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Dealing with managers: a guide for the foundation year doctor

Introduction

Managers are not all deplorable. They have similar values to doctors when it comes to patient safety and quality. However, they also have conflicting priorities of government targets, finance and staff to deal with.

How managers work

There is a distinction between operational and strategic management. Operational management does not necessarily refer to surgery or theatres in this sense and is rather an incongruous term in the NHS. It means that the manager is running the service and 'fire-fighting' new issues arising, often urgently. This is equivalent to looking after a group of patients and tackling their acute problems. Similarly, it could be reasoned that preventive action could have been beneficial. Strategic management is about taking a longer-term, overall view rather than delving into smaller details. The different demands of these two types of activity can cause much stress for managers. Some management jobs are purely strategic or operational, but some can be combined. Others are purported to be strategic, but the manager ends up spending a lot of time covering operational stuff anyway.

Managers can be from clinical or non-clinical backgrounds. The former are often nurses, but can also be allied health professionals or even doctors. You can be caught out by assuming someone is not clinical, when they might have been, perhaps several years ago. They may still do some frontline work to maintain professional registration and may don a uniform when needed in a crisis. Those who have been doctors may have surprising insight into your job – do not dismiss them out of hand. Others may have shadowed as part of their training or on the job. They may

even have been medical secretaries and worked closely with doctors.

There are different levels and types of manager (Ahmed, 2009). The ones you are likely to come across will be within medical human resources and your own department. The latter may have titles such as 'service manager', 'specialty manager' or 'directorship manager', but there is great variation.

Managers do not sit in luxurious plush offices with personal assistants, doing nothing all day. Many work longer and less predictable hours than doctors, miss lunch, do on-calls and get called out of hours even when off duty. They may catch up on administrative work during evenings and weekends because their working days are taken up with meetings. They are disturbed by incessant beeps and telephone calls, similarly to doctors. Their contracts are not rigidly time-bound and will often specify that they must work whatever hours are needed to fulfil the job. Doctors who have become managers report anecdotally that, in some ways, medicine was easier.

Managers are not as well-remunerated as some doctors believe. Ahmed (2009) compared hospital doctors' and managers' pay and argued that managers are not overpaid.

Mutual respect

If you are polite to managers, they will be polite back. As a junior doctor, I used to think I was being too soft by being pleasant to managers. I was misguided. Often, it is all about the way you say something rather than what you say. Some doctors are thoughtless in the way they word e-mails and letters, which can be perceived as rude. Managers are less likely to be helpful and constructive in that situation, as they are human too and not part of a faceless bureaucracy. Even if there is a long-running dispute, antagonism will only make matters worse.

You should treat all managers with respect, even if you do not agree with what they are telling you. Likewise, it should

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work the other way. Being assertive can help (Trivedi and Hooke, 2007). Be clear what the issue is and your desired outcome, but do not automatically expect to get it. Many managers care genuinely about staff and would like to do more for them, but they may be restricted by hospital policy, finance or other constraints. Wilson Jones (2006) suggests that doctors and managers should learn to work together and share common ground. This can apply to junior doctors as much as consultants – it is never too early to start.

Managers may not have all the answers. As with patients, management matters are not necessarily black and white. There may be grey areas that require interpretation.

Some doctors fall into the trap of always blaming medical human resources, for instance, when locums are not engaged or authorized. However, it may be the doctors' own specialties that are responsible for such arrangements and hold the budgets. Hence, medical human resources are often hampered by what will or will not be sanctioned. Contrary to popular belief, there is

no recognized standard bonus scheme for service or human resources managers for reducing doctors' earnings and declining to book locums.

Do not be afraid to ask to shadow a manager – they are likely to welcome your interest gladly. You may need to ask your consultant for permission first. If you do the shadowing when otherwise off duty, be careful that this does not constitute exceeding your hours.

Conclusions

It is advisable to work constructively and assertively with managers. Most of them are decent people. Treat them with respect,

take an interest in their work and try to understand their pressures. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

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Trivedi D, Hooke R (2007) Assertiveness: a guide for the foundation year doctor. *Br J Hosp Med* **68**(7): M120–1

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KEY POINTS

- Always be polite, respectful and assertive, even if you do not agree with the manager.
- Managers are human and can be distressed by injudicious communication.
- Do not assume anything about a manager's background.
- Do not blame medical human resources for all woes – it may be outside their control.
- You can ask to shadow a manager to learn more about the role.