

## **SPECIAL ISSUE CALL FOR PAPERS**

### **Caring for our healthcare workers: Advancing human resource management research in healthcare contexts**

#### **Guest Editors:**

Timothy Bartram (RMIT University, Australia)

Graeme Currie (University of Warwick, UK)

Na Fu (Trinity College Dublin, Ireland)

Adrian Wilkinson (Griffith University and University of Sheffield)

Jillian Cavanagh (RMIT University, Australia)

The proposed special issue seeks to contribute to the understanding of healthcare workers and their work environments, with a focus on improving healthcare workers' wellbeing. Recent research has called for greater focus on wellbeing rather than performance in the field of human resource management (HRM) and rethinking the role of HRM in supporting the wellbeing of workers (Guest, 2017; Cooper et al., 2019). We refer to healthcare workers in this special issue as those who provide direct health services to their clients, such as doctors, nurses and midwives, personal care assistants, and allied healthcare workers (e.g., psychologists, radiologists). These healthcare workers may work in healthcare facilities such as hospitals and clinics, residential nursing homes, or in-home care settings.

The COVID-19 pandemic has thrust into the spotlight the dedication of healthcare workers and the sacrifices they make. Appreciation and recognition of healthcare workers have been on full display by citizens around the world, but this has served to highlight how overlooked and underappreciated many of these workers are. There are looming emotional and mental health, as well as recruitment and retention consequences of the pandemic and post-pandemic for healthcare managers, clinicians, governments, and communities. Evidence is starting to emerge regarding how profound this is, and this special issue speaks to that and what organizations may, can or should be doing about it. Human resource management has an important role in enabling the safety infrastructure for those delivering care and the challenge of managing dangerous working environments, as well as developing career paths for nurses and personal care workers especially in aged care. While healthcare workers are playing a major role in protecting our community and caring for the sick and vulnerable, they face many workplace challenges, such as work intensification and high workloads, bullying, aggression and violence, burnout and related mental health issues, and in some professions low pay, job insecurity and lack of systematic training (e.g., Krystal and McNeil, 2020). These challenges are often compounded by inadequate implementation of HRM practices in hospitals and aged care facilities (Cooke and Bartram, 2015; Kellner, et al., 2016) in an industry with dramatic demographic changes (e.g., growing numbers of migrant workers), new technologies, innovative work processes and treatments, along with increasing consumer expectations and government pressures to contain costs while providing high quality of care (Bartram et al., 2020; McNeil et al., 2019). Moreover, we have seen new ways of working in healthcare, accelerated by COVID-19, including 'virtual wards' and telehealth but we have scant evidence as to their effectiveness or impact on the workforce.

To date, there is a dearth of HRM scholarship that has effectively advanced our theoretical and empirical understandings of the role of HRM to support the wellbeing of the healthcare workforce in the context of complex and tremendous economic, technological and institutional change. We believe that HRM scholars can use a diverse range of research approaches and methodologies to develop new theories of HRM, address these challenges and better serve our healthcare workers who serve our community.

We encourage studies across all the healthcare workforce, from the high-status doctors and even CEOs to those lower paid frontline workers. We also encourage studies from across the world especially those located in low-medium income countries (LMICs) which are often under-studied in HRM.

### **Expected contributions**

Research on healthcare management has made progress in the past two decades (Avgerinos et al., 2019; Currie et al., 2015; Fotaki and Hyde, 2015; Krachler and Kessler, 2022). Despite the progress, HRM research in the healthcare, aged care and in-home care contexts remains underdeveloped. The rapid changes in healthcare settings, such as health crises, digital transformation (e.g., telehealth), increased diversity and precarious work, require continuous effort in conducting quality research in these contexts. Human resource management scholarship may offer new insights into the challenges and related solutions to support the wellbeing of the healthcare workers.

We encourage interdisciplinary perspectives including human resource management, health services/health care management, industrial relations and organizational theory, to address research questions pertaining to healthcare that include, but are not restricted to the following:

#### *Individual, interpersonal and team perspectives*

- Given the demanding work environment and a range of other challenges faced by healthcare workers, what are the best strategies for healthcare workers to improve their mental health and general wellbeing?
- How does working during and post the COVID-19 pandemic affect the projected “nursing shortage” as nurses face increased levels of burnout and strain that contribute to them leaving the profession at a growing rate?
- What does effective leadership look like in healthcare settings? How can managers provide the much-needed support to healthcare workers? How do we develop effective managers in healthcare organisations?
- How does HRM influence healthcare workers’ identity and identification with their occupation?
- When healthcare teams consist of members with different functional and professional backgrounds, how are the resultant power dynamics and conflicts managed? How is team trust built?

#### *Organisational perspectives*

- What are the HRM practices in healthcare organisations that can help prevent bullying, aggression and violence, promote diversity and inclusion, and create decent and healthy work environments for healthcare workers? What role do unions play?

- What is the role of HRM in supporting the occupational health and safety of healthcare workers during and post the COVID-19 pandemic?
- How do healthcare workers interpret and respond to organisational changes driven by rapid industry-wide changes (e.g., increasing adoption of artificial intelligence or the use of telehealth)? What are the effects of these workplace changes on the wellbeing of the healthcare workforce? How do managers at various organisational levels manage healthcare workers' emotional responses to organisational changes?
- How is the digital transformation shaping the HRM in the healthcare sector?
- How does HR analytics empower organisations to make strategic decisions about people management?
- Given that in developed countries (e.g., Australia, UK and US), a large proportion of healthcare workers are immigrants (Patterson, 2017), how do healthcare organisations effectively manage the differences and potential conflict in the culturally diverse workforce? How do healthcare organisations leverage these immigrant healthcare workers to serve increasingly diverse clients?

### *Societal and system perspectives*

- Given the underappreciation of healthcare workers, precariousness of work, and dangerous working conditions, how do we attract and retain healthcare workers to the occupation and enhance their career commitment?
- How do systems of power influence healthcare work, for example, the marketisation of healthcare under capitalism and the gendered and racialised nature of healthcare and care work in general? What sort of regulation is needed to ensure better workforce outcomes?
- How do international and regional political developments (e.g., Brexit) affect immigrant healthcare workers, for instance, in terms of workplace inclusion climate, interactions with clients, and anxiety over visa status uncertainty?
- What are the universally effective and culturally unique ways of improving healthcare workers' wellbeing?
- How has technology influenced the profession of healthcare and their work?

### **Submission process**

Full papers should be submitted between 1 November – 30 November 2023 at <https://wiley.atyponrex.com/journal/HRMJ>. Please select the 'Special Issue Article' as the article type on submission. On the Additional Information page during submission, select 'Yes, this is for a Special Issue' and select "Caring for our healthcare workers: Advancing human resource management research in healthcare contexts" from the dropdown list. Please note that papers may not be submitted until 1 November 2023.

Enquiries related to the call for papers should be directed to Timothy Bartram ([timothy.bartram@rmit.edu.au](mailto:timothy.bartram@rmit.edu.au)).

Enquiries related to the online submission process should be directed to: [HRMJ.journal@wiley.com](mailto:HRMJ.journal@wiley.com).

## References

- Avgerinos E, Fragkos I and Huang Y (2019) Team familiarity in cardiac surgery operations: The effects of hierarchy and failure on team productivity. *Human Relations*. Epub ahead of print 1 October 2019. DOI:[10.1177/0018726719857122](https://doi.org/10.1177/0018726719857122)
- Bartram T, Stanton P, Bamber G, Leggat S, Gough R and Ballardie R (2020) Engaging professionals in sustainable workplace innovation: Medical doctors and institutional work. *British Journal of Management* 31(1): 42-55.
- Cooke FL and Bartram T (2015) Human resource management in health care and elderly care: Current challenges and toward a research agenda. *Human Resource Management* 54(5): 711–735.
- Cooper, B., Wang, J., Bartram, T., & Cooke, F. L. (2019). Well-being-oriented human resource management practices and employee performance in the Chinese banking sector: The role of social climate and resilience. *Human Resource Management*, 58(1): 85-97.
- Currie G, Burgess N and Hayton JC (2015) HR practices and knowledge brokering by hybrid middle managers in hospital settings: The influence of professional hierarchy. *Human Resource Management* 54(4): 793-812.
- Duffy M (2005) Reproducing labor inequalities: Challenges for feminists conceptualizing care at the intersections of gender, race, and class. *Gender & Society* 19(1): 66-82.
- Fotaki M and Hyde P (2015) Organizational Blindspots: Counteracting splitting, idealization and blame in public health services. *Human Relations* 68(3): 441-462.
- Guest, D. (2017) Human resource management and employee well-being: towards a new analytic framework. *Human Resource Management Journal*, 27: 22-38.
- Kellner, A., Townsend, K., Wilkinson, A., Lawrence, S. A., & Greenfield, D. (2016). Learning to manage: development experiences of hospital frontline managers. *Human Resource Management Journal*, 26(4): 505-522.
- Krachler N and Kessler I (2022) Ownership power and managing a professional workforce: General practitioners and the employment of physician associates. *Human Resource Management Journal*, early view, <https://doi.org/10.1111/1748-8583.12464>
- Krystal JH and McNeil RL (2020) Responding to the hidden pandemic for healthcare workers: stress. *Nature Medicine* 26: 639.
- McNeil N, Bartram T, Cregan C, Ellis J and Cooke F (2019) Caring for aged people: The influence of personal resilience and workplace climate on ‘doing good’ and ‘feeling good’. *Journal of Advanced Nursing* 75: 1450-1461.
- Patterson DG, Snyder CR and Frogner BK (2017) Immigrants in healthcare occupations. Center for Health Workforce Studies, University of Washington: Seattle, WA, USA. Available at: <https://depts.washington.edu/fammed/chws/wp->

[content/uploads/sites/5/2017/01/Immigrants-in-Healthcare-Occupations\\_FR\\_Jan\\_2017-Patterson.pdf](#)