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EXAMINING THE HYBRID NURSE MANAGER

- A qualitative study exploring the professional-managerial hybrid role in Swedish healthcare

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Abstract

Title: Examining the hybrid nurse manager

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Key words: Professional-managerial hybrid role, Hybrid nurse manager, Identity

Purpose: The purpose of the study is to expand our understanding about the hybrid nurse manager; a professional with a nursing background that holds a managerial position.

Research question: How do nurse managers experience their professional-managerial hybrid role? How do nurse managers construct themselves in their managerial position, and what does that imply for their experiences of their professional-managerial hybrid role?

Research context: The study takes place within the public healthcare in south of Sweden.

Method: Interpretative qualitative study. Empirical data was collected by ten semi-structured interviews with first-line nurse managers. In addition, observations were conducted at the care units.

Findings: Our findings suggest that hybrid professional-managers, with a nursing background, construct a nursing managerial identity. Their nursing background reflects how they enact their hybrid role. Moreover, the nursing managerial identity seems to create conflicts that are experienced with more emotional distress than other conflicts that arise from the hybrid role.

Contributions: Our research extends the knowledge of how nurse managers experience the duality of the professional-managerial hybrid role, and shed light on how the nurse managers enact their hybrid role.

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1. Introduction

> "Something I have reflected on during my later years is that as a manager within a healthcare organization, and as a nurse with staff responsibility, we tend to … take on a caring role also in our managerial position. Or at least I have a tendency to do so."
> -Nurse Manager

Many occupational groups are assigned certain attributes and institutionalized values which individuals of that occupation are socialized into, and generally characterized by. Nurses are commonly regarded as caring and compassionate, governed by altruistic-motives, which differs from the characteristics ascribed to managers, who commonly are seen as logical, rational and objectively oriented (Bolton, 2003). Today, nurses constitute a large portion of the professional managers within healthcare (Currie & Croft, 2015), in which the transition from a professional nurse into a managerial position may require the nurse to learn new values and ways of being (Bolton, 2000). However, taking on a managerial role does not necessarily imply the nurse to embrace managerial values (Currie & Croft, 2015). In research on professions and organizations, professionals who occupy managerial roles are seen as 'hybrid managers', which implies a need to mediate between "different worlds", namely the professional and the managerial world (Spehar, Frich & Kjekshus, 2015). The role requires the professionals to construct a desired identity in their hybrid managerial position, allowing them to answer the question of 'Who am I?' as a hybrid professional manager (Kippist & Fitzgerald, 2009).

The duality of the role implies different and opposing demands, where the divergent sets of objectives are commonly argued to cause professional values of care and cure to be challenged by organizational needs, practices and financial constraints (Kippist & Fitzgerald, 2009). The hybrid professional manager needs to navigate through this discrepancy, prioritise and handle the contrasting demands, something that is argued to be more or less problematic for the manager (Currie, Croft & Lockett, 2015; Noordegraaf, 2015). The challenges that arise from the duality

can also move beyond the practical aspects of clashing role demands and be embodied in identity conflict, where the perceived incompatibility resides on an intrapersonal level (Currie & Croft, 2015; Blomgren, 2003). The challenges thus then affect the manager's notion of themselves in their hybrid role, a construction that is constantly elaborated in relation to external and internal forces as well as the past and the present (Alvesson & Sveningsson, 2016; Watson, 2009; Ybema, Yanow, Wels & Kamsteeg, 2009).

The workplace for these hybrid professional managers is commonly hospitals, which are complex professional bureaucracies and one of the most central institutions in society. In many countries healthcare is tax financed or publicly funded and with an increased budget and a cost conscious discourse, healthcare has become a central issue in political and social debates. Better management is regarded as an important factor in solving the financial issues of the industry (Byrkjeflot & Jespersen, 2014), a solution that seems to be a common way to deal with many of the problems in modern society. Hybrid managers within healthcare could be seen as being "at the intersection of the practice of health and the business of health (Kippist & Fitzgerald, 2009, p. 644), which implies them to be a topic of societal interest.

When asking the literature, 'how do nurse managers experience their hybrid role?' we come to understand that the phenomenon of hybrid nurse managers has been the target of fairly limited amount of research in comparison to the portion of healthcare managers that nurses constitute. In addition, we have come to understand that the focal point of discussion, in the hybrid professional manager literature, treats the conflicting aspects of the opposing logics of professionalism and managerialism, and hybrid manager's response and attitude towards the need to mediate between the two dimensions of the hybrid role. We address the phenomenon of hybrid nurse managers as we embark upon previous literature along with an open and interpretative approach with the aim to uncover additional aspects of the professional-managerial hybrid role. Moreover, we go deeper into the intrapersonal conflict and try to make sense of the manager's subjective experiences, with the aim to move beyond the general understanding of the topic. We also draw inspiration from other studies about managers and the ambiguity and complexity of holding a managerial position (Alvesson & Sveningsson, 2016), which made us assume that there are additional aspects of holding a professional-managerial hybrid role which have been less explored.

The following research question was formulated to guide our inquiry

- How do nurse managers experience their professional-managerial hybrid role?

During our initial analysis, we found that the nurse managers enthusiastically talked about, and emphasised the importance of staff related concerns in their experiences of the hybrid role. The managers' approach to their managerial role seemed to stem from the caring values associated with the nurse profession. In order to make sense of this interesting aspect a second research question was formulated, that guided the later part of our analysis

- How do nurse managers construct their identity in a managerial position, and what does it imply for their experiences of the professional-managerial hybrid role?

Research context

This study takes place within a public healthcare organization in the south of Sweden, where we have interviewed ten first-line nurse managers. The organization is responsible for the publicly funded private and public care providers in the region. The organization has undergone a number of reforms during the years, mainly at the time of their previous regional executive, who for example transformed, and centralized the organization from thirteen to four bodies of healthcare. The organization has also, as many other healthcare institutions in Sweden, experienced problems with staff during the last few years, due to the deficit of healthcare professionals, especially nurses within specialist care (Zillén, 2016). This spring, 24 nurses in a specialist care unit at one of the hospitals governed by the organization, quit their jobs, the same day, as a protest towards the bad working environment, causing the intensive care unit to lose more than half of their nurses (Olofsson, 2016). Recently a new regional executive has been appointed and it seems that the organization face a period of more stability and less re-organization.

Outline of thesis

Chapter two provides the reader with the methodology of our research, presenting the qualitative interpretative approach that guides us. We elaborate on the process of data collection, gathered through semi-structured interviews with ten first-line nurse managers, accompanied by

observations. Moreover, we describe how we approached the material, and our analysis process. Lastly we conclude the chapter with a critical reflection as we address issues of sincerity and self-reflexivity towards our methodological choices.

In chapter three, we present the theoretical framework of our thesis. We draw upon the field of hybrid professional managers within healthcare, and literature engaged with hybrid nurse managers as well as we engage in literature on identity theory.

Chapter four presents our empirical findings, and constitutes the heart of our study. Here we outline our nurse managers different experiences of their professional-managerial hybrid role, and categorize them into three groups according to their perceived difficulties. Moreover, we show how they combine the managerial and professional aspects of their hybrid role by introducing the notion of the 'nursing manager'. We conclude by illustrating what implication the construction of a nursing managerial identity has on the manager's' experience of the professional-managerial hybrid role.

In chapter five, we draw upon our theoretical framework to discuss and analyse our empirical findings. We construct our argument by elaborating on how the managers experience different degrees of conflict in their hybrid role, and shed new light on the concept of nurse hybrid manager. In relation to identity theory, we expand our argument of what we label 'nursing managerial identity'.

Ultimately, in chapter six we present our core findings and contributions to the field as of how the nurse managers experience different degrees of perceived difficulty in the hybrid role and how they construct themselves in a managerial role. Further, we state the implications this may have on their experience of the professional-managerial hybrid role, adding to existing research about the challenges for a hybrid manager. In other words, we discuss the theoretical contributions and implications of our study, reflect upon its limitations, and lastly, suggest areas for future investigation.

2. Methodology

In this chapter, we present the methodology of our study. We provide the reader with our metatheoretical starting point that guides our research. Furthermore, we describe the process of collecting and analysing the empirical material of our study, as we find it particularly important to describe how our interpretive and open approach has guided us through our research. Ultimately, we also reflect and take a critical stance toward our methodological choices and our process.

Philosophical grounding

Since we seek to understand how nurse managers' experience their professional-managerial hybrid role and construct themselves of their managerial position, our study is located within the interpretive paradigm. By taking on an interpretivist stance we hold the assumptions that reality is socially constructed and a result of multiple subjective interpretations and constructions of reality (Merriam, 2002). People's interpretations and constructions of reality are constantly negotiated and influenced by the environment, and people act in accordance with their understanding of reality (Alvesson & Sköldberg, 2009). The stories of nurse managers experienced reality are thus not created in isolation and will not provide us with an objective fixed truth of reality, as they are a result of a co-constructed process influenced by the particular context (Alvesson & Sköldberg, 2009; Merriam, 2002). Thus, we recognize that people's behaviour, values and emotions are not pre-given, fixed or the same for everyone. Hence, we can only provide our reader with one interpretation of how the reality may be understood for hybrid nurse managers in healthcare, rather than give account for a general truth.

This is linked to our epistemological stance of what we regard (or should regard) as acceptable knowledge about reality (Bryman & Bell, 2015). Since we accept that people make sense of the world differently (Alvesson & Sköldberg, 2009) and act on the basis of their perceived reality, we need to look beyond human behaviour in order to understand how nurse managers experience their hybrid role. Instead, we have to create an understanding of the meanings and interpretations

they attribute to their actions, leading us towards a hermeneutic knowledge interest (Alvesson & Sköldberg, 2009; Merriam, 2002) where we aim to understand how reality is understood from the viewpoint of the nurse managers and not from our perspective as researchers (Morgan, 1980). By acknowledging the larger context and show interest in language, communication and culture, we will better understand the underlying meaning of the nurse managers' experiences (Alvesson & Sköldberg, 2009). The hermeneutic approach does not solely highlight the importance to consider the larger context in order to better understand the meaning of one part, but also how one's preunderstanding is related to how one understands, for example nurse managers experiences (Alvesson & Sköldberg, 2009). Therefore it is a risk that our preunderstanding will affect how we understand the meaning of how the nurse managers experience their hybrid role. For that reason we strive to adopt and retain a reflexive mindset throughout the research in order to create awareness of how such events may influence our understanding of how nurse managers experience their professional-managerial hybrid role.

Research context - Where are we?

The context of which this study takes place is within the public healthcare in south of Sweden. The organization is governed by politicians and consists of nine hospitals and a large number of district healthcare centres. The organization has almost 30 000 employees and cover a full range of medical areas. The study is conducted within five different care units within the organization, namely psychiatry, surgery (both children and adult), oncology, and otorhinolaryngology (ear, nose and throat), something we believe facilitated in capturing a wide range of experiences and perceptions of the hybrid role.

We interviewed ten first-line nurse managers, both men and women. All managers were educated nurses, some of them as nurses within specialist care. In addition, a couple managers have also studied organization and leadership courses at university level. Their working experiences differ, as some had experience of work within the private healthcare sector, and others only from the public healthcare. Moreover, there was a variety in how long they have occupied their managerial position, ranging from newly appointed with one year of working experience to 'old-timers' with around 20 years of managerial experience. The size of the managers' departments also differed,

ranging from 25 to over 100 subordinates. The managers work close to their clinical staff, without any clinical responsibilities as they have the ultimate responsibility for the care unit in the form of staff, budget and organizational development.

Data collection - Out in the 'field'

We began our data collection process by having an interview with a former department manager who has worked in different areas and levels within the healthcare organization, both as a nurse and as a manager. This person gave us a broad overview of how the organization and healthcare is organized as she has experience of holding both a nursing and managerial position in the organization and could provide us with relevant information concerning our research topic. However, our empirical material is not based on this interview as it served a more informative purpose.

We came in contact with the managers in our study through telephone with the use of contact details collected at the organization's webpage. The selection of nurse managers for our study was based on a purposeful sample as we chose participants from whom we could learn the most in regards to our research topic (Merriam, 2002). Through the nurse manager in our first interview we came in contact with additionally two other participants in our study, an approach understood as a snowball sample (Bryman & Bell, 2015). Most managers that we contacted was not difficult to get hold of and were willing to participate, however some managers we talked to did not have the time as they were pre-occupied with performance and salary reviews the upcoming months. This may imply that the most pressured managers are not part of our research. The interviews were booked on fairly short notice and held within a two week period in April.

Interviews

As our field of research is not located in the 'business of measuring', our focus lies on words and meanings rather than numbers, as we hold a qualitative approach to the organizational phenomenon we investigate (Daft, 1983). In order to answer our research questions in regard to our interpretative qualitative approach we have to become directly involved in the organization and use our human senses to interpret the nurse managers' experience of their hybrid role (Daft,

1983). One useful and simple technique to obtain this knowledge is to just ask people how they experience their role as a manager within healthcare (Kvale, 1996). Our empirical material, thus foremost consists of in-depth interviews with the purpose to obtain descriptions of the managers' life worlds from which we can interpret its meaning (Kvale, 2009).

The interviews were held at the managers' office rooms, which may help the participants to feel comfortable and speak more freely and relaxed (Bryman & Bell, 2015). We started each interview with a brief presentation of ourselves and the scope and purpose of our research. We assured anonymity of our managers' names throughout our work and the interviews were, after permission, recorded. All interviews lasted between 60-70 minutes and the audio recordings were later transcribed in order to store accurate and detailed descriptions which would facilitate our analysis process (Bryman & Bell, 2015). We used a semi-structured design for the interviews since it allows for flexibility, but still keep us on track (Bryman & Bell, 2015; Ryen, 2004). One could resemble the interviews held with the managers as professional conversations with a structure and a purpose. However, it cannot be neglected that the parties of such conversation are not equal, as we are the ones that frame and direct the situation (Kvale, 2009).

In the interviews we used a predefined set of questions divided into five sections that together formed our interview guide (see appendix). As highlighted earlier, we hold an open approach to the concept of hybrid manager, where we aim to understand the manager's experience of the hybrid role, but also be responsive to other interesting and unexpected aspects. The semi-structured design was then suitable since it allowed us to be spontaneous and adapt the questions depending on what the manager said, yet not forget our predefined themes (Bryman & Bell, 2015). In addition, we worked with different types of questions, as introductory ones to ease up the interviewee, and with follow-up and probing questions in order to facilitate for more extensive answers when needed, but aware of the risk that this might affect our managers answers (Bryman & Bell, 2015). One technique we found especially useful was to be silent, as the manager often developed their answers or said something unexpected during the period of silence (Kvale, 2009). Even though the interview guide was not followed in a strict manner we provide the reader with a brief outline of the interview structure in order to illustrate which aspects we focused on in order to understand how the nurse managers experience their hybrid role.

With introductory questions our purpose was to understand the manager's background and the story behind their managerial role. This was later followed by a section of questions regarding the managerial position in which we tried to understand how our participants made sense of their role as manager, and the tasks and responsibilities related to it. In the third section we asked about more professional aspects of the hybrid role, as for example their clinical background and attitude towards patient care in order to facilitate for a deeper understanding around the concept of hybrid professional manager. We concluded the interviews with very open questions which allowed the managers to speak freely on matters they perceive important to them and in order to see what aspects of their experience that they wanted to emphasise further.

Observations

As our aim with the study is to dig into the life worlds of our nurse managers, and get close to their experience of their hybrid role we also found it important and of interest to take notes on how they told their stories. During the interviews we made notes on the manager's body language, and other specific events, as for example if the interview was interrupted or if they showed us documents regarding topics we discussed. Further, we also observed if something was particular with the interview in comparison to the other, as for example during one interview the managers assistant was present. We believe that our observations may reinforce and add to our understanding about the nurse managers' experiences.

In addition, observations were made at the care unit as we arrived early at the place where the interview was going to be held in order to familiarize ourselves with the setting and the manager's care unit. We took notes about how we were welcomed, how many personnel we met, and other particularities of the care unit. Of course we respected the boundaries set by those who allowed us to conduct research within the organization. Some departments were more restricted for the general public, especially the units within psychiatry and surgery. This meant, for example that we were not allowed to walk around by ourselves and instead were guided by the manager or someone from the staff. At several occasions we were welcomed to observe areas that were only available for patients or staff as we were for example, invited to have a coffee with the personnel

and at another unit we changed into sterile overalls and were given a guided tour. These observations will not be described in detail, rather they help us form a view of the context and background on which this study is presented.

Data Analysis - Working with our material

The analysis process began at the time of our first interview as our process of data collection and analyses is intertwined and occur simultaneously (Merriam, 2002). Nevertheless, acknowledging that the process at this stage reflects a rather low level of interpretation, and closeness to the empirical material (Alvesson & Sköldberg, 2009). After transcribing the interviews we printed our material and read it thoroughly. During this reading we placed importance in writing memos and notes in order to remember our thoughts and ideas, always having our initial research question in mind (Bryman & Bell, 2015). This reading was done separately in order to develop our own sense of the material. In our second reading, we focused on process techniques and paid attention towards repetitions and patterns, contractions and other peculiarities in our material (Ryan & Bernard, 2003), trying to make sense of it. We sorted our observations from the interviews, into three categories, namely, main observations, interesting observations, and side tracks, in order to create some form of structure.

With our open and broad approach to the material and with an abductive strategy we in interaction with existing research and our theoretical pre-understanding looked for illustrations in our material to understand how the nurse manager's experience their hybrid role. Three main aspects were identified and developed as themes which allowed us to bring understanding about the managers' experiences of the hybrid role. Depending on the managers' attitudes towards administrative task and clinical work, and how the managers portrayed themselves, we could classify the managers into three groups, where the groups illustrate different degrees of experienced conflict in the hybrid role. Throughout this process, we moved back and forth between interpretations of the empirical material, theoretical pre-conception and previous research. We made sense of the material in an overlapping process of reading and interpreting, a process understood as iterative (Bryman & Bell, 2015). This resulted in, that we in the initial analysis of the material found that the nurse managers talked about their 'staff' with great

enthusiasm, and as staff pervaded almost every aspect of the interviews highly related to their experiences of the hybrid role. We could see that the way the managers approached their staff pointed towards similarities with the caring values associated with the nurse profession. This piece of data functioned as a starting point for the next round of analysis, where we tried to make sense of what we found so salient. Hence, this stage also led us to formulate our second research question treating the aspect of how the nurse managers construct themselves in their managerial position, and what it implies for their experiences of their professional-managerial hybrid role.

As our aim is to make sense of how nurse managers experience and also construct themselves in their hybrid role, we need to look beneath the surface to make sense of our managers' stories and not accept their stories at 'face value'. As we after the initial interpretations of the empirical material analysed our interpretations in order to understand what these interpretations actually imply. This process facilitated for other interesting discoveries, as the interaction between different levels of interpretation give root for creativity (Alvesson & Sköldberg, 2009). Alvesson and Sköldberg (2009), use the concept of reflexive methodology when describing different levels of reflexive interpretations. This form of reflexivity allowed us to explore further dimensions of their experience of a hybrid role as mentioned above, realizing that the manager's approach to their staff was more than just an interesting observation in the initial analysis of our material. The last part of our analytical process focused on being critical towards our coded material, in order to reduce the material and construct our argument (Rennstam & Wästerfors, 2015).

Critical Reflection

Working within the field of qualitative research, we, as researchers are the primary instrument for data collection and analysis. In order to support our study's sincerity (Tracy, 2010) it is important to recognize our biases and be reflexive of the ways we might have shaped the collection and interpretations of the empirical material (Merriam, 2002). We acknowledge that the contemporary debate in the media, about the poor work environment for nurses in hospitals (Sjö & Zupanovic, 2016) may influence our understanding of the managers' stories of how they experience their hybrid role. In addition, our educational background as master students in

business administration may have influenced how we interpreted our empirical material, as we hold theoretical knowledge about organizational effectiveness and struggles that managers may face, which not necessarily are ‘true’ in the context of our study.

To support the sincerity of our research, we have also tried to be transparent in regards to the methods used and the challenges we faced during our research. Moreover, our purpose has been to give a relatively thick description to achieve credibility, meaning in-depth illustration, taking consideration to important aspects of the context. Hence, give the reader the chance to conclude on the plausibility of our findings by showing rather than telling the reader what to think (Tracy, 2010). Ultimately, in order to increase, and open up for a better understanding of our research topic we have conducted both interviews and observations, and have been open to several theoretical viewpoints. The practice of using several methods and being open to different theoretical aspects, namely crystallization supports the credibility of our work (Tracy, 2010).

3. Theoretical framework

In this chapter, we provide the reader with the theoretical background of our research. In regard to our research questions we mobilize a framework that consists of literature regarding hybrid professional managers, and in particular hybrid nurse managers. Moreover, we also deal with identity theory, and lastly we present how the concepts are interrelated.

Hybrid Manager

What is a hybrid manager?

Byrkjeflot and Jespersen (2014, p. 442) states that the term hybrid "... is used to denote mixtures of various types of expertise, structures and logics". In other words, hybrid roles can be framed by both managerial and professional logics (McGivern et al., 2015). Hybrid managers can be understood as individuals that hold a managerial role where they combine managerial responsibilities with a professional background (Spehar, Frich & Kjekshus, 2015). In other words, the term hybrid clinical manager, or in our case hybrid nurse manager, denote managers with clinical backgrounds that "may or may not retain a role in clinical work" (Spehar, Frich & Kjekshus, 2015, p. 354).

Studies have shown that pure professionals that move into managerial positions, namely becoming hybrid managers, need to navigate between the managerial and professional dimension in the role (Currie, Croft & Lockett, 2015). Kippist and Fitzgerald (2009, p. 644) talk about hybrid clinical managers as "being at the intersection of the practice of health and the business of health". This illustrates the need to balance and mediate between the different perspectives, as these 'opposites' are commonly regarded to have different and divergent expectations and demands, something that is seen as more or less challenging for the hybrid manager (Noordegraaf, 2015; Currie, Croft & Lockett, 2015). The concept of a hybrid professional manager and the related challenges will be elaborated below.

Two Logics - Professionalism and managerialism

The majority of the hybrid professional manager literature often frame the concept in terms of two competing or conflicting logics that individuals with hybrid roles are confronted with (Bolton, 2003). The New Public Management (NPM), referred to as reforms inspired by practices and management ideas from the private sector (Blomgren, 2003), has brought the 'managerial logic' into healthcare. The NPM is understood as being in conflict with the professional logic within healthcare, as it is often blamed for destroying or ignoring professional values (Noordegraaf, 2015) or, at least, challenging the values of cure and care (Kippist & Fitzgerald, 2009). In other words, as NPM or managerial values is generally seen as concerned with organizational efficiency and cost reduction, professional values focus on the 'softer' aspects and values such as cure and care. It is said that NPM was intended to transform professionals into managers, hence transitioning them into hybrid roles, instead of controlling the healthcare through managers outside the professional sphere (Bolton, 2003; Currie & Croft, 2015; Noordegraaf, 2015). However, Currie and Croft, (2015) state that pure professionals that move into hybrid roles may drive managerial actions and priorities based on their professional values. Fitzgerald (1994, p. 43) illustrate how the clinical mindset, and preference for clinical work of some managers may be expressed in the managerial position as "...for clinicians [in this case, doctors], all time spent on management activity are constantly assessed against the criteria of what could be achieved by using that time for clinical practice."

Experiences of the hybrid role - Easy or difficult

Painting with a broad brush, we can distinguish different streams and conceptualizations in the literature of how hybrid managers, within the healthcare context, experience the duality of the hybrid role. A common way to frame the experiences of hybrid managers is that they either find it fairly easy to enact the hybrid role and deal with the conflicting aspects and demands, as they hold a positive experience of the hybrid role. While others, are framed to experience the role more difficult, as they struggle to negotiate the competing demands and values, and hold a more negative and reluctant attitude towards the hybrid role (Byrkjeflot & Jespersen 2014; Currie & Croft, 2015; McGivern, et al. 2015; Spehar, Frich & Kjekshus, 2015; Spyridonidis, Hendy & Barlow, 2015). As for example, Spehar, Frich and Kjekshus (2015) categorize the clinical

managers in their study as either having positive, negative or ambivalent experience of the hybrid role based on their motivation and attitudes towards being in the managerial role.

Even though the conflict between the logics is recognized in the majority of literature regarding hybrid managers, the conflict is understood in different ways. Some researchers understand the conflict as 'natural' and possible to overcome (Noordegraaf, 2015), while others highlight the more negative effects and focus on the emotional distress that arise from taking on a professional-managerial hybrid role (Currie, Croft & Lockett 2015).

Difficulties that hybrid managers may encounter

As mentioned above, the need to balance the logics from both the professional and managerial world might create tensions and conflicts for the hybrid manager. Joffe and MacKenzie-Davey (2012) stress that professional hybrid work will most likely remain a difficult task. This argument is also stressed by Bolton (2003), who express that, so far it appears that the "roles of a nurse and a manager stand in such opposition that any form of cohabitation between the two could never be successful" (Bolton, 2003, p. 127). Kippist and Fitzgerald (2009) illustrate barriers to handle the duality of the role which the hybrid professional managers may encounter, such as lack of management education causing the manager to have a clinical view of management. Another barrier mentioned, is that the managers may feel more comfortable in their clinical setting and therefore give priority to clinical tasks (Kippist & Fitzgerald, 2009).

Spehar, Frich and Kjekshus (2015) found that retaining a clinical mindset limit the manager's ability to adopt management skills and integrate them into the hybrid role. Furthermore, the 'positive' hybrid managers in their study held few clinical commitments, an argument that is refined by Currie, Croft and Lockett (2015), who found that hybrid nurse managers that did not have clinical contact did not experience the same amount of identity conflict as those who continued the attempt to align the competing demands. Denis, Ferlie and Gestel (2015) points out, there are few examples where it has been possible to combine conflicting ideological demands, and create synergy rather than tensions between professionalism and managerialism.

Beyond hybridity

In contrast to researchers that look upon professionalism and managerialism as oppositional, others try to move beyond this dualistic view. Noordegraaf (2015) states that one should look beyond hybridity, and discuss what he calls 'organizing professionalism', where the mix of managerial and professional logics instead is understood as a normal part of professional work. In addition, it can be argued that the two logics may in fact be intertwined within the manager's daily practice, where the organization and the hybrid professional manager have some mutual values and objectives, as for example the patient being central for both practices (Kippist & Fitzgerald, 2009). In other words, it is not that the tensions are eliminated as Noordegraaf (2015, p. 199) state "Treating patients in a careful and cost-conscious way, for instance, is and will be contradictory". The business-like paradigms are at odds with the professional practice of patient care. However, it should be seen as a normal part of life for the professionals and through suitable strategies and standards one can at least align patient and cost in a meaningful way (Noordegraaf, 2007).

Nurse Managers

Managers with a clinical background as nurses constitute a large portion of hybrid professional managers, even though one could question to what extent nurses fit into the notion of a 'professional' (Alvesson, 2004). Regardless, nurses are treated as professionals in the extant research within the field of hybrid managers (Croft, Currie & Lockett, 2015), as they are experts in the domain of caring (Blomgren, 2003). Historically, nurses have been seen as struggling in their hybrid role (Bolton, 2000), as some researchers argue that nurses have a hard time to transition into the managerial role (Bolton, 2005; Croft, Currie & Lockett, 2015), whereas others (Spehar, Frich & Kjekshus, 2015) talk about nurses in comparison to doctors, having a more positive and faster transition into the managerial role.

Some argue that nurses have been an easy target for management reforms as NPM, with the aim to bureaucratise the profession (Noordegraaf, 2007) and transform professionals into managers as a way of controlling healthcare (Bolton, 2005). One reason may be that, a movement into management is considered a positive career advancement for nurses, since the role of a nurse may be less attractive than the one of a manager (Spehar, Frich & Kjekshus, 2015). Johansen and

Gjerberg (2009) refines this argument by stating that hybrid nurses tend to distance themselves from their clinical role and instead emphasise the management role since it is linked to more autonomy, status and authority. In addition, a study about nurse managers in the Finnish healthcare, conducted by Bondas (2006, p. 336), showed that surrendering the position of a nurse manager in order to go back to clinical work is related to "feelings of shame of their careers sliding downwards". Due to the several reforms in healthcare (Kragh, Jespersen & Wrede, 2009) the responsibility areas of nurse managers have stretched from leadership and supporting nurses in their clinical work, to also include responsibility for budget, policy implementation, quality measurement and HR management (Bolton, 2003). Relating back to the two logics that follows with managerialism and professionalism, Bolton (2005, p. 17) argue for this conflict with her study showing that "48 per cent of nurses who are now senior managers express discomfort with managerial values ... they feel the role of the nurse and manager are in conflict." This conflict is also mentioned by Blomgren (2003) that points out that the ideals of NPM reforms, and the ideals that comes with 'caring' appears to be at conflict as when demands of patient turnover rate and cost-consciousness are to be met, caring appears to be an easy sacrifice (Blomgren, 2003).

Currie and Croft (2015) state that, taking on a managerial role does not necessarily imply the professional to embrace managerial values as the hybrid professional manager may pursue their managerial responsibilities by drawing upon professional values. To exemplify, a study by Viitanen, Wiili-Peltola, Tampsi-Jarvala, & Lehto (2007) on first-line nurse managers, found that the professional background of being a nurse was brought into the managerial role, where the nurturing, looking after and caring of patients became directed towards their staff. Moreover, as stated by Bolton (2003, p 128) "...it is not a simple case of being a manager or being a nurse - that a nurse can be both, but invest varying degrees of effort and sincerity into the two roles." Occupational groups are commonly assigned stereotypical attributes which reflect social constructs of society where different roles acquire a certain social value (Bolton, 2005). Nurses are commonly regarded as compassionate, caring and altruistic (Bolton, 2003), where the profession is seen as an obedient and silent occupational group (Currie & Croft, 2015). Nurses have during many years been influenced by the caring discourse, embracing the emotional culture of their profession, making them attached to a notion of oneself as a self-sacrificing caring professional (Bolton, 2003). One cannot neglect the gendered nature of the nursing profession,

may influence the feminized values of the profession and shape the identity of nurses (Bolton, 2003; Currie & Croft, 2015). Ebaugh's (1988, cited in Spehar, Frich & Kjekshus, 2015) theory about 'hangover identity' gives a potential explanation for why nurses hold on to their professional values when transition into the hybrid role. He believes that individuals tend to take with residuals from the former role when entering a new role, as the one of being a nurse that becomes a manager. Ebaugh (1988, cited in Spehar, Frich & Kjekshus, 2015) found that the more emotionally attachment one had to the former role the more salient it will be in the new role, which may explain the findings by Viitanen et al. (2007) about the nurturing manager.

Identity

Identity is a powerful construct that guides emotions, thoughts and behaviour (Alvesson & Sveningsson, 2016; Schwartz, Luyckx & Vignoles, 2011). Through identity one can get closer to people's understanding of themselves (Alvesson & Sveningsson, 2016), causing it to be an interesting issue of inquiry across several disciplines as sociology, psychology and management (Alvesson & Sveningsson, 2003; Schwartz, Luyckx & Vignoles, 2011). There are many definitions and views of identity, where Alvesson and Sveningsson (2016) refer to identity as of how one views oneself in a certain context, aiming to find answers to the questions 'Who am I?' and "What do I stand for?" and in the extent" Who do I want to be?"

There are researchers that represent a stream of literature which views identity as a dynamic and ongoing process influenced by social and discursive aspects (Alvesson & Sveningsson, 2003; Watson, 2009). This view stresses the processual aspect of identity, more precisely, how identity is a "negotiation between social actors and institutions, between self and others, between inside and outside, between past and present" (Ybema et al., 2009, p. 303). This view contrast the early essentialist perspective about identity (Alvesson & Sveningsson, 2003; Alvesson & Willmott, 2002), formulated by, for example, Stryker (as cited in Hogg, Terry & White, 1995), which treats identity as a more stable or given essence that is assigned to oneself, for example, at birth or through one's gender (Schwartz, Luyckx & Vignoles, 2011). However, it could be argued that identity is a result of both external and internal forces, as for example expectations of a role and

the work situation, and of internal aspects as life history and personality (Alvesson & Sveningsson, 2016; Watson, 2009).

As identity constantly are in a fIux, people do engage in what is called identity work, in order to create a relatively stable and coherent view of oneself where they continuously revise, maintain and repair their notion of themselves in relation to these external and internal forces (Alvesson & Sveningsson, 2003; Alvesson & Willmott, 2002). By seeing one's identity as a narrative about oneself, Watson (2009) illustrate identity work as the "capacity to keep a particular narrative going" (Giddens, 1991, p. 54). By adopting the dynamic perspective on identity, identity work is seen as a more or less continuous process of constructing a relatively stable notion of oneself. However, there are times when this active manoeuvring of one's identity is more intense, for example during crises or transitions (Alvesson & Sveningsson, 2016). This type of conscious identity work is a result of some level of self-doubt and anxiety due to changes in the surrounding (Collinson, 2003), which could give rise to identity conflict. However, the insecurity and anxiety of one's identity may also come from within as a result of the individual's attempt to construct a stable notion of oneself (Collinson, 2003), where it can be problematic to be attached to a certain notion of oneself when it is in conflict with the conditions of a certain context (Alvesson & Sveningsson, 2016; Collinson, 2003). Alvesson and Sveningsson (2016) found that the 'gap' between the notion of oneself and reality is sometimes evident in how managers construct their managerial identities.

Approaching the hybrid nurse manager with identity theory

In this study, we treat the concept of identity in line with the processual perspective as we view it as dynamic and socially constructed in interaction with external and internal forces, as well as it integrates the past, present and future. As we aim to understand the subjective and intrapersonal experience of the professional-managerial hybrid role we need to establish an understanding about the nurse manager's identity as this construct guides one's emotions, thoughts and behaviours, and can tell us something about how the managers experience their hybrid role. This constructed notion of oneself calls for continuous identity work, something that is especially evident during times of transition and crises, in which the individual has to actively

manoeuvre their constructed identity in order to make sense of the complexities and conflicts of the context they find themselves in. As the duality of the hybrid role seem to create challenges for the hybrid manager due to the conflicting sets of objectives and demands, this complexity may influence the hybrid manager's constructed notion of who they are in their hybrid role.

The challenges that arise from the duality can therefore be seen to move beyond the practical aspects of clashing role demands and be embodied in identity conflict where the perceived incompatibility resides on an intrapersonal level, where the several conflicting forces affect the hybrid managers' identity construction. With the use of identity theory, we may open up for new ways to understand nurse managers' perception, adaptation or resistance to the hybrid role and its demands (Denis, Ferlie & Van Gestel, 2015). Additionally, it is of relevance to look closer to the certain type of hybrid role that the managers occupy in our study, where the nurse managers fabricated notion of themselves also may be framed by the institutional values and discourse of the nurse occupation. Altogether, our theoretical framework with the concept of hybrid managers, specific research on hybrid nurse managers and identity theory, will assist us when analysing the managers' stories regarding how they experience their professional-managerial hybrid role, and will enlighten us to potential explanation to their experiences. Moreover, it can provide insight into how they construct themselves in the managerial position.

4. Findings

This chapter will present our findings divided into two sections. The first section will serve to answer how the nurse managers experience their hybrid role. We have found that the managers in our study experience different levels of conflict in their hybrid role. We can organize the manager in our study into three separate groups, ranging from managers that experience their hybrid role as easy, to managers that perceive a high degree of conflict in their role.

The second section treats how the managers construct themselves in their managerial role, and what it implies for their experience of the professional-managerial hybrid role. As we entered this field of research with an interpretative and open approach we were able to uncover additional aspects of their experiences. We found that the managers approach their staff in ways that resemble the notion of 'caring' in the nurse profession, as they construct what we call a *nursing managerial identity*. Further, this construction affects the managers' experiences of the hybrid role.

Hybrid manager - Conflict or not

We have found that nurse managers experience different degrees of perceived conflict in their hybrid role. The managers in our study can be categorized into one of three groups according to their experienced difficulty to enact their role. Namely, we encountered managers that (1) find the hybrid role rather easy and conflict free (2), others who experience it as challenging and with a high degree of conflict, and lastly (3) managers that are ambivalent in their experience.

	Easy	Difficult	Ambivalent
Attitude towards administrative tasks	• Positive • Regain energy from it • Understand the purpose and value	• Negative • Mundane and boring • Clinical work valued higher	• Critical • Non-value creating or waste of time • Positive towards management education
Attitude towards clinical work	• Do not miss it	• Miss it • Regain energy from it	• Miss it to some extent, but deal with their longing
Portray themselves as	• Foremost as managers • Put pride in managerial role	• Foremost as nurses • Pride in nursing	• Foremost as managers • Put pride in the managerial role

Table 1. Characteristics of the three groups

The first group of managers, who find it rather easy, constitute the largest group, namely half of the managers. The second group, managers that find it difficult, consist of three managers. Lastly there are two managers that are positioned in the ambivalent group. With the use of three aspects we illustrate the differences between how the managers experience their hybrid role, and to what extent they perceive it difficult to enact their role. We elaborate on their attitudes towards administrative tasks and clinical work, and how the managers portray themselves, in order to answer our first research question

- How do nurse managers experience their professional-managerial hybrid role?

We start to present the managers who experience their hybrid role as rather easy, which will be followed by the managers that have a more difficult time in their hybrid role, and lastly we present the ambivalent group of managers.

Allies of professionalism and managerialism

We have come to understand that some managers experience less conflict in their hybrid role than other managers in our study. These managers seem to have an easier time to enact their hybrid role and balance the managerial and professional values. The managers, that experience a low degree of perceived conflict in their role, say that they most of the time understand the underlying purpose and the value of the managerial dimensions of the role. They hold a more positive approach to the administrative tasks and other mandatory aspects of the role, such as management training and protocols assigned from senior levels. One of the managers stated

> "Some administrative tasks may from the outside seem unnecessary or non-value creating, but for me they are … some task you may not see the point with, but we don't have so many of those kinds, and something you maybe at first think 'what the hell is this?' but when you finished it [the administrative task] you realized that it actually helped me to see the picture a bit clearer."

The quote illustrates how the manager understands the purpose of performing formal administrative tasks, but with the reflection that most people may not see the value in doing them. In general, it seems that this group of managers treats their managerial responsibilities with great respect. Moreover, they often talked about regional directives as important and something that should be taken seriously. When interviewing one manager we noticed the engagement and commitment to the regional directives of the balanced scorecard (BSC) in the form of patient satisfaction objective. We observed a manual customer satisfaction barometer being placed in the entrance, which was something particularly for this care unit indicating the respect and acceptance for senior directives.

What also characterise this group of managers is that they do not miss clinical work. As they no longer work with patient care they appear to not experience any severe loss of no longer being

'out there'. They seem to enjoy the administrative tasks of their work, and claim that it is a way to regain energy in order to be able to deal with the issues 'out there'. One of the managers talked about working with administrative tasks in the office like a vacation

> "I don't think of HR and administration as so demanding and overwhelming, however I know many of my colleagues think it is. I almost see it as a vacation, being able to sit here [in the office] with my computer, working with different matters."

What also appears to contribute to the absence of conflict in the hybrid role is how they presented themselves, as these managers talked about themselves foremost as managers and not nurses. They talked about themselves being the ones in charge, and the importance of the employees to understand this, as they are the ones that make the decisions. The managers in this group did not appear to experience any greater conflict in their hybrid role as they do not seem to identify so strongly with their professional background, in contrast to some of the other managers we encountered in this study.

In the crossfire of professionalism and managerialism

In contrast to the managers described above, we also understood that some managers experience more difficulties in their hybrid role. In this group of managers, the perceived conflict is rather salient as they have a hard time to understand the value of much of their managerial responsibilities as they are either reluctant or unenthusiastic towards administrative tasks and other senior directives, as management training. As expressed by one manager

> "It does not feel good for me [participate in management education]. Instead I could be working in my department, patients are coming in. These lectures are probably valuable and so on for me, but I can't really find it in me."

This group of managers said that they rather spend time on patient related issues, as assisting or advising staff in their clinical work, instead of participating in managerial education or perform administrative tasks. Further, administrative tasks are talked about as 'boring' and something they have to find energy elsewhere to perform. Usually the managers regain energy from patient

work and interaction with their staff. The managers expressed a longing for clinical work as they, when possible prioritise working with patients before doing managerial work.

> "If I'm honest, I still don't feel entirely comfortable in the role [being a manager], I miss it [clinical work]. I try to go out to the patients as much as I can, so if I feel that it's about to build up [increased workload with patients] I go out in the unit and blend medicine, so I still can meet the patients."

During situations when they cannot assist their staff by helping out with patients, they expressed anxiety and the feeling of being torn between what they would like to do, and what their managerial responsibilities demand them to. Further, these managers talked about themselves foremost as nurses and their managerial career seems almost to be a coincidence. They said that they have not strived to become managers as they instead have been asked by colleagues to take on the managerial role. In addition, these managers appeared to place less pride in their managerial role, in contrast to the group of managers presented above who easier enact their role. The managers in this group emphasised the importance of the nurse aspect of their managerial role to a greater extent, and expressed emotional distress towards losing too much clinical competence as a result of now holding a managerial role that do not formally include clinical work.

Catch 22 of the nurse managerial hybrid role

We also identified some managers who seem to be more ambivalent in their experience of the hybrid role. This group of managers is hesitant towards some aspects of the hybrid role, as they hold a more critical approach to administrative tasks and senior directives as they view some managerial assignments as less meaningful or a waste of time. Moreover, they cannot fully grasp the underlying purpose of following some of the regional directives, as the balanced scorecard

> "Then we need to do this BSC [Balanced Scorecard], and it becomes like 'oh when are we going to have time for that?', it's difficult to find the time, and I think problematic, since to what extent is it important to work with our goals when it takes

> time from our patient treatment, preferably I would like to have that time anyway, but that's not really how it works."

Nevertheless, this group of managers is still very positive to other managerial aspects of the hybrid role, as mandatory management training days and leadership programs. Even if they distance themselves and perceive some of the managerial tasks as non-value creating, they put a lot of pride in their managerial role. What also causes these managers to be fairly ambivalent in their hybrid role is the fact that they expressed some longing for patient interaction and clinical work, as one of the managers explained

> "So the few times when I feel restless, and feel an urge to do clinical work, I can go out and put a needle in a patient or so."

Nonetheless, it seems that the longing for clinical work may be more related to the lack of enjoyment in performing administrative tasks rather than the actual patient care, as illustrated by one manager who talked about the managerial work in the following way

> "I don't need to be out there [on the floor] at all, they [the staff] are doing a fantastic job without me, but sometimes I have so damn boring work tasks here [at the office] and then I need to go out there because I feel that I get fed up with this [administrative work] at the moment."

This group of managers that do not experience it entirely difficult or easy to enact their hybrid role and reconcile with it, appeared to still express themselves foremost as managers and not nurses, something that they seem to be very clear and content with.

Summary

As illustrated above, the hybrid nurse managers in our study can be categorized into one of the three groups depending on their experienced degree of conflict to enact their role and reconcile their managerial role, in other words, to combine the managerial and professional dimensions of

the hybrid role. The managers can be organized in the following way, namely; managers that (1) find the hybrid role rather easy and conflict free (2), others who experience it as challenging with a high degree of conflict, and lastly (3) managers that are ambivalent in their experience. These categories facilitate our understanding of how our managers experience their professional-managerial hybrid role. Within each of these groups there are also different nuances and degrees of experienced conflict. Nonetheless, as shown in table 1, there are certain aspects that characterise each of the groups. However, independent on which group the manager belongs to, we have found an overarching pattern in how the managers combine the managerial and professional aspects of their hybrid role, namely by constructing a nursing managerial identity, which will be elaborated in the following section.

Nursing managerial identity

> "Something I have reflected on during my later years is that as a manager within a healthcare organization, and as a nurse with staff responsibility, we tend to... take on a caring role also in our managerial position. Or at least I have a tendency to do so."
> -Nurse Manager

We have found that the managers approach their staff in ways that resemble the caring of the nurse profession, as they construct what we call a *nursing managerial identity.* The professional backgrounds as a nurse influence them in their managerial role, where the echo of nursing is captured by the concept of a nursing managerial identity. The values of caring, altruism and loyalty are salient in how the managers portrayed themselves in their managerial role, values which adhere to the professional logics of the nursing occupation. The construction could be seen as the result of how the managers combine their past and their present in their professional-managerial hybrid role. Moreover, the nursing managerial identity has implication for how the nurse managers experience their hybrid role, causing additional challenges for them.

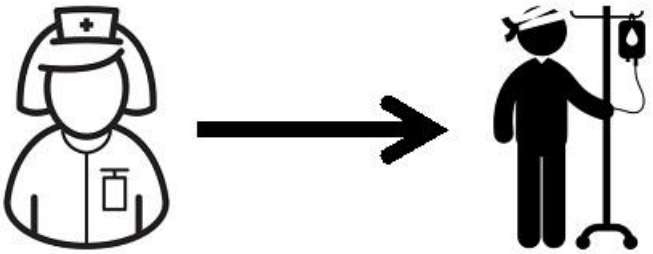

Figure 1.Nurse directs care towards the patient

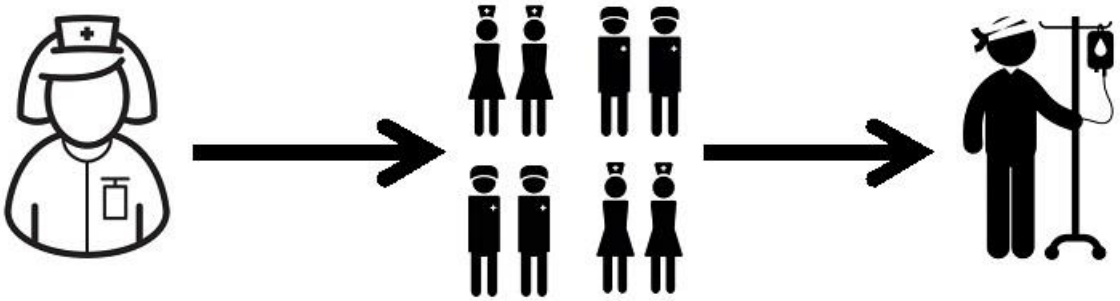

Figure 2. Hybrid nurse manager directs care towards staff and staff in turn cares for the patient

The ABC of Nursing

Many groups in society are portrayed in a certain way based on socially constructed notions, where the group of healthcare professionals appears to be guided by certain normative values that differ from other industries. In the interviews we could follow a discourse among the managers that reflects the nurse professional values, as the emotional aspects of loyalty and altruism. At times even heroic portrayals of what it means to be a nurse was evident, through claims about self-sacrifice. As one manager expressed

> "...healthcare is built on loyalty, how loyal you are to your patients, you feel sorry for the patient, feel that you have to take care of them. It is based on that you are here for them [the patients] and not for your own sake, not to climb in the hierarchy, to

> become better than someone else or wanting more power in the workplace, instead the idea is that everything is supposed to be for the patient's best."

The nurses are portrayed as guided by a higher purpose, hence highlighting the altruistic and heroic motives. Being a nurse seems to require some form of 'sacrifice' of oneself in order to 'fit' into the practices of the nurse occupation. The managers emphasised that healthcare is about *human beings,* hence distinguishing it from other service work, in what appears to be a way to legitimate the importance of healthcare, and in particular nurses, as they are the ones who provide care.

> "Within healthcare you have human beings you need to take care of, you have to make everything work, as I can image in a factory it's not really the same, you can turn off the machines and go home, or whatever you have. So often people understand the situation [of being ordered to work] since the patients will suffer otherwise."

There seem to be little doubt among our managers, that being a nurse involves a large amount of loyalty and commitment, as it appears to require putting the patient first and yourself second. Several managers' statements point towards the fact that 'caring for patients and staff' is the only thing the healthcare actually is about. This patient focused discourse is present throughout our interviews. Within the healthcare context of our study, the professionals work with something called 'person-centred care'. The concept is about not seeing the patient simply as a patient, but instead get to know the person behind the patient and his or her needs. The manager stressed that this approach to the patients differs a lot from only treating the individual as a patient, since it allows for better care. We found that the way of working with person-centred care is also apparent in the way our managers work in their managerial role, but with a slightly different focus, where they instead direct the concept towards their staff. The following section will show

how the managers try to see beyond their staff, and show interest in the person behind their employee by taking on what could be understood as a nursing managerial identity.

Person-centred managerial approach

As we described above, the values, ideas and practices that come with being a nurse appear embedded in the discourse of our managers. The way the managers enact their hybrid role and work with staff-related issues and the responsibilities of the care unit seem to be framed by these values. The managers in our study talked about seeing their staff not only as workforce, but also as individuals being concerned with the *person behind* the employee. They expressed the importance of showing interest in their staffs' private lives, as well as how they feel at work.

The managers embrace the 'person-centred care' concept and direct it towards their staff, which takes the shape of being around and asking questions. The following quotes illustrate how our managers talked about their managerial role with the aim to see the person behind their employee

> "It is about closeness, see the people, and see the individual. Being able to see when someone is sad or tired when you talk to them. Sometimes you have close conversations, and many times that can help. So it's important not to be responsible for larger groups as you might miss those kinds of things."

> "I'm extremely caring in regards to my staff, I know them very well. I want to know if someone has a difficult teenager at home, if they have a relative that is sick, small children that starts daycare ... I want to know these things because it's really important so I can support and help them. We spend much of our time at work and somewhere you have to relate to, that all people should be able to cope with their lives."

Many of our managers highlighted situations where they by 'being around', listening and asking questions, have been able to 'nurse' their staff. The importance of knowing one's staff in a more

intimate and personal way is salient throughout our managers stories, which illustrate that the managers try to look behind and not only see them as a crew of staff. This is similar to a nurse who needs knowledge about the patient to give the best care, it appears that the managers expressed a need to get to know their staff in order to be able to carry out their managerial role in the best possible way.

The nurture of staff

> "I use to say-At the moment I care personnel instead. Since it's equally important, to ensure that the staff feels good so they can take care of the patients" -Nurse Manager

When we asked what the managers believed to be the most fun aspect of their role as manager, they joyfully answered, without any greater hesitation, that it is the staff. Throughout the interviews personnel was a recurrent aspect that the managers seemed to experience as the most exciting and fruitful part of their role. The expression 'see them grow' is used by several of our managers, and we noticed how they enthusiastically talked about how important the staff is for them and their patients. They expressed gratitude towards their staff and many of the managers praised their current crew of staff saying that they are happy and cheerful, to make sure we understood how great they are, and the importance of the nurses' work.

> "The most fun aspect is actually to see new employees grow, from being like Bambi on ice, and through different constructive inputs see them become skilled in their profession, that's joyful to see."

> "When you see the staff grow, see that they are able to do something that they didn't self believe was possible. When you've been with them, pushed them and said 'you can do this, it's going to be alright', that's fantastic to see."

These managers are appealed by the aspect to aid and see a development process, where the employee with assistance from the manager gradually becomes more secure in their role. Something that could be similar to the caring logic of nursing, working towards a recovery for the patient. Another manager talked about the development aspect more in terms of being able to provide and ensure the best conditions for staff to succeed

> "The most fun part is the crew of staff, when everything is working with a patient and when you feel that the staff is doing a great job, backing up each other ... that's super fun. It's like being a football coach, running alongside the field and see that they are doing a damn good job since the preparatory work allows them to know what to do. I don't do any of the work myself, but if they succeed it's damn fun."

As this quote shows, the manager is passive in the process of carrying out clinical work and instead ensure the best conditions for their staff. This is similar to the notion of a nurse being dependent on the physician for the medical diagnosis while the nurse lays the 'foundation' and ensure the best conditions for the patient recovery.

Florence Nightingale - A nursing hero

Many of the managers talked about their personal contributions to their staff and their units, and how they help their personnel with certain chores and spend a lot of hours at work to ensure 'everything to be good'. One could recognize how the values of loyalty and altruism is present in their managerial role as they portray themselves as self-sacrificing and devoted. We understand that these managers feel a great responsibility for their staff, something that several managers carry with them also outside work.

> "I spend a lot of time on the personnel, tremendously much time in order for everything to be good, for it to work out between them [staff] because you want it to be great, for them to love going to work. We are here most of our time spent awake, and I therefore put a lot of effort, I both reflect and read a lot about how I can ensure it to be good, even if everything is already good I can make it better."

> "It occupied a lot of my thoughts before, how one going to solve things, as for example when we didn't have enough staff, and I know sometimes you are at work, but you are home. My wife notice that' now you are not here, you are somewhere else' she says. It's because you have the managerial role with you all the time in some way, but not as much nowadays though."

It seems, that the managers feel a need to be very loyal to the care unit, and have a hard time to let go of their feelings of responsibility when not a work, hence the commitment appears to stretch beyond the care unit and into the private lives. Moreover, the managers talked about the extra hours they spend at work even though they are not paid overtime, aware of the fact that they 'give away a lot of time', and sacrifice their spare time. One manager believed it would not be possible to have any greater problems at home and holding a position as a care unit manager

> "This job takes a lot, it does. You have a huge feeling of responsibility so your spare time has decreased definitely. It has both decreased and become even more important, and it feels like one couldn't have any problems of bigger format at home and manage this job at the same time, it would just not have worked"

Another manager explained how the care for staff intrudes not only on the private life, but also interferes with the managerial tasks

> "It's much appreciated if we have a shortage of staff and I take the emergency telephone while I'm in the office, of course it disturbs my work, but I do it. I make that priority and relieve them from that task. It could be very simple things, as just that I empty the dishwasher or pick up a bag of blood."

Another aspect where they portrayed themselves as a dedicated and self-sacrificing manager is in the loyal relationship they aim to create with their staff.

> "They know that they can come to me on short notice wanting a day off, ' I need Tuesday off, can you fix it?' and they know that I would 'walk over corpses' to fix it, we have that kind of relationship."

This quote shows how the staff also has high expectations for the manager to be dedicated to their managerial role. However the aspect of self-sacrifice and nursing of their staff appears to not only originate from the pressure from staff, but also comes from the manager her or himself as seen in one of our interviews where the manager assistant was present. The assistant claimed that her manager would "rather hang herself than her employees", which illustrate the manager's desire to portray herself as a dedicated and sacrificing manager.

Challenges for the nursing manager

The construct of a 'nursing manager' arise from the way the managers enact their managerial role. The way the manager talked about managerial responsibilities and concerns related to their 'nursing approach' we have come to understand that the nursing managerial identity causes tensions for the manager. The conflicts related to the nursing managerial identity, seem to be experienced more severe than the traditional conflicting aspect of combining the professional and managerial logic and negotiate and navigate between divergent sets of objectives as we treat in the first section of this chapter.

T(h)ree-legged responsibility - The limping nurse manager

The managers' responsibility area, formally titled as the 'three-legged responsibility', consists of the responsibility for staff, budget, and organizational development. We asked the managers how they experienced these different areas of responsibility and came to realize that the managers treat them a bit different. From the way the managers talked about their responsibility areas and its related aspects we can see that they do not simply enhance the importance of it and the

intensity of the conflicts it may imply, but also that they de-emphasise the importance of other matters as well as the conflicts that arise from them. One of the managers talked about the budget responsibility as follows

> "Well, I am financially accountable for this department, but it's not so burdensome, since I can't really control it so much. Maybe when it comes to some minor amounts, but not the 'big money' ".

The managers receive a given amount of money and is then held accountable for the use of it, which may explain why the managers do not experience their financial responsibility equally as important as the other two areas of their 'three-legged responsibility'. In addition, when asked about what happens if they fail to meet the financial objectives, one manager responded

> "I think I'm a person with a 'do first, ask later' mentality. You can only get yelled at and you don't die from it, and it takes a lot to lose your job."

Another manager expressed as similar experience of the budget responsibility when sharing that she had red numbers for her care unit during the first months of this year, and when asked about the consequences she answered

> "It's just the beginning of the year, so we'll see if I'm here next year [laughter], and of course I have to defend the numbers, and either they understand me or I need to cut back on something else."

Further, the manager stated that there is little money for staff education and training in the budget, something that the manager does not believe is right. Therefore the manager has sent

some of her staff on education days, even though there was no room for it in the budget with the argument that she has "not been beheaded yet". It is quite clear that the managers tend to de-emphasise the financial aspect of their 'three-legged responsibility' and do not experience their limited budget, and the consequences of not following it, as a major conflict for them.

We further want to illustrate the different challenges that resides in the hybrid role by presenting how the nurse managers perceive the conflicting situations of their nursing managerial identity, and the implications that the construct has on their experiences of the hybrid role. From the way the manager talked about their staff and concerns related to the nursing of them, we have come to understand that the nursing managerial identity causes tensions for the manager on a different dimension, stories that we however can understand as different nuances

Feeling insufficient

A common consequence of the altruistic nursing managerial identity described above, is their feeling of being insufficient in the managerial role. Sometimes not explicitly stated, but insinuated as they spend more time at work than they get paid for in order to keep up with their responsibilities. Spending more hours at work seems to be a way for the managers to deal with their feeling of insufficiency as many of the managers expressed that they put in extra work hours to feel more at ease with oneself. One manager explained that there have been times when overtime was not enough to fight the feeling of being insufficient.

> "Sometimes you stumble [being a manager] during hard times when you feel 'God, I'm not good enough' even though I work tremendously many hours of overtime, you still don't get the pieces together because it's so much ... during these years, before I thought I should be a good girl thus do everything, but I didn't manage it and then I felt bad."

For this manager the feeling of inadequacy seems to be linked to her idea of 'having to do it all'. She stated that, she before had a notion of a manager as a high achiever, performing at top constantly. It appears to have been a struggle for her to learn that it is okay to be what she calls "good enough". Other managers expressed that they felt insufficient when they talked about not having the time to help their staff and be able to do 'everything' at once. It appears that many managers hold a rather glorified view in regards to what expectations they try to live up to. However, as acknowledged in the following quote, managers are only humans

> "...especially when staff get caught in a whining swamp as I call it ... when everyone is dissatisfied, and then it could be hard when you can't really turn things around. You [as a manager] are like everyone else, you have your ups and downs, and if you yourself don't feel well and you feel you don't have the power to get the group with you, then it's boring to be a manager [laughter] it really is."

Feeling insufficient may possibly be a normal state for many managers, independent of where you work. Nevertheless one may assume that putting the nursing and caring values within a managerial role is challenging, as the feeling of insufficiency appears to be salient for many of the managers in our study co-occurring with a nursing discourse. The negative emotions linked to these conflicting situations is illustrated when the managers have to be tough towards their staff. Situations when they need to order their staff to work are something our managers expressed as one of the most difficult tasks of their role. One manager reflected upon such situations and how she handles them

> "Sometimes you need to talk about it because you feel it's tough, because it's not something you want to do [order staff], usually the person [who gets ordered to work] understand the situation because it's the patient who will suffer, but it's tough, it is, it's one of the worst thing you have [are responsible for]."

Another manager have, at times, worked herself instead of command her staff. The manager's assistant expressed worries towards such behaviour since the staff might expect the manager to step in every time it is difficult for them on 'the floor'. However, the assistant also said that she understood why the manager worked herself instead of ordering staff. What is interesting is that many of the managers claimed they have not needed to order their staff at all, or very few times, during their years as managers. One manager said

> "I've never commanded anyone, but I've cried a few times. It relies on this mutual responsibility we have in this, but I'm worried that we may have been too close to the limit for too long now."

It appears that situations that demand the managers to order staff stimulate feelings of emotional distress and that feeling insufficient towards staff causes conflicts for the managers with negative effects on their experience of the hybrid role. However, there may be a less heroic side to managers caring for their staff, and their nursing managerial identity, which will be elaborated on below.

Nursing managerial identity - 'A conscious strategy?'

There is another side to the 'caring' aspect of the nursing managerial identity where the managers care for their staff as a conscious strategy in order to use it to their advantage. By nursing and being loyal towards their staff, it appears that the managers could ask for much in return, hence revealing a less altruistic side of the nursing managerial identity. One manager was asked to reflect about times when there have been a shortage of staff, and the ordinary staff needed to work more hours

> "I believe it goes fairly well, the thing is, they understand, and the thing is that healthcare is built on loyalty, how loyal you are to your patients, one feels sorry for

> the patient, feeling that they have to take care of them. It's based on that you're here for them [the patients] and not for your own sake ... usually it doesn't require any major pressure to cover these spots [when there is a shortage of staff] ... There's always a stop somewhere when people, and you yourself feel 'it's enough', but it's really difficult to balance how far you could push your group [of staff].

They altruistic values that individuals within the nursing profession commonly are characterized by, is convenient for the nurse managers when there is a need to cover a shortage of staff, something which is regularly occurring in many care units. Further, how far the manager pressure staff appears to be the more problematic part of this 'conscious strategy', as pushing the staff too far will wear them out, and create even more problems for the manager. Many managers expressed a give-and-take relation with their staff as if they help them, their staff will do the same for the manager. This is something the managers build up like a 'capital of loyalty'. Several illustrations are given when the managers consciously help out with small things as for example empty the dishwasher or take patients to the operation room. One can assume that the managers are aware that these strategic actions are beneficial for them the next time they need something from their staff, as shown by the following quotes

> "I know my boundaries and I'm not like Florence Nightingale that sleeps at the job and steps in and take every shift, however it's also about, that you benefit from it in the long run if you at those hard times sometimes steps in, then I know I'll benefit from it. So it's a conscious strategy to do so."

> "I'm quick when it comes to fixing vacations, and when someone is tired and that person need a day off, then I fix it. And in some sense, then on the other hand, I can ask much from them. People are very loyal and put up for you, they do."

It is important to have a close relationship to one's staff to build the 'loyalty capital' which then could be used during hard times. The underlying motive to step in during hard times, instead of

ordering staff, appears also to be ‘a conscious strategy’. The nursing of staff is not always for the sake of the staff, rather there are times when it could be understood as underpinned by somewhat less altruistic motives. Our managers appear to, at times, benefit from their care of staff.

Summary

This section shows how the nurse managers enact their hybrid role and combine their past and the present in a nursing managerial identity. This construction is salient regardless of which group the managers are located in, based on the difficulty to enact their managerial role and reconcile with the duality of the professional-managerial hybrid role. In resemblance to ‘patient-centred care’, the manager is concerned with getting to know their staff and place importance to see the individual behind the employee in order to help and support them. Moreover, the managers enjoy to ensure the best conditions for their staff to develop and ‘see them grow’, very much alike the professional logic of nursing. The interesting aspect of the construction is the way the managers portray themselves as self-sacrificing, loyal and committed when they enact their professional-managerial hybrid role. Moreover, these altruistic values, which commonly are associated with the nurse profession, creates conflicts for the nursing manager. The managers experience these challenges with great emotional distress and emphasise it as an important aspect of their experience in the hybrid role. Nevertheless, their constructed nursing managerial identity also appears to involve less heroic elements, as it at times is used as a ‘conscious strategy’, where the nursing of staff benefits them.

5. Discussion

This study was set out to understand how nurse managers experience their professional-managerial hybrid role. After our initial analysis of the empirical material, our research also came to include how nurse managers construct themselves in a managerial role and what implication this have for their experiences. Compared to many prior studies about healthcare managers in hybrid roles, we choose to inquire nurse managers experience since they have been the target for relatively little research in relation to the large portion of hybrid managers that they constitution within healthcare. As we took on an interpretive stance towards the concept of hybrid manager we were allowed to be open and playful with the empirical material, but still position it in relation to the pertinent literature that guided our study. We aimed to let our findings develop our understanding of emerging issues around the concept of hybrid managers as we sought to uncover additional aspects of how nurse managers experience their hybrid role. With a qualitative research design our findings are based on semi-structured interviews and observation, something that allowed us to gain insight into the life worlds of the nurse managers and the context in which the managers find themselves in. We want to remind the reader of our research questions for our study

- How do nurse managers experience their professional-managerial hybrid role?
- How do nurse managers construct themselves in their managerial position, and what does that imply for their experiences of their professional-managerial hybrid role?

By taking a stance in the traditional conceptualization of the hybrid manager, but yet hold on to an open and reflexive mindset, our empirical material granted some more or less unexpected remarks that unfold the essence of our analysis. Firstly, we have found that the managers in our study experience different levels of conflict in their hybrid role, in accordance with how the hybrid role is commonly conceptualized in contemporary research. We were able to organize the managers into three groups, ranging from managers that experience their hybrid role as easy, to managers that perceive a high degree of conflict in their role and some that are more ambivalent in their experience .

With theoretical inspiration and openness toward our empirical material we found that the nurse managers construct a *nursing managerial identity* when holding a managerial role. This seems to be independent of the extent in which they perceive their hybrid role as easy or difficult, as we find the construct salient among all managers although in different nuances. The nursing managerial identity is a construction of how the managers enact their managerial role integrating their past and the present. However, this construct do at times cause conflicts for the managers, which they seem to experience as more intense and emotionally laden than other conflicting aspects of their hybrid role. Throughout our discussion, we unpack the deeper meaning of our findings where we argue that the hybrid role of a nurse manager encompass problematic and challenging aspects of the constructed nursing managerial identity which affects the nurse managers experiences in the professional-managerial hybrid role.

Hybrid manager - Conflict or not

In this section we discuss our initial findings and go deeper into the managers' experiences of the hybrid role and the different degrees of perceived conflict, by turning towards our theoretical framework. This part of our findings allowed us to recognize further aspects of the hybrid role leading us towards our key findings, the one of a nursing managerial identity. The managers' experiences of the hybrid role follow the general reasoning within the field, where some managers perceive their hybrid role quite conflicting while others enact it fairly well, covering the different streams of research. We presented the managers experiences in the findings with the use of a threefold conceptualization based on the different orientations of existing research, in which we can organize the managers into three separate groups, a structure we continue to elaborate with here.

Firstly, there is a group of managers that express fairly little self-doubt and anxiety in their role as a hybrid nurse manager. This group talks about their administrative tasks and managerial responsibilities as enjoyable and meaningful, stating that they understand the underlying purpose and value of the work (Spehar, Frich & Kjekshus, 2015). The managers in this group say that they do not long for clinical work and regard the administrative part of their managerial

responsibility as energizing and 'fun' rather than disturbing and boring, as suggested by others. This point for a favourable attitude towards the managerial dimension of the hybrid role, where absence of clinical commitment and involvement add to a less conflicting experience of a hybrid role (Spehar, Frich & Kjekshus, 2015) .

The managers also expressed a positive attitude towards management training and leadership programmes, as one could say that they were equipped to overcome the possible barriers of the hybrid role (Kippist & Fitzgerald, 2009). A possible explanation for their perceived satisfaction of occupying a hybrid role could be that, this group of managers value the managerial role higher than the nurse occupation, due to the role's autonomy and authority (Johansen & Gjerberg, 2009) and consider it to be a positive career move (Bondas, 2006). In addition, the low degree of perceived conflict could be justified by Noordegraaf's (2007) perspective on the conflictual aspects of the hybrid role. Instead of opposing the conflicts, the managers may have learned to accept it as inevitable and embrace the imperfection of combining the two logics, and have achieved a meaningful balance between the two logics. Furthermore, looking at these managers' experiences through the lens of identity theory, one can explain their content experience of the hybrid role as a result of successful identity work, where the managers have through a number of activities been able to find harmony between their self-identity with the context they find themselves in (Alvesson & Sveningsson, 2003).

Unlike the nurse managers we give account for above there is some managers that seem to experience it difficult to enact their role resulting in anxiety and emotional distress, in line with previous studies (Currie, Croft & Lockett, 2015). The managers have a hard time to reconcile with all their managerial responsibilities and objectives, as they believed them to be in conflict with patient care, illustrating the possible conflict between NPM reforms and professional values which in previous studies portray as a challenge for the hybrid manager (Blomgren, 2003). As a result, these managers perceive most of the administrative tasks as well as some other managerial responsibilities as management training, as non-valuable or less meaningful, and instead, experience them as mundane tasks interfering with more important issues as patient care. This supports prior research of Kippist and Fitzgerald (2009) where the managers who believed managerial tasks interfered with clinical work held a preference towards the professional

dimension of the hybrid role, which causes them to experience their situation more difficult than those that do not hold this preference. In addition, one impediment to deal with the duality of the hybrid role is caused by the lack of management education, which is something that this group of managers is reluctant towards which speaks of their perceived difficulty to enact the managerial role. Holding on to clinical commitments and longing for patient interaction characterize this group of managers, which in accordance with earlier research enhance the conflicting aspects of a hybrid role (Spehar, Frich & Kjekshus, 2015; Currie, Croft & Lockett, 2015). This group of managers supports the stream of literature that claims that nurse managers encounter conflict and challenges when occupying a hybrid managerial role (Bolton, 2002; Croft, Currie & Lockett, 2015).

One could explain the managers' inability to deal with their situation in terms of identity conflict. The managers find themselves in a situation where their notion of themselves, that seems to be guided towards the professional identity, do not align with reality, creating anxiety and self-doubt (Alvesson & Sveningsson, 2016). It appears to be the case that they feel more comfortable in the clinical setting (Kippist & Fitzgerald, 2009), which is now not a part of their lives. In order to negotiate this situation they have to engage in identity work and refine their notion of who they are and what they stand for, in order to not encounter an identity crisis (Alvesson & Sveningsson, 2016). Presumably these managers have not succeeded to do so, since they experience their role as problematic and difficult, causing some of them being close to wave with the white flag to surrender the hybrid role.

The last group of managers are the ones that express a fairly ambiguous experience of their hybrid role. The managers cannot be organized into the two opposing groups of easy and difficult since there is a lack of consistency in their stories. In resemblance with the managers who experience their role as difficult these managers also hold a quite critical approach to the administrative tasks and senior directives. On the other hand, they praise other aspects linked to their managerial role, as mandatory management training days and the authority that comes with the hybrid role. The fact that they place value in some managerial tasks shows that they reconcile with the underlying purpose of such directives and objects of the managerial role, however this causes ambiguity since they are reluctant towards other aspects. Their need to identify with the

managerial role could be understood as a way to construct a desired identity, as the managerial role is an appealing platform for identification as it is often seen as a valued identity (Alvesson & Willmott, 2002), particularly within the nurse profession (Johansen & Gjerberg, 2009). This ambivalent category is based on the way the managers distance themselves from some managerial tasks, but still put a lot of pride in their managerial role. They have a need to pursue a managerial identity, but subscribe partially from it. Moreover, they have a hard time to reconcile with some aspects, but not in the extent that they experience a major conflict wishing to determine their position.

However, irrespective of the conflicts described in the initial findings of our study the managers told us about more complexities and conflicts of their experience in their hybrid managerial role. As already stated, we uncovered additional aspects of their experienced life world origin from what we have chosen to call a nursing managerial identity.

Nursing managerial identity

As explained above, our managers' experiences of their hybrid role can be organized into three separate groups depending on their perceived conflict in the hybrid role. However, as we already mentioned, our research has come to conclude additional aspects of their experience that are salient in all groups of managers as it stem from their construction of themselves in their professional-managerial hybrid role. We argue that our concept of a nursing managerial identity may be a result of how the nurse managers combine their past of a nurse with their presence of a manager, enacting the duality of the hybrid role. As through their identity construction, one can understand how they experience their hybrid role as it guides their emotions and thoughts (Alvesson & Sveningsson, 2016).

The managers in our study seem to be highly influenced by the professional logics and discourse of the nurse occupation, where they appear to be attached to the notion of themselves as loyal, compassionate and governed by altruistic motives (Bolton, 2003). The caring discourse, and values that commonly are associated with the nurse profession (Bolton, 2003), are embedded in how our managers construct themselves. The way that nursing values transcends into their

managerial role can be explained by the processual perspective on identity. Managers constantly engage in identity work and construct themselves in a negotiation with external factors, as for example the institutionalized values of the nursing profession (Alvesson & Willmott, 2002; Alvesson & Sveningsson, 2003). As a paragon of nursing Florence Nightingale is mentioned by one of our managers, who illustrate the glorified and heroic view of the nurse profession. The reference appears rather interesting as Nightingale towards the end of the war also had managerial responsibilities, hence being a symbol for the 'ideal' nursing manager. The managers in our study does not explicitly say that they are heroic and altruistic in their managerial role. However, through different conversations we can see that they, some more than others, portray themselves in rather altruistic ways. The managers in our study nurse their staff based on originally attributed values of the nurse occupation, hence directing the care towards the staff instead of patients. Moreover, the managers emphasise the importance of 'being there' for their staff, and place great importance to the staff's well-being, both at work and outside work. Our findings support the notion of the 'nurturing mother', nurse managers who supports and nurture their staff, which Viitanen et al. (2007) found in their study of first-line nurse managers in Finnish healthcare. Further, the influences of nursing are in our case illustrated in the way our managers emphasise the value of seeing the person behind the employee, as one can interpret this to be the managerial equivalent to the nurse practice of 'person-centred care' where one should see the person behind the patient.

The findings also allow us to argue that the construct of a nursing managerial identity, which stem from how the managers enact their hybrid role, creates conflicts and challenges for them. It appears that the conflicts that originate from combining the two logics in a nursing managerial identity are embodied in an identity conflict that causes challenges on an intrapersonal level. The managers experience these conflicts with a higher degree of emotional distress than other challenges that they encounter when navigating between the duality of the hybrid role. For example the challenges caused by managers who feel more secure in a clinical setting, or lack sufficient managerial skills, and long for clinical work (Currie, Croft & Lockett, 2015; Kippist & Fitzgerald, 2009). This could be argued further by the managers' tendency to downplay their financial responsibilities and, at occasions, express a rather nonchalant and indifferent view on conflicts that stem from the apparent trade-off between cost and caring, the two divergent

objectives of professionalism and managerialism (Blomgren, 2003;Viitanen et al. 2007). It appears that 'red numbers' are, for the majority of managers, something they can legitimise by drawing upon their professional background as nurses, hence drive managerial action based on professional values (Currie & Croft, 2015).

The challenges of the construct of a nursing managerial identity arise when their ideas about the role and themselves in the role, as an ambitious, compassionate, caring and altruistic manager cannot be realized, and they experience a tension. In other words, conditions in everyday-life may not always allow the managers to 'nurse' their staff, and live up to the notions about themselves as a nursing manager which trigger feelings of insufficiency. We can see that most of our managers hold a rather glorified view of the expectations they try to live up to. One way to explain how the challenges that arise from the incompatibility between their nursing managerial identity and the conditions of reality are in the form of identity conflict. The challenges that arise may be a result of their strong attachment to a certain notion of themselves that do not align with reality, where this gap between identity and reality give rise to identity conflict (Collinson, 2003; Alvesson & Sveningsson, 2016). The nurse managers strong attachment to their notion of a nursing and altruistic manager stem from their background as a nurse, but are also influenced by other influential forces on their identity construction. On the other hand, the conflict may also be related to the reality they find themselves in, where the demands and conditions of reality is framed by management logics as a part of the hybridity, adding to the tensions in their identity.

The nursing managerial identity does not mean that they are completely immense in their caring of staff. By portraying themselves in this heroic and altruistic way the managers are allowed to allude on this identity when approaching their staff. This is shown by the fact that some managers seem to be aware of the effects that this nursing managerial identity have on how they are perceived by their staff. The managers talk about the balance between being helpful and caring, but still know their boundaries. Some of the managers talk about being strategic in their nursing of the staff and helping out with tasks, as they know they can ask much in return. We can see that this managerial approach can, at times, also be beneficial for them as their 'loyalty capital' and close relationship with their staff, help them avoid commanding their staff which it is something

they feel uncomfortable with, which make their identity construction add to a positive experience of their hybrid role.

6. Conclusion

This study has, in similarity to previous literature on hybrid managers, shown that nurse managers experience different degrees of conflict in their professional-managerial hybrid role, from easy to more difficult experiences. Moreover, our findings suggest that hybrid managers, with a professional background as nurses, construct a nursing managerial identity, as a result of how they enact their role and combine the managerial and professional dimension of the hybrid role. The nursing managerial identity does however cause challenges for the managers, which are experienced with great emotional distress and are embodied in the form of an identity conflict. Nevertheless, the nursing managerial identity appears, at times, to also be beneficial for the managers, serving as a conscious strategy that eases their experience of the hybrid role.

Contribution and implications

Our research found that the nurse background of our hybrid managers influences how the managers enact their managerial role. In other words, our research provides insight into how the managerial and professional dimensions of the hybrid role are combined, an area of research which is rather unexplored within the hybrid manager literature. By studying the hybrid role through the lens of identity theory, we have also moved beyond the general understanding of how the balance act between the two logics is experienced by shedding light to the intrapersonal experience of the dual logics. We contribute to how nurse managers experience their hybrid role, and uncover additional challenges for the hybrid nurse manager. Challenges that originate from not being able to carry out their constructed identity due to incompatibilities with reality, which nevertheless also is framed by the managerial logic.

The results may have implications for healthcare organizations as it sheds light on the possible problematic nature of the nursing managerial identity. It appears that the ‘nurse values’ are rooted in our managers, which at times make them prioritise staff before other responsibilities as well as de-emphasise managerial aspects as financial responsibility. Moreover, the nurse managers may reinterpret senior directives to align with their own frame of reference (Bolton, 2003). Hence, we

add to the argument that hybrid roles may for healthcare organization not be the most effective (Kippist & Fitzgerald, 2009).

Limitations and further research

As with all research, our also has its limitations. Our material invites for additional interpretations, however due to the limited scope of our research, we have not been able to further unpack and indulge in it. Moreover, we acknowledge that we are not able to determine the managers identities based on single interviews. Nevertheless, during the interviews the managers constructed themselves in ways we understand through the concept of a nursing managerial identity. In addition, we recognize that we are not able to determine to what extent the nursing managerial identity can be understood in the light of their nurse background. In our thesis, we have treated the nurse profession as internally homogeneous, but we accept that the values of care, loyalty, and altruism, which are generally associated with the nurse profession, may be a way to legitimize the nurse profession rather than illustrate an actual 'truth'. Moreover, we acknowledge that the actual values of the managers may be different from the values expressed during the interviews.

In the light of the above, we encourage additional research focused on how hybrid managers combine the managerial and professional dimension of their role, by studying the hybrid role using an identity approach. This would give further insight into the hybrid managers' life at an intrapersonal level. As our research suggests that the managers construct a nursing managerial identity, it would be of interest to undertake a longitudinal study of hybrid managers within healthcare to further study the notion of a nursing managerial identity. Moreover, it would be of interest to study the values usually associated with the (supposedly) oppositional logics, which is commonly said to be the culprit of the conflict which emerge from the hybrid role. Our data indicate that these logics may not be as static as usually portrayed in the literature. A study, which would explore these values from the perspective of the hybrid manager may allow the discovery of additional aspects of the hybrid role.

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Appendix

Interview guide

Present ourselves and our study

Ask for permission to record and highlight anonymity

Introductory questions

Can you tell us about yourself and you background?

Can you tell us about you role as a care unit manager? How does an ordinary day look like?

What are your responsibility areas as care unit manager? How many employees are you responsibility for? Who are your manager(s)?

What do you believe to be the most fun part of your job?

Managerial dimension

What do you think made you get the job as a care unit manager?

What do you think is easy/ difficult in your job? What challenges do you face as a manager?

What do you think your purpose is as a care unit manager?

Have you ever experienced it challenging to occupy be a manager? If yes, please tell us

Do you have any management education or leadership training?

What do you think about your administrative tasks of you managerial role?

Professional dimension

Do you think that your medical background as a nurse plays a role in your managerial position?

How do you use your medical background as a nurse in the role as a care unit manager?

What was the reason that made you educate yourself as a nurse?

Do you miss your job as a nurse? Or working with patients?

Concluding questions

Where do you see yourself in five years?

Is there anything else that we have not mentioned and that occupy a lot of your thoughts or that you spend a lot of time on?