policy?*
 - *What are your tasks concerning the policy?*
 - *To what extend does the policy allow for discretion for line-managers?*
4. Specific questions concerning the absenteeism and re-integration policy
 - *According to the policy, the line-manager has the responsibility to implement the policy. Can you explain this choice?*
 - *To what extend are you personally involved in the implementation of this policy?*
 - *How is the line-manager supported during the execution of his tasks concerning the absenteeism and re-integration policy?*
 - *Have line-managers been involved with the development of the policy?*
 - *How are employees and line-managers motivated to act according to the policy?*
 - *What are the consequenses for line-managers who don't act in accordance of what is prescribed to them?*
 - *What are the consequences for employees who don't act in accordance of what is prescribed for them?*

Line managers

1. Introduction
 - *Wat is your function within MST?*
 - *How long do you have this function?*
 - *What is your span of control?*

2. Questions concerning the role of the HR department
 - *To what extend do you think that the HR department is important for the performance of MST?*
 - *How often do you deal with someone from the HR department (and who)*
 - *To what extend do you think that HR initiatives are usefull and that the HR managers of MST are adequate providers of support?*
3. General questions concerning MST's absenteeism and re-integration policy
 - *What is your opinion of the absenteeism and re-integration policy of MST?*
 - *How and when, do you, as a line-manager, have to deal with this policy?*
 - *How was this policy communicated to you?*
 - *What are your duties and obligations concerning this policy?*
 - *Are your duties and obligations concerning this policy completely clear to you?*
 - *To what extend do you have discretion concerning implementation of the absenteeism and re-integration policy?*
 - *Which goal, or what goals do you think the policymakers had while developing the policy?*
 - *To what extend do you think these goals are achieved by the implemantations of the policy?*
 - *To what extend do you think the policy is favourable for your team or department?*
 - *What are your goals concerning the policy for your team or department?*
 - *To what extend does the policy help to achieve these goals?*
 - *To what extend do you experience differences in the behavior of your subordinates concerning the behaviors regarding this policy?*
 - *What are the consequences of a case of absenteeism for the rest of your team?*
 - *To what extend are employees who do stress their efforts for an rapid recovery rewarded?*
 - *What happens with employees who don't stress their efforts for an rapid recovery?*
 - *Is everyone treateded the same concerning this topic?*
 - *Do you have any suggestions for improvements for this policy?*
4. Specific questions concerning MST's absenteeism and reintegration policy
 - *Do you recall any example of a case dealing with the absenteeism and re-integration policy?*
 - *Can you explain your actions concerning this case as detailed as possible?*
 - *What is your opinion about the extend of responsibility the line-manager has concerning the implementation of the policy?*
 - *How do you stimulate your subordinates to work at an safe and healthy way?*
 - *How do you give attention to the prevention of absenteeism within your department?*
 - *To what extend do your subordinates get the chance to come up with ideas as how to prevent absenteeism?*
 - *To what extend do your subordinates get the chance to come up with ideas as how to accelerate the process of re-integration*
 - *To what extend do you discuss the topic of absenteeism during the annual performance appraisal meetings?*
 - *To what extend do you communicate with your subordinates during annual meetings about*
 - o *The physical and mental load of their work?*
 - o *The topic of absenteeism*
 - o *Schedulling?*
 - o *Working conditions?*
 - *How often do you have contact with a subordinate who has a long-term sickness?*
 - *How do you keep contact with such a subordinate?*
 - *To what extend do you control the legitimacy of the subordinates' sickness?*

Employees

1. Introduction
 - *What is your function within MST?*
 - *How long do you have this function?*
 - *Who is your supervisor within MST?*
2. Question concerning the role of the HR department
 - *To what extend do you think that the HR department is important for the performance of MST?*

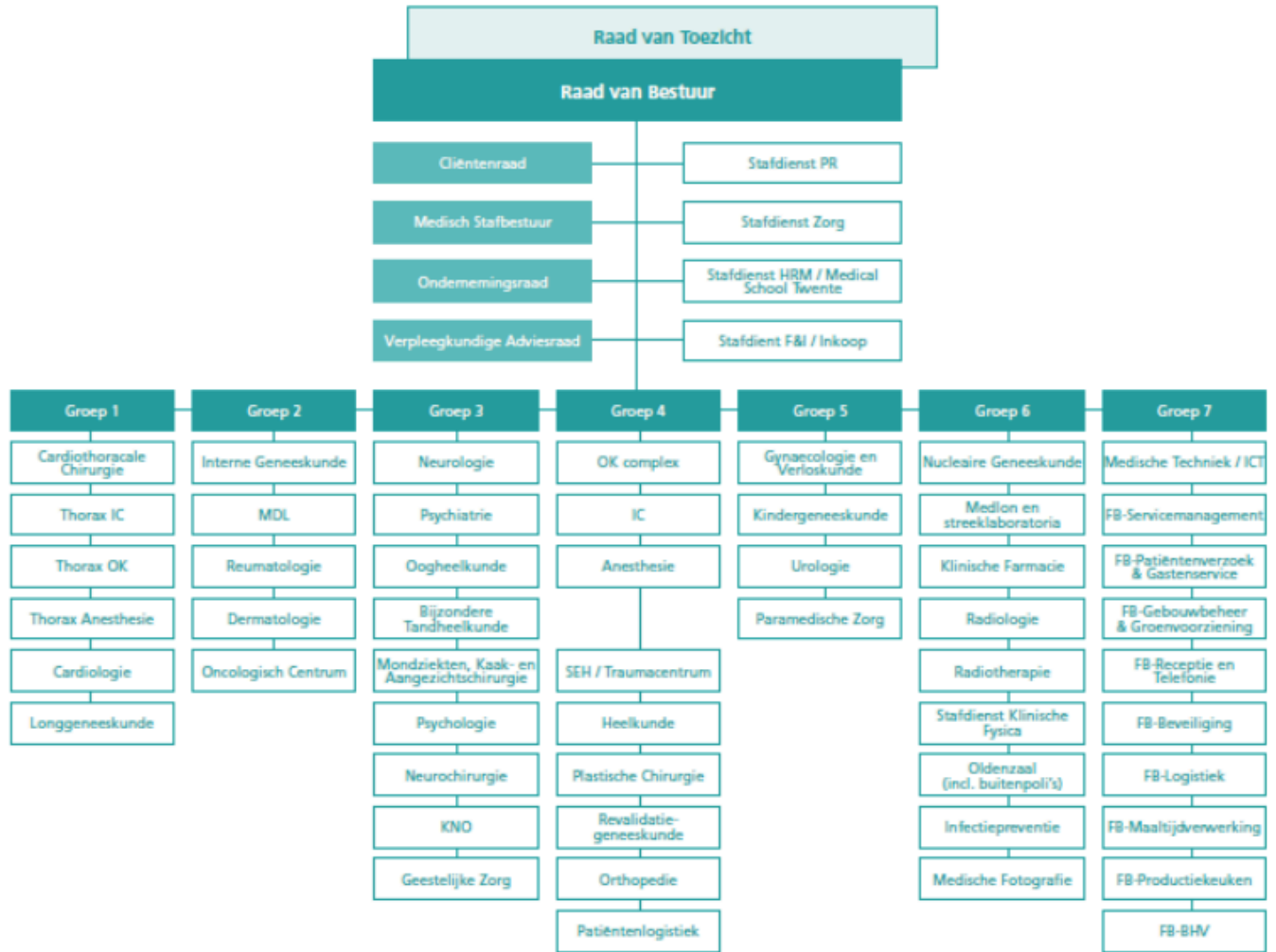
- *To what extend do you think that HR initiatives are usefull and that the HR managers of MST are adequate providers of support?*
3. Specific questions concerning MST's absenteeism and re-integration policy
- *What are the implications of this policy for your day-to-day activities?*
 - *Can you describe the implications of this policy in the case that you suffer from a long-term sickness as detailed as possible?*
 - *What is the role of you supervisor in this process?*
 - *How, and by who was this policy and its implications communicated to you?*
 - *To what extend do you think that your duties and responsibilities concerning this policy are clear to you?*
 - *Which goal, or what goals do you think the policymakers had while developing the policy?*
 - *To what extend do you think these goals are achieved by the policy?*
 - *What are your goals concerning the absenteeism and re-integration policy?*
 - *To what extend do you experience that perceptions and behaviors regarding the policy are the same within your team/department?*
 - *What are the consequences of a case of absenteeism within your department or team for you?*
 - *To what extend do you think that the policy is favorable/usefull for employees of MST?*
 - *To what extend are you rewarded when you stress your efforts for an rapid recovery?*
 - *What happens with employees who don't stress their efforts for an rapid recovery?*
 - *Does everybody get treated the same concerning the above topic?*
 - *What is your overall judgement of the policy?*
 - *Do you have any suggestions for improvements?*
 - *To what extend do you, or your colleagues, notice that there are differences between behaviors of line-managers of distinct departments concerning the implementation of the policy?*
 - *To what extend is there inconsistency in messages concerning the policy between distinct line-managers?*
4. Specific questions concerning MST's absenteeism and re-integration policy
- Concerning the supervisor
- *To what extend do you have participation in the development of ideas as how to prevent absenteeism as well as how to accelerate the process of re-integration?*
 - *Is the topic of absenteeism being discussed during the annual performance appraisal meetings?*
 - *To what extend are you satisfied with the way this topic is discussed?*
 - *Do you have any experience with the policy (have you had a long-term sickness)?*
 - *How did your supervisor contact you during your period of absenteeism?*
 - *How often did your supervisor contact you during your period of absenteeism?*
 - *To what extend did the emphasis of this contact lay on the control of the legitimacy of your sickness?*
 - *To what extend do you have open communication with your supervisory concerning the topics of*
 - o *The physical and mental load of your work*
 - o *Your working conditions*
 - o *Your work scheduling*
 - o *The total number of absency and its reasons?*
 - *Do you have any comments concerning your supervisor?*
- Concerning the employee
- *To what extend do you think that the guidelines and prescriptions concerning the calling in of sickness are logical and/or fair?*
 - *To what extend do you think that the frequency absenteeism interview is logical and/or fair?*
 - *To what extend do you think the obligation of availability is logical and/or fair?*
 - *Are you aware of the prescriptions concerning the furtherance of recovery?*
 - *What is your opinion of these prescriptions?*

To what extend do the prescriptions and guidelines for employees of the absenteeism and re-integration policy are to be followed by everyone, at a fair way (without exceptions)?

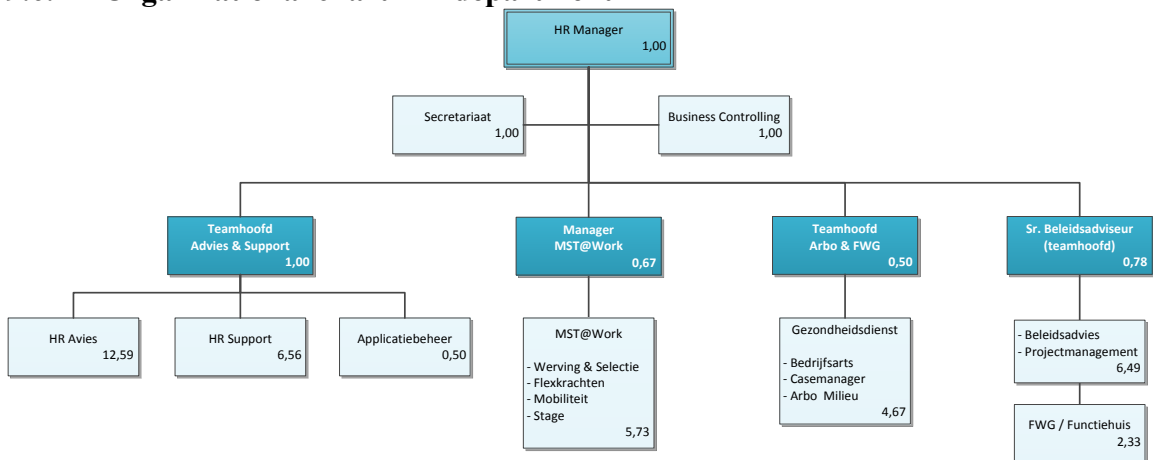
9.4. Examples of coding in interviews

Fragment out of interview:	Code:
<p><i>HR is timely informed on strategic decisions and changes. HR1.</i></p> <p><i>The policy facilitates the achievement of the organizational strategy to provide good patient care. HR1.</i></p>	Strategic fit
<p><i>I think HR may be the most important department within MST. LM2.</i></p> <p><i>Human capital is our most valuable asset, so that should be managed well. LM1.</i></p>	Legitimacy of the HR department
<p><i>I hope that I keep feeling safe at work and that I stay healthy. LM2EM1.</i></p> <p><i>Our goal is to have good, healthy employees and being a good employer. HR1.</i></p>	Goal: Employee well-being
<p><i>Reducing costs and improving rendement are strategic goals that can be accomplished with this policy. HR3.</i></p> <p><i>Replacing an absent employee costs extra money. HR1.</i></p>	Goal: Cost reduction.

9.5. Organizational chart organization MST



9.6. Organizational chart HR department



9.7. Organizational chart of a RVE

RVE-Gynaecologie

