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Puppet on a String – A Qualitative Study of Middle Managers' Motivation and Role Perception

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Abstract

This thesis explores and investigates middle managers' motivation and experiences in their role in the middle level through the lens of the self-determination theory. To better understand the role holders in the sandwiched middle, a qualitative approach was applied to portray how first-line nurse managers (F-LNM) in Norwegian hospitals experiences the middle manager role. Based upon seven in-depth interviews and follow-up conversations, three categories emerged from the analysis: (1) Puppet on a String, (2) The Strainer, and (3) It is what it is. The findings reveal that that the studied F-LNMs are exposed to numerous environmental factors and complex opposites which makes them perceive an inharmonious relationship between the role responsibilities and role authority, as well as wearing numerous hats with divergent responsibilities and interests. As a result, they feel controlled, demotivated, and frustrated. The study also discloses that the participants experience role conflict but fails to recognize its negative effects on their role. Hence, this thesis provides insights to the literature on middle management and role theory, specifically emphasizing the salient significance of perceived autonomy, competence, and relatedness in the middle manager role. Theoretical implications and contributions are discussed.

Introduction

First-line nurse managers (F-LNMs) hold a pivotal role for daily operational and clinical practice in hospitals simultaneously as exercising proper leadership and management. Like any other organization, hospitals are heavily dependent on skilled and competent management and leadership to be effective and prosper (Northouse, 2019). Moreover, successful leadership is imperative to ensure the most valuable resource in an organization, namely motivated, committed, and inspired employees. Studies on leadership are well established in the literature, however, there are insufficiencies in research of middle managers' experiences in the role as the sandwiched middle (Gjerde & Alvesson, 2020). Research has mainly addressed middle managers as a category simply to separate from top managers and non-managers, not emphasizing the role, identity, and experiences of middle managers in the middle level (Gjerde & Alvesson, 2020; Sims, 2003). Ranging from first-line supervisors to senior managers, middle managers differ from how leadership traditionally is conceptualized as they are exposed to complex, paradoxical, and ambiguous hierarchical structures as both managers and subordinates (Harding et al., 2014; Tengblad & Vie, 2012). Accordingly, middle managers hold several roles and are thus exposed to psychological and technical demands and expectations from various directions that may be incompatible with each other.

When reviewing the literature, negatively loaded terms such as vulnerable, lonely, and precarious, are often ascribed characteristics to middle managers. The role is also described to be surrounded by chaos, contradictions, uncertainties, and ambiguity (Sims, 2003; Tengblad & Vie, 2012). These characteristics are key components and facilitators for role conflict, specifically explained as when a person experience contradictory expectations. Role conflict is understood and

defined in various ways; however, Biddle's (1986) conceptualization of the term encompasses aspects we seek to investigate. He defines it as "the concurrent appearance of two or more incompatible expectations for the behavior of a person." Role conflict seems to reflect some of the subjective problems associated with involvement in a complex social system (Biddle, 1986, p. 82). Evidently, research suggests that middle managers are more likely to encounter and experience role conflict as a result of being confronted with a complex set of demands and required to adopt multiple contradictory strategic roles (Floyd & Lane, 2000; Anicich & Hirsh, 2017). Role conflict is found to be associated with a set of negative organizational behavior outcomes such as low satisfaction, low job involvement, low expectancies and task characteristics with a low motivational potential, all precursors of amotivation (Jackson & Schuler, 1985).

Drawing on the self-determination theory (SDT), an overarching theory of human motivation, organizations should seek to decrease role conflict and enhance autonomous motivation as a basis for effective organizational behavior. The theory suggests that satisfaction of an individual's innate needs of autonomy, competence, and relatedness leads to autonomous motivation, which in turn increases job satisfaction, organizational trust and commitment, performance, and psychological well-being (Gagné & Deci, 2005). Naturally, middle managers' intrinsic needs of autonomy, competence, and relatedness is threatened by the complex, contradictory, and demanding intermediate role in the social and organizational hierarchy.

The hospital system in Norway is embedded in a hierarchical structure where middle managers are the norm rather than the exception due to numerous organizational levels. Approximately 6000 nurses hold leadership roles in the Norwegian health care sector, in which the majority are middle managers with

significant responsibility for organizational goals simultaneously as conducting professional health practice (Norsk Sykepleierforbund, n.d.-a). All registered nurses are clinically educated in accordance with official criteria, however, there are no specific requirements for nurses to enter the role as a leader in nursing (Norsk Sykepleierforbund, n.d.-b). Moving from a defined and outlined technical nursing role into the world of a middle manager, F-LNMs become the juggler of multiple roles. Studies show that more than 80 percent of nurse managers experience role conflict in addition to hospital services being the most vulnerable industry to role conflict (Kirchhoff & Karlsson, 2019; Finne & Christensen, 2018; Stami, 2016). These findings illustrate the polarization involved in the role as a F-LNM with patient care on the one side, and strict bureaucratic guidelines and budgets on the other.

Research Question

The purpose of this study is to investigate how F-LNMs experience and identify with their role as a middle manager. The study builds upon established literature on middle management, role theory, and self-determination theory that lay the basis for our empirical exploration and analysis on F-LNMs' experience in the sandwiched middle. In the response to the lack of research on middle managers' motivation and experiences in the middle level, the aim of this thesis is to investigate and explore the following question:

How does F-LNMs in Norwegian hospitals experience and identify with their role as a middle manager?

Literature Review

In order to investigate, explore, and seek out a deeper understanding of the outlined research question of this study, we will review existing literature on middle managers and the environment in which they operate, management and leadership, role theory, and the self-determination theory.

Middle Managers' Role

This article draws upon the broader domain of middle management research, laying out the basis for our examination on F-LNMs in Norwegian hospitals. Understanding the role of F-LNMs is contingent on an understanding of the context in which they operate (Thomas & Linstead, 2002). Public bureaucracy studies indicate that managers have less room to maneuver than their private sector counterparts, emphasizing a lack of autonomy in their position (Currie & Procter 2005; Floyd & Wooldridge 1992). Middle management refers to a position in organizational hierarchies between the operation core and the apex (Mintzberg, 1989), whereas F-LNMs specifically refers to nurses in the first level of management in an organizational hierarchy (Hales, 2005). F-LNMs exercise critical leadership for healthy work environments, clinic operations, professional development, improved patient care, and the accomplishment of organization goals in the complex and diverse world of healthcare professions (Baxter & Warshawsky, 2014). Mintzberg (1989) argues that good managers possess a combination of personal, interpersonal, informational, and actional competencies. These competencies illustrate the complexity of the managerial role as managing oneself, leading individuals and groups, building organizational culture, communicating and analyzing information, as well as designing and mobilizing, fulfills the broadest range of strategic roles (Tengblad & Vie, 2012; Floyd & Lane, 2000).

In the role transition from a clinical nurse to nursing leadership, new nurse managers often struggle to get settled and balance their new role (Baxter & Warshawsky, 2014). Moreover, F-LNMs must retain the technical competence to adequately understand and interact with the operating workforce. Additionally, an understanding of the overall organizational strategy and goals is crucial to deliver objectives. In sum, the number of interactions and complexity of information is consequently greater in the middle level of management due to the numerous vertical and horizontal relational contacts in the organizational hierarchical structure (Floyd & Lane, 2000). This complexity illustrates the various expectations and demands the F-LNMs receive from several stakeholders surrounding the managerial role.

Management and Leadership

Key activities of management and leadership are played out differently, but both are essential for an organization to prosper. Warren Bennis (2009) distinguishes management and leadership as profoundly different but equally important. To manage entails to bring about, to have charge of or responsibility for, to accomplish, and to conduct. Leading, however, is influencing and guiding in a direction, course, action, or opinion. Leaders are people who do the right thing whilst managers are people who do things right (Bennis, 2009; Drucker, 1995). Kotter (1990) identifies the three subprocesses of establishing direction, aligning people, and motivation and inspiring as key elements of exercising good and effective leadership in a complex organization.

Health Care Reform

In 2002, Norwegian hospitals was reorganized into health trusts as a result of the health care reform, often referred to as the management and responsibility reform by the government (Hippe & Trygstad, 2012). The trust reform was built on practices of governance from the private sector. New Public Management (NPM) comprises management principles and management ideals that seeks to streamline and increase the quality of services in the public sector. Key instruments of NPM are an increased delegation of decision-making authority with emphasis on flexibility and empowerment, increased individual influence and participation, and self-governing working groups. Additionally, leadership and management with clear goals, where results are reported, measured, and assessed, are also fundamental principles of the management perspective (Hippe & Trygstad, 2012). The main goal of the new health reform was to lay the foundation for a comprehensive state management of the specialist health service, increase the quality of medical treatment, to make medical treatment equally accessible to all, and to increase the efficiency of hospitals. The reform led to complete new organizing in terms of the professional responsibility and financial responsibility, as well as the ownership was placed at state level. As a result, the hospitals were organized as independent enterprises with their own boards and increased local authority (Østby, 2011; Helse Vest, 2017; Helse- og omsorgsdepartementet, 2020; NOU 2016:25, s. 3; Hippe & Trygstad, 2012).

Simultaneously as the state's management capacity was strengthened, the individual enterprises were to be given greater responsibility and freedom within given limits. An important reason for organizing the hospitals as health trusts was that they were then empowered. Trust organization marked a clear organizational division between the business and the overall political body by seeking to enhance

the hospital management's comprehensive responsibility for daily operations, while corporate governance was to be concentrated on overall matters. Trust organizing was an important prerequisite for achieving a desired management culture between owner and business management. Concurrently it would contribute to reducing the possibility of violating the framework and give the hospital management greater authority (NOU 2016:25, s. 3; Hippe & Trygstad, 2012).

A Counterproductive Reform

A key objective of the reform was to empower management. However, a report which analyzes whether the reform has led to better role clarification between owner and company, empowered managers, and whether managers have been given greater room for maneuver, indicates otherwise (Hippe & Trygstad, 2012). The report suggests there are great insufficiency in the implementation of the reform and thus questions whether there actually has been an empowerment of the management. The report disclose how leaders are concerned with the health policy management becoming too comprehensive and detailed, as well as the perception of their own room for maneuver varies. FAFO points out that management in the health trusts is exercised within the framework of a challenging interaction between resilient professional groups, clear patient interests, and large complex organizations (Hippe & Trygstad, 2012; NOU 2016:25, s. 4). There are also clear distinctions between top managers and middle managers whereas the latter experience to a lesser extent that the trust reform has given them increased legitimacy and authority. In their opinion, the room for maneuver has shrunk in recent years. The condition for exercising leadership is affected by a difficult financial situation, excessive pressure of demands and

requirements from above, as well as inadequate support systems. The middle managers describe an increased bureaucratization with the implementation of up to six formal management levels, consequently prolonging the distance to top management. The top managers, however, consider to a greater extent that the health trust reform has contributed to empowering the managers in a new way (Hippe & Trygstad, 2012; NOU 2016:25, s. 4).

There is great agreement among the leaders in the survey that they lack time for strategic work, long-term planning, change of work processes and innovation. It is mainly first-line managers who express that they are pressured on the case in question. Furthermore, leaders experience a certain degree of cross-pressure and conflicting expectations. 6 out of 10 leaders have experienced that superiors and subordinates have expressed expectations to them that cannot be reconciled (NOU 2016:25, s. 6). The findings in the report also disclose considerable inequalities in leadership levels, indicating that holding a leadership role at lower levels is perceived as demanding. Leaders at lower levels will to a greater extent hold several roles and thus function as they are partly professionals and partly leaders. The findings illustrate what is often referred to as the middle managers' dilemma, namely experiencing pressure from subordinates and superiors at the same time (Hippe & Trygstad, 2012). The report discloses a clear negative link between the trust reform and middle managers' challenges as they are under increasing pressure. For instance, leaders describe how the management lines have become significantly longer characterized by bureaucratic resistance which results in impossible casework for the staff functions. They identify cumbersome systems, increased bureaucratization, and an infinite number of reports and administrative tasks from above as the main reasons why it is difficult

to work efficiently and why they experience no legitimacy (Hippe & Trygstad, 2012).

The new reform led to an increased workload for middle managers as the administrative tasks staff employees used to have has now been redirected to middle managers in addition to their traditional leadership and operational duties. Forbes (1993) and Doyal (1998) claims that traditional managerial and administrative tasks such as budgeting and staffing should be reserved to administrators as these responsibilities divert nurses' focus away from the clinic. Additionally, research show that nurses appointed to managerial positions experience a "confusion of identity" which may lead to "anxiety and isolation for the post holders" (Stanley, 2006, p. 31). There is a potential conflict when clinical leaders' focus is divided between their managerial role with its associated organizational values, and their clinical role with its associated professional values. Consequently, clinical leaders are unclear about their role, suggesting there are over 100 names for it and how delegation of administrative tasks would make the role more efficient and productive.

Summarized, it is found that nurse managers struggle with limited resources, support, and staff shortages. As they have preconceived, traditional ideas about what the role entails, the nurse managers experience conflict and are unprepared for their role concerning quality issues and leadership. Entering the role, many also experience conflict between their clinical and professional values (Firth, 2002; Stanley, 2006). Placing divergent managerial and leadership responsibilities on nurse mangers leads to weakened managerial positions and diminished clinical effectiveness as there is an inherent division between organizational goals and core clinical values. Hence, combining management and leadership functions in a single role is found to be both counterproductive and

inefficient in terms of the health service's future development, clinical operations, and the individuals concerned (Firth, 2002; Stanley, 2006).

Role Theory

The concept of role is one of the most popular ideas in the social sciences, resulting in a plethora of definitions. A role, according to one definition, is a "particular set of norms that is organized about a function" (Bates & Harvey, 1975, p. 106; Biddle, 1986). Other understands role as a "comprehensive pattern for behavior and attitude" (Turner 1979, p. 124; Biddle, 1986, p. 69), or as a "behavior referring to normative expectations associated with a position in a social system" (Allen & van de Vliert 1984a, p. 3; Biddle, 1986, p. 69). Role theory identifies roles by assuming that people participate in social positions, following internal and external expectations of the behavior of the person. It concerns the concepts of characteristic behaviors, presumed identities held by others, and expectations understood by all and adopted by performers (Biddle, 1986). Moreover, role behavior is explained as a consequence of the complex interaction of the person receiving the role, those sending the role, the relationships among senders and receivers, and external organizational factors **(**Cooper, 2012).

Role theory further portrays how various aspects of an organizational role can expose an individual to stress, namely role stress. The focal person will experience role stress when the expectations to the role are conflicting, ambiguous, or overloading. A meta-analytic review found that the three facets of role stress (role conflict, role ambiguity, and role overload) has a positive correlation to emotional exhaustion, reduced personal accomplishment, depersonalization, propensity to quit, and tension, and are negatively related to job satisfaction, organizational commitment, and job performance (Örtqvist & Wincent, 2006). Role stress has also

been related to a variety of negative performance outcomes, such as stress and frustration in the role (Deery et al., 2002; Tubre & Collins, 2000); decreased job satisfaction (Harris et al., 2006; Showail et al., 2013; Kauppila, 2014); higher turnover and intention to quit (Hang-Yue et al., 2005); and less confidence in decision-making (Rizzo et al., 1970). Consequently, role theory discloses aspects of an individual's role by providing an understanding of the complexity in the organizational structure and social issues along with it.

Role Conflict

Role conflict has been identified as one of the classic ingredients of tragedy. Over the last 70 years, researchers have investigated ways in which individuals manage the various roles they hold in the social system (Kahn et al., 1964; Rizzo et al., 1970). As F-LNMs are subject to various contradictory expectations in their role, it is likely to assume they experience the performance of one role to preclude the performance of another. These contradictions may result in role conflict which is recognized as one of the most prominent causes of struggles in a managerial position (Kath et al., 2013; Van Bogaert et al., 2014; Kirchhoff & Karlsson, 2019). Moreover, role conflict, along with role ambiguity, are found to be major barriers in daily practice and reforms efforts (Kras et al., 2015)

Role conflict can occur as a result of a person being subjected to two or more contradictory expectations (Biddle, 1979), which means that compliance with one expectation may preclude compliance with another (Katz & Kahn, 1966, p. 184; Cooper, 2012). Role conflict therefore creates several tensions between individuals and organizations. This is particularly prominent in industries such as health care due to the comprehensive and multifaceted roles and responsibilities

the professionals hold, creating a perceptual distance between the roles contributing to the existence of role conflict. A meta-analysis found role conflict to be negatively associated with six different aspects of job satisfaction and positively associated with tension, anxiety, and propensity to leave the organization (Jackson & Schuler, 1985). Further, its repercussions may result in organizational inefficiency and frustration for the individual itself, making the individual prone to, among others, burn-out and behavior problems (Rizzo et al., 1970; Cooper, 2012). Research also indicates that individuals will experience stress, become dissatisfied, and perform less effectively when expectations contradict with each other (Rizzo et al., 1970).

Jackson and Shuler (1985) observed that a supposedly important distinction among types of role conflict had been overlooked in the literature (Baird, 1973; Ehrlich et al., 1962; Miles & Perrault, 1976; Jackson & Schuler, 1985). However, several types of role conflicts have been identified to explain the complexity of role conflict and its underlying processes (Gross et al., 1958; Katz et al., 1964; Rizzo et al., 1970). Intersender conflict occurs when inconsistent demands are sent to a role taker by one or more role senders. Interrole conflict refers to a situation when a person holds two or more positions simultaneously and where the behaviors associated with one role is inconsistent with the behaviors associated with another. Intrasender conflict arises when the individual's availability of time, resources, and capabilities are incongruent with the expected role behavior. Lastly, person-role conflict occurs when the role taker's internal standards or values are incompatible with the defined role behavior (Rogers & Molnar, 1976).

The different types of role conflict conclusively illustrate the middle managers, especially nurse leaders, multifaceted challenges in their position.

Various strategies have been identified for overcoming the negative consequences related to the conflict. For instance, Bolton (2005) find British F-LNMs to emphasize their role as a clinical nurse over the managerial role, confirming that professional competence is essential to maintain reliability among subordinates and colleagues. Other studies find F-LNMs to emphasize their managerial role as an asset or opportunity for their career (Johansen, 2009; Berg & Byrkjeflot, 2014). Further, Kirchhoff and Karlsson (2019) finds a dynamic process in which F-LNMs adopt three strategies when experiencing role conflict: embracing the managerial role (rejecting the nurse role), emphasizing the managerial role (role distance from the nurse role), and lastly, emphasizing the role as a nurse (role distance from managerial role).

Role distance is coined as a strategy to preserve or defend the self and stay emotionally detached from the role. It distinguishes between the expectations a role holds versus the commitment the person has to the role, referred to as "actions which effectively convey some disdainful detachment of the performer from a role s/he is performing" (Goffman, 1961, p. 110). The strategy will not only help the performer itself, but also reduce tension for those surrounding the performer (Biddle, 1979). Role embracement, on the contrary, is explained by Goffman (1961, p. 106) as "to embrace a role is to be embraced by it". It refers to when an individual fully embraces a role, strives to see themselves in it and accepts the role expressively. Role distance and role embracement gives an insight to the enhancement of role obligations and explains some of the psychological processes behind the coping of the complex situation F-LNMs are experiencing. Gjerde and Alvesson (2020) suggest that in their attempt to coordinate from the sandwiched middle, middle managers take on three subject positions that impact how they view their actions, craft their self-in-role stories, and are experienced by

others. Findings indicates that most of the middle managers studied placed themselves as an "umbrella protector", meaning they portray the managerial role as a protector of information coming from top management to subordinates, and vice versa, thus "not expose them to the full horror of some of the stupidities" (p. 15).

Role Ambiguity and Role Overload

Role ambiguity and overload are closely related constructs to role conflict. Jackson and Schuler (1985) address how the construct of role conflict and the construct of role ambiguity often are studied together, even though their analysis indicates empirical evidence for a distinction. However, role ambiguity is studied more frequently than role conflict. As role conflict inhibits performance in one role as a result of prioritizing another, role ambiguity, on the other hand, denotes when a role's definition and expectations are unclear. It includes confusion surrounding what is expected of them in the role, such as performance goals and job duties. Consequently, role ambiguity is argued to relate to the predictability of responses to one's behavior and the clarity of behavioral requirements or expectations (Rizzo et al., 1970). Furthermore, the more unclear definition of a role, the more substantial the tension caused by role conflict becomes, and the more likely are individuals to use avoidance, lying, or organizational escape to reduce the negative repercussions of these tensions (Biddle & Thomas, 1966; Gross et al., 1958; Grover, 1993; Hirschman, 1970; Kahn et al., 1964; van de Vliert, 1981; Floyd & Lane, 2000). According to two different meta-analyses, the less clarity an individual has in their role, the poorer their performance becomes (Jackson & Schuler, 1985; Tubre & Collins, 2000; Kras et al., 2017). The last facet of role stress is role overload, which is also salient in the study of role, specifically explained as an incompatibility

between the volume of work and the resources to complete the work. Role overload may therefore be a result of an individual lacking resources to perform the demands of the roles one holds, evolving from both excessive phycological demands and time demands (Creary & Gordon, 2016).

Despite the extensive research on role theory, we find deficiencies in the literature concerning middle managers subjective experience and perspectives in their role and its relations to motivation. The three facets of role stress demonstrate threat that it poses to organizational behavior and motivation, which ultimately can lead to negative performance outcomes that effect the entire organization.

Self-Determination Theory

Self-determination theory (SDT) is a leading overarching theory of human motivation applied across various domains such as healthcare, psychotherapy, education, and work motivation and management (Ryan & Deci, 2000; 2017). The distinction between autonomous motivation and controlled motivation is central to SDT, concentrating on differences in underlying regulatory mechanisms, their accompanying interactions, and how they characterize behavior (Gagné & Deci, 2005). As role conflict is correlated with negative organizational behavior outcomes such as low job satisfaction and involvement (Jackson & Schuler, 1985), SDT is a suitable conceptualization of human motivation to contextualize the research question of this study.

Autonomous motivation is characterized by an individual being engaged in an activity with a full sense of willingness, volition, enjoyment, value, and choice. Moreover, autonomously regulated activities are often intrinsically motivated. Intrinsic motivation entails individuals performing an activity solely because they find it interesting and the activity itself derives spontaneous

satisfaction, namely self-determined behavior (Gagné & Deci, 2005). Non-self-determined behavior, however, is a result of controlled motivation that is externally regulated, characterized by activities driven by fear of punishment, rewards, pressure, demands, or obligations (Deci et al., 2017).

SDT postulates an individual's inherent growth tendencies and innate psychological needs for autonomy, competence, and relatedness as the basis for personality integration and self-motivation (Ryan & Deci, 2000). Satisfaction of these needs promotes autonomous motivation, enhanced performance, and wellness, whereas amotivation may be a consequence of dissatisfied needs (Deci et al., 2017). The need for competence refers to feelings of effectiveness and mastery over one's activities and environment. Need for relatedness includes being cared for and care for others, having a sense of belongingness, and feeling connected to others. Most importantly, the need for autonomy comprises self-governing and is the most important need in terms of enhancing intrinsic motivation as the perceived locus of causality comes from within when intrinsically motivated (Ryan & Deci, 2000; Deci et al., 2017; Gagné & Deci, 2005). However, the need for autonomy is person dependent. Consequently, individual differences in the need for autonomy can moderate how much people benefit from experiencing autonomy and cannot therefore be generalized (Koen et al., 2016).

SDT implies that employee performance and well-being is affected by the type of motivation employees have for their job activities. Therefore, organizations should seek to achieve a mastery climate that promotes and supports the psychological needs of autonomy, relatedness, and competence. Autonomy support is found to be the most important social-contextual factor that promotes intrinsic motivation and internalization. Moreover, managerial autonomy support

is shown to be associated with higher levels of trust towards management, positive work attitudes, and employee satisfaction (Deci et al., 1989; Gagné & Deci, 2005). Managerial autonomy support refers to acknowledging subordinates' perspectives, offering choice, encouraging self-initiation, and providing relevant information in a non-controlling way (Gagné & Deci, 2005). Autonomy-supportive behavior such as active listening, facilitating independent work, acknowledging improvement, mastery experiences and perspectives, and encouraging effort leads to greater satisfaction of the need for competence, relatedness, and autonomy (Gagné & Deci, 2005; Reeve & Jang, 2006).

A mastery climate facilitates for self-development, building competence, support effort and cooperation, and emphasize learning and mastery of skills (Nerstad et al., 2013). Accordingly, a mastery climate enhances the need for competence, relatedness, and autonomy as it focuses on self-improvement, cooperation among employees, and considers achievement as self-referenced. Moreover, research shows that the need for autonomy, competence, and relatedness mediate the relationship between a perceived mastery climate and job embeddedness. Autonomy over one's own work and relatedness to co-workers are crucial factors in a mastery climate that increase job embeddedness (Steindórsdóttir et al., 2020). A mastery climate is also shown to have a positive correlation to job engagement and employee work effort and quality and shown to be negatively related to burnout and turnover intention (Nerstad et al., 2013).

Gjerde and Alvessons (2020) sandwiched middle reference illustrates the unclear role identity of middle managers and implies their lack of affiliation and belonging to neither subordinates nor leaders. The psychological need of relatedness may therefore be affected by the isolated role in the middle level that separates F-LNM from employees in other hierarchical levels, consequently

excluding middle managers from work communities. Moreover, the need for competence increases when holding several roles and thus increased responsibilities. Lastly, as studies show that middle managers in public bureaucracies have little room for maneuver, the level of autonomy naturally decreases in the role as a F-LNM (Currie & Procter 2005; Floyd & Wooldridge 1992). The degree of self-determined behavior is also affected as the role as a middle manager is characterized by expectations, demands, and obligations from various directions and roles. Summarized, SDT draws upon several mechanisms that are directly linked to the role as a F-LNM and thus constitute a suitable framework for further analysis and exploration in this study.

The contradictions, conflicts, dilemmas, and ambiguity surrounding the role as a F-LNM in the social and organizational hierarchy all intrigue our interest to explore the phenomenon of middle managers' experiences in the sandwiched middle and their motivation.

Methodology

The aim of our research is to examine F-LNMs' motivation, perceptions, and experiences in their role as a middle manager through the lens of the self-determination theory. To improve the validity of the study and ensure that the data to be collected properly address the research question, we seek to employ a strong but flexible research design to define the structure of our study (Yin, 2010).

Research Design

To conduct our research, we chose a framework that properly reflect our research objectives and priorities, as well as collecting and analyzing data concerned with the particular case in question that allows for a detailed

exploration. We chose to apply a case study design which seeks to provide an in-depth elucidation of the case and to develop a deep understanding of its complexities (Bryman & Bell, 2011; Yin, 2010). By using an instrumental case study, we focus on utilizing the case as a means of understanding the broader issue of the role as a middle manager in its real-world context (Yin, 2010).

Research Strategy

In order to achieve a detailed exploration of the middle manager role without theory guiding and influencing the collection of data, we chose an inductive approach to the relationship between theory and research in this study. However, it is important to note that the research of this study has been an iterative process of reviewing literature, moving back and forth between theory and data. Hence, it will be erroneous to argue that the reasoning is exclusively inductive as the iterative process of literature review indisputably influence the approach to data collection (Alvesson & Sköldberg, 2018; Bryman & Bell, 2011; Kvale, 2008).

Choice of Method and Data Collection

By illuminating F-LNMs experiences and perceptions of events, we seek to enhance understanding of the context of events and the events itself by giving a voice to the leaders further down in the hierarchical chain of command.
After establishing the methodologic foundation of the study, we determined the empirical research processes. To adequately study the middle managers under real-world conditions, we sought to use triangulation by applying a combination of both interviews and observations as data sources to enhance the understanding of the empirical context, ensure cross-checking of findings, and thus its reliability

(Bryman & Bell, 2011). However, we were unfortunately not able to observe the participants at their work at the hospital due to the Covid-19 pandemic. Regardless, we still pursued a triangulation strategy to cross-check our findings as well as ensuring we understood the participants correctly. Therefore, we chose to divide the data collection process into two phases. Before conducting the formal interviews, we piloted three interviews with friends and relatives with backgrounds from nursing and middle management in order to practice our interview skills as well as identifying potential weaknesses in the interview guide. The first phase consisted of seven semi-structured interviews that was designed to enlighten our understanding of the middle managers and their role, as well as their perception of perceived autonomy, competence, and relatedness in their role. The interviews were digitally conducted over video with an average of 65 minutes pr interview. To ensure a flexible structure, the interview guide consisted of open-ended questions as well as we encouraged exemplification and narratives by the participants in order to allow the middle managers to introduce subjects of major importance to them (Bryman & Bell, 2011). Consequently, we aimed for a conversation rather than exclusively questioning of the participants as we wished for a natural course of discussion that would enable the participant to talk freely. Nevertheless, the interview guide was structured with predefined subjects and related questions to ensure some structure and guidance applicable to all participants. After conducting all the interviews, we transcribed the data and wrote summaries of all the participant interviews as well as we performed a brief initial reflection of all summaries.

The second phase of the data collection took place approximately three weeks after the first interviews. The second interview was a 15-minute follow-up conversation and respondent validation as a part of our triangulation, presenting

our summaries to the participants with the main objective to verify the data obtained in the first interview and thus determine consistency and reliability. Moreover, the follow-up interview was a means to allow the participants to correct, add, or subtract statements to comply with the privacy terms of the research process. All the participants uttered that they complied with the summaries of the findings. There was one who, however, stated that s/he did not agree with our understanding of them as an experienced leader with 3 years as a F-LNM. The second interview also aimed for deeper elaborations of the emerging subjects from the first interviews, enabling us to collect additional insights by striving to use multiple sources of evidence from all participants.

Participants

The framing of this study guided our criteria for participants, however, we aimed for diversity within the predefined categories. We intended to recruit three participants from three different clinics at Norwegian hospitals, totaling nine participants. The participants were selected based on the following criteria: (1) professional nursing education, (2) current F-LNM position at a Norwegian hospital with personnel responsibility, and (3) managing a 24-hour clinical ward. Based on the participants' anticipated richness and relevance of information in relation to our study, we employed a purposive sampling strategy (Yin, 2010). Empirical knowledge made us aware that the acquisition of participants had to be recruited through leaders at higher levels due to the organizational structure; therefore, clinic leaders from various Norwegian hospitals was approached via an e-mail invitation outlining the nature of the study and a request to conduct physical interviews with and observations of F-LNMs. Although more than three clinics agreed to participate in the project, we chose the most consistent clinics in

terms of operational practice and organizational structure. The clinical leaders gave us personalia of department leaders, which in turn provided us participants to the project. Aligning with our iterative, flexible research design, we chose to start interviewing before determining the exact sample size of our research process. After interviewing seven candidates consisting of five women and two men, we decided that we had reached a form of theoretical saturation as the newest data did not suggest nor illuminate new dimensions or insights into the emergent theory. Hence, we determined that a sample size of seven candidates was appropriate for our study (Bryman & Bell, 2011). All the participants had completed the internal leadership program within 6 months after entering the F-LNM role and had a minimum of two years' experience as an F-LNM. We chose to label the participants as "F-LNM" and with a following random number to separate the participants. See Table 1 for a sample overview.

Table 1

F-LNM	Leadership Education	Managerial experience (years)
F-LNM 1	None	4
F-LNM 2	Bachelors	3
F-LNM 3	None	2
F-LNM 4	Masters	10
F-LNM 5	Masters	4
F-LNM 6	None	6
F-LNM 7	Masters	8

Data Analysis

Given the methodological choices of this study, we found grounded theory as an appropriate framework to guide the analysis of our data. The grounded theory approach serves not only as a strategy for our data analysis, but also for the data collection because of its iterative nature of data collection and analysis

repeatedly referring back to each other (Bryman & Bell, 2011; Glaser & Strauss, 1967; Corbin & Strauss, 2007; Charmaz, 2005). As the aim of this study is to identify novel phenomena, patterns, and connection from data to construct suggestive theory that forms a basis for further investigation, we argue that grounded theorizing is a proper approach to analyze the natural occurrence of middle managers' social behavior within their real-world contexts and thus 'grounded' in their original reality (Yin, 2010).

During our data collection process, we performed a preliminary analysis by writing up memos (Bryman & Bell, 2011) of emergent themes which established closeness to phenomena. After conducting all interviews and follow-up conversations, we thoroughly listened to all recording several times, seeking to recognize salient emergent themes and similarities among the interviewees. We thereafter summarized data from all participants and highlighted resemblances among the F-LNMs. To assign meaning to our data, we first employed open coding by disassembling the data to examine, compare, and conceptualize phenomena to grasp its complexity. The open coding resulted in the identification of various concepts that emerged frequently in our data (Corbin & Strauss, 2007). Subsequently, we reassembled the data through axial coding to examine connections between categories and to study its context, conditions, and consequences (Bryman & Bell, 2011; Corbin & Strauss, 2007; Yin, 2010). The coding led to first-order concepts, namely the presented artefacts by the participants which in turn led to second-order concepts, specifically referred to as our interpretation as researchers of these artifacts and thus grounded in theory (Van Maanen, 1979).

Similar to the methodical foundation, the coding process was an iterative process characterized by a repetitive interplay between the data collection and

data analysis. After the analytic procedure of coding our data into first-order concepts, we let the iterative nature of coding bring us back to theory to reveal structure to our data and make further sense of our concepts. In the second phase of our data collection, we presented our preliminary first-order concepts to the participants to ensure we accurately depicted their artifacts and to enable them to expound on the concepts. From the first-order concepts we were then able to abstract three second-order concepts which we believe represent the views and perspectives of the F-LNMs, covering the contextual conditions within which they operate.

Considerations

Before collecting data for this thesis, we submitted a data management plan to the Norwegian Social Science Data Service (NSD) as well as the hospitals' data protection and confidentiality policy form to ensure safe and proper handling of data throughout the research project. The approvals for data collection are attached in the appendix. Prior to the interviews, all participants signed consent forms which ensured that participation were entirely voluntary and anonymous, as well as their right to withdraw from the study at any time. The interview recordings were deleted after they were transcribed, and the transcriptions will be preserved within the department until the thesis is submitted and approved.

It can be argued that the ecological validity of the study is high as the research takes place in the middle managers real-life context at hospitals and thus naturalistic settings. Conversely, it is debatable whether these are appropriate evaluation criteria for the qualitative nature of our study. Some researchers argue that qualitative research should be judged or assessed according to quite different

criteria from those employed by quantitative researchers as the view on social reality differs (Bryman & Bell, 2011; Lincoln & Guba, 1985).

Applying Lincoln and Guba's (1985) alternative assessment of qualitative research, we will employ the proposed aspects of trustworthiness as criteria for our research study. The credibility aspect can be compared to internal validity, addressing the believability of the findings. As we employed the respondent validation technique as part of our triangulation, which in turn confirmed our research findings and understanding of the middle managers' social world, we argue that our findings are credibility and in line with good research practice (Bryman & Bell, 2011; Lincoln & Guba, 1985). The transferability of our findings must be assessed by others in relation to their milieux. However, we will seek to provide rich and thick descriptions of the culture of the findings (Geertz, 1973) which equips readers to make well-informed and well-considered assessments of its transferability.

We have carefully documented all phases of the research process and displayed the procedures in the methodology section of the thesis. As previously mentioned, it would be incorrect to claim complete objectivity during this research. We recognize that there is a fine line between establishing a sense of safe space in the participant interviews by acknowledging and adhering to their narratives, and not allowing theoretical inclinations or personal values steer the research and findings deriving from it. Conversely, we argue that the technique of respondent validation also helps to ensure confirmability as the findings are shaped by the participants and not researcher bias, interest, or motivation (Bryman & Bell, 2011).

The importance and relevance of a topic, as well as its contribution to the literature in that field are also criterion of qualitative research (Hammersley,

1992). As mentioned in the introduction of the study, research on leadership is well established in the literature, however, we recognize that there are lacking studies on leaders further down in the hierarchical chain of command. We thus wish to give a voice to middle managers and enhance understanding of F-LNMs' social world through experiences and perceptions in their role. Consequently, we argue that this study brings new insights into the world of middle management.

The iterative process of our study, moving back and forth between theory and data inevitably colored our research lens. Moreover, as part of our self-examination, we recognize that our own background knowledge and perceptions in relation to our study is important to identify as both of us hold empirical work experience from Norwegian hospitals. The research choice of middle management in hospitals also illustrate our interests in the topic.

Meeting the Interviewees

The table below presents the interviewed F-LNMs in short manners to gain a deeper understanding of the participants most significant understandings and experiences in their real-life context, and how these are related to their experience of the role, conflicting demands and expectations, and self-determined behavior. The table is similarly divided as the interview guide, namely into five categories, *personal, role, relatedness, autonomy, and competence.*

	PERSONAL	ROLE	RELATEDNESS	AUTONOMY	COMPETENCE
F-LNM 1	In addition to her/his current managerial experience, s/he has experience as a coordinator/administrator. S/he entered the position as s/he desired to explore other aspects of nursing due to the tiredness of the patient group. S/he sought new challenges and administrative responsibilities. S/he also expressed a desire to decide. S/he finds the administrative tasks of the role exciting (e.g., shift planning) and has an ambivalent relationship with the personnel responsibility, which	As her/her staff expected her/him to uncritically fulfill their wishes because s/he came from the personnel group, the role transition was difficult. S/he perceives the leader role as demanding and complex, as s/he sometimes struggles with incompatible expectations and resources to fulfill them and communicate with them. As a strategy to resolve these incompatible demands, s/he provides short-term facilitation agreements to relieve the	Describes her/his relationship with her/his immediate leader and leadership team as good, characterized by professional relations and support. S/he recognizes that they are not too private and feels a certain degree of safety. Further, s/he explains that s/he has a demanding staff with high absenteeism rates. S/he sometimes feels opposed by her/his employees. The support functions (e.g., HR, Finance, Etc.) at the hospital appear	Explains her/his role to be governed and dependent on the other units. Further, s/he believes the system to be rigid, and her/his influence is non-existing impact s/he feels on the organization. Though s/he explains that s/he can affect tasks, etc. on a lower and local level, e.g., delegate operational tasks among the departments F-LNMs, but not how or whether they are to be done. S/he experiences all initiatives from top management and immediate leaders to be	Experience low competencies and still feels new in her/his role, despite her/his time in the role. The personnel responsibility and communication are demanding, and s/he feels a lack of self-esteem and competence regarding her/his abilities to resolve issues satisfyingly. S/he expresses a need for further education to enhance her/his leadership competencies, personally develop, and to gain mastery of her/his role.

	s/he finds exciting and challenging, but also tiring and difficult. S/he emphasizes how exhausting it can be to always be available and never "off work".	conflicts. However, s/he experiences lower degrees of conflict in her/his role when interacting with her/his leadership team and leaders up in the line because of defined boundaries.	distant and inaccessible; consequently, s/he feels little support from these staff functions.	procedurally controlled and perceive no influence.	
F-LNM 2	Experience in various management roles. S/he was always aware s/he wanted to enter a leadership position, and her/his motivation is based on a desire to be involved in decisions and gain insights into these processes. S/he applied for a middle manager position as s/he sought personnel responsibilities. S/he likes to influence, lead, have a responsibility, and participate in decision-making processes. Enjoys the relational aspect with her/his employees and developing her/his team. The tedious parts are the administrative tasks as covering vacant shifts etc. Experiences frustration regarding the organization of the department and the poor cooperation between units, leading her/him to think about resigning.	Experiences conflicting demands weekly, if not daily. Elaborates on this by saying that there is no correspondence between requirements and expectations because it is a busy department and lacks funds and resources. Says the employees expect her/him to contribute as a nurse in clinical practice when needed. Yet, at the same time, s/he must complete tasks ascribed her/his role to secure further operation. However, s/he highlights how this is not something that currently wears her/him out and justifies this with how they [her/his team] have organized themselves (e.g., resource group in the staff group). Furthermore, s/he explains that s/he has become better at	Strictly professional relationships to her/his surroundings. S/he emphasizes how s/he feels related to her/his entire department. However, s/he expresses the greatest relatedness to her/his leadership team, consisting of F-LNMs and immediate leader. S/he seeks and receives support primarily from her/his leadership team but also from the employees. HR is not readily available. However, s/he expresses that her/his immediate leader compensates for the lack of this support. Her/his loyalty lies within her/his leadership team and up in the line.	S/he experiences a high degree of autonomy in her/his role, but s/he feels somewhat monitored due to the set framework from both her/his leader and the organization. S/he says her/his leader grants her/his freedom to lead in such a way s/he wishes to – to the extent the department's needs allow it. S/he also mentions that the poor organizing and cooperation between units lead to greater forced dependence on each other, affecting the autonomy as a leader. S/he quit her/his previous job as a leader due to lack of autonomy and micromanaging which did not coincide with her/his ways of working, which is heavily dependent on autonomy, trust, and responsibility.	S/he was grown to be confident and safe, both as a leader and professionally. S/he has increased her/his competence and experience as a leader, and to be a resource for other units within her/his department. S/he is a member of a supportive and well-functioning leadership team that complements each other's areas of expertise. Her/his immediate leader provides feedback, support, and advice on areas for further development by granting courses of her/his wish. S/he is satisfied with the hospital's leadership development program but would like to retake it and wishes for a mentoring practice.

		prioritizing tasks as needed after years in the position.			
F-LNM 3	S/he did not intend to become a leader, but s/he was encouraged to apply as a response to her/his professional expertise, skills, and performance in the assistant F-LNM role. Likes the personnel responsibilities in terms of motivating and facilitating her/his employees to develop and thrive and enhance patient care and employee satisfaction. Terms the general administrator tasks as time-consuming and sometimes meaningless and dreadful, and that they tend to inhibit her/his performance. Being an F-LNM also means s/he is 'at work' around the clock and is never entirely free when s/he is off work.	Perceives the role as twofold; an administrative role and a leadership role, where the administrative role often inhibits the performance in the leader role and vice versa. Further, s/he explains an empathic understanding of the employees' demands and expectations up the line and conflicts to which her/his immediate leader is subjected. Contrarily, s/he experiences a lack of understanding and unattainable requirements regarding economic issues, leading to frustration and a flattened emotional state. S/he wants to accommodate her/his employees' expectations and demands; however, s/he understands why these cannot be met based on the system's rigidness (e.g., economy, legislation, resources, et cetera.). S/he relies on open communication to reduce conflicts related to incompatible demands and expectations. The high pace	S/he portrays a relatedness to her/his entire department and explains a good relationship consisting of understanding and care with her/his peers, employees, and immediate leader. S/he sometimes recognizes her/his role as lonely due to the different features attached to the position, e.g., different treatment from the staff. However, s/he receives good support from other F-LNMs and explains them as a natural place for support. S/he further perceives the support functions (e.g., HR) within reach. Her/his employee group consists of people with various clinical backgrounds and educations, which is somewhat demanding because they come from different disciplines, and thus, the approach to patient care and practice varies.	Divided opinions regarding her/his ability to affect and influence decisions. It depends on the task and situation. S/he cannot affect what, how or when tasks are done, as this is determined by the wards and department's workload. S/he believes her/his authority does not coincide with the crucial responsibilities s/he obtains in her/his position, e.g., her/his responsibility always to ensure patient flow, but no authority to discharge patients. Further, s/he experiences some tasks as non-meaningful as s/he often feels her/his work does not make an impact, e.g., budgeting. S/he also recognizes the Covid-19 pandemic to have influenced her/his decision-making authority, giving her/him more issues to deal with regarding her/his employee's health. S/he also believes that infection control measures have overshadowed many of her/his initial responsibilities and tasks.	Not entirely confident in her/his role, emphasizing that there is always something new to learn. S/he acknowledges that s/he thinks s/he would benefit from holding her/his previous management role for a more extended period before entering the F-LNM position. S/he believes the internal leadership development program was somewhat general and lacks departmental specialization aspects. S/he describes the role as something you must jump into, and the aspects that s/he has found challenging are not something s/he was taught in advance.

		and work pressure make it challenging to perform and satisfy all requirements for the role simultaneously. As a result, s/he becomes overwhelmed and tired, especially when the need is greater than the resources.			
F-LNM 4	Extensive leadership experience. Entered the position with a desire to improve and enhance the department. Finds it rewarding to shape, guide, and motivate people to thrive and grow. Her/his leadership is concerned with developing a robust and independent staff focused on cooperation and encourages professional discussion and development. S/he dislikes parts of the administrative tasks of the role as s/he finds them time-consuming and non-meaningful. It would be more meaningful if s/he felt her/his contribution had a genuine impact and influence. S/he explains that her/his staff group is too large, preventing her/him from being the supportive leader s/he desires. S/he also experiences frustration with the "system" due to a lack of trust from above and insufficient	As a new leader, s/he experienced expectations, resources, and demands to be conflicting, which led to stress and sleepless nights. S/he describes the transition from clinical nursing to leadership as tough as s/he was left to herself with no formal training (e.g., expected to work with advanced financial budgets). However, throughout the years, s/he has acquired leadership qualities s/he has found to be sustainable and inspiring, shaping her/him to develop a clear leadership philosophy. Further on, s/he explains that s/he sometimes feels like other tasks inhibit her/him from fulfilling her/his role as a leader for her/his employees. Moreover, s/he states that there are conflicting expectations as	Describes herself as a personal person without being too private. S/he has a good and safe relationship with her/his leadership team and her/his employees. S/he expresses how s/he is the voice of her/his employees and cares for them. Besides her/his immediate leader, s/he utters a excessive frustration towards top-level management and experiences a lack of trust from the hospital. S/he must defend the choices and financial costs necessary to secure good medical practice and sound working conditions. S/he explains that they, as a department, sometimes feel isolated from the overall hospital system.	S/he experiences high levels of autonomy, even though it is limited because s/he cannot influence finances or patient flow. S/he describes how s/he is expected to be more than just a performer but also a thinker, planner, and strategist. It is difficult for her/him to be responsible for finance and patient flow without actual decision-making authority, which makes her/him angry and frustrated. S/he feels the sometimes-meaningless administrator tasks counteracts her/his sense of autonomy in terms of increasing the areas of responsibility, but not necessarily the decision-making authority.	Describes a lack of competence when s/he first entered the leadership role. However, s/he gained experiences and competencies over time, leading to a feeling of confidence in the role today. Recognizes that there was an absence of formal training before the entrance of the role, that confidence appears contingent on experience, and was forced to figure out a lot on her/his own. S/he further mentions that there are set high role expectations and demands to an educated nurse regarding financial and economic competencies (e.g., budgets).

	decision-making authority, which s/he finds demotivating as s/he holds the responsibility.	the financial management does not coincide with staffing and patient flow.			
F-LNM 5	Experiences from various management roles. With a desire and belief that s/he could affect the ward positively, s/he entered the position. S/he is professionally engaged and interested in leadership. S/he enjoys the relational and supportive function with employees that the role entails. S/he regards themselves as a highly emotional person and often mentalizes staff's emotions and situations. S/he recognizes how administrative tasks are sometimes time-consuming and non-meaningful. The initiatives "from above" occasionally lead to resistance in the employee group, affecting her/him personally.	S/he explains requests from employees as incompatible with the hospital's guidelines (e.g., work on public holidays). S/he stresses that communication is critical in these matters and that the role entails that s/he must make unpopular decisions and must manage them. Furthermore, s/he explains that the academic expectation from the hospital is incompatible with the operational and financial aspects at the ward, leading to a sense of not satisfying the demands from above and a sense of lack of understanding from the academic environment in the department.	The relationship with employees is characterized by good support and a strong affiliation. S/he seeks support from the leadership team and, in particular, from another middle manager. S/he also explains s/he can reach out to her/his immediate leader for support in times of crisis but that the leader is not someone s/he seeks out help with on trivia matters. S/he acknowledges that s/he perceives the role in "the middle" as lonely and that s/he sometimes must deal with a lot on her/his own.	Within the set organizational framework, s/he experiences autonomy and has relatively free rein beyond that. Her/his immediate leader grants her/him trust and freedom to maneuver, enabling her/him to lead in a way s/he finds appropriate. In turn, s/he experiences a sense of influence and impact. However, s/he describes unnecessary guidelines and limiting factors within the hospital (e.g., recruitment processes). S/he finds it is challenging to implement initiatives from above when s/he disagrees with them, which affects the autonomy and thus leads to difficulties motivating employees to accept and implement the initiative/change.	S/he expresses professional confidence in the role and mastery. However, s/he emphasizes that the human and emotional aspect of being a leader is challenging at times as s/he feels a need to maintain a facade in order to appear like a good leader and role model for the employees. Believes s/he holds sufficient resources and support from the employer to develop professionally but within the set financial framework.

F-LNM 6	Experienced leader with previous experience from a leading specialist role. Her/his passion is to motivate and support her/his employees to thrive and grow both personally and professionally. S/he describes her/his role as divided – holding both a leader role, nursing role and an administrator role. S/he reviews the imposed administrator tasks as particularly time consuming and non-meaningful. S/he recognizes that a lot of responsibility is placed on the lowest managerial level, but the decision-making authority for this responsibility or the opportunity to comment is non-existing.	S/he experiences conflicting demands and expectations from what s/he calls “the above” and “the below” S/he exemplifies this by explaining how her/his leaders expect her/him to save money and at the same time be more efficient. Further, s/he often experiences her/his administrator role as an inhibitor in performing as a leader for her/his staff. However, s/he emphasizes how her/his perception of this conflict has changed over time, as s/he now experiences less stress related to it than s/he did initially.	S/he describes the working environment as friendly, safe, and fun, with a few exceptions. Her/his relationship with her/his employees is good simultaneously as there is a clear leader-employee relationship. S/he dedicates extra effort and time to ensure employees' well-being. S/he experiences a safe environment with her/his leadership team and explains another F-LNM as a natural support contact. The relationship with the immediate leader is also characterized by support and safety. S/he emphasizes that s/he shares her/his loyalty and relatedness between her/his employees and "the above."	Explains that s/he experiences room for maneuver within the framework imposed by the organizational system, e.g., financial boundaries, councils, and committees. Otherwise, s/he experiences influence on daily chores and how work tasks are organized locally. S/he has practical experience in influencing projects in a way s/he believes is adequate. S/he can decide the priority of administrative tasks, but not if they are to be completed. The Covid-19-pandemic initially increased her/his decision-making authority. However, as the situation became stable, it returned to its habitual state.	Explains himself as very confident today. Initially, s/he was frightened and lacked competence, resulting in her/him standing in various challenging situations. Today, her/his confidence relies on the type of tasks s/he undertakes. For instance, s/he mentions routine and tedious tasks as easy and uninteresting, whereas personnel conflicts require greater competence and are more demanding. As a trained nurse, s/he emphasizes that s/he can better understand her/his employees' circumstances and needs, thus making it easier for her/him to be the leader s/he aspires to be. S/he attended the internal leadership development program, enhancing her/his overall leadership competencies.
F-LNM 7	With experience from other managerial roles, s/he was encouraged to apply for the position. S/he considered it as a natural next step in her/his career and a fun challenge. S/he describes the daily tasks to vary from day to day and identifies that prioritizing is an essential skill in the role. S/he	S/he describes the transition from a nurse to an F-LNM as incredibly challenging and met many adversities. The expectations for the role did not comply with the actual role responsibilities and leadership tasks. It took over two years to become comfortable in the role.	Regards herself as an individualist but acknowledges that s/he finds great support in the leadership team and emphasizes its importance. S/he has experienced a lack of support in previous leadership teams, but the current team is characterized by a great sense of	S/he experiences a greater decision-making authority and makes more decisions than other F-LNMs. S/he explains levels of autonomy within the set organizational framework. S/he recognizes s/he has the autonomy to choose, prioritize, and affect when and how many tasks to	Feels mastery in what s/he does and handles the requirements of the position well. S/he explains that s/he did not handle the leadership role very good in the beginning and that the role confidence has come with time and experience. S/he believes that there are set high demands

	likes that the days are unpredictable. S/he is particularly passionate about developing nursing subjects and likes to work with data to present new ideas and suggestions. S/he describes the system as unwieldy in terms of numerous time-consuming organizational activities. Mentions personnel responsibility as terribly tiring at time, as she receives infinite numbers of demanding requests and inquiries. However, encouraging and following employees' development is exciting.	To begin with, s/he had a strict leadership style before adjusting and transitioning naturally into the role. S/he has learned to handle conflicting demands over time and thus adopted various strategies to cope with them. S/he now has learned to accept incompatible demands to the role and is okay with that.	support, stability, and room to discuss and disagree. Overall, s/he thinks it is a good working environment. S/he has learned that as a leader, one cannot be friends with their employees. Hence, s/he explains that s/he leads the employees with a distance. Further, s/he remarks that the restrictions due to the Covid-19-pandemic have hindered affiliation and created a greater distance to the employees.	perform but that the organizational system sets obligations. The pandemic has not affected the decision-making authority. Instead, it has increased the number of decisions due to the responsibility placed on the F-LNM-level during the pandemic.	and expectations to the F-LNM role in terms of data management, finance, and economics etc. which is not a part of a nurse' educational background. S/he believes the staff functions support is poor and that performance is heavily dependent on the leader. S/he thinks that the hospital is supportive and generous by encouraging further education and courses.

Findings

Introduction

Through our empirical analysis, we identified recurring situational descriptions that we divided into three categories that we believe illustrate the complexities of the middle manager role. The three categories are “Puppet on a String”, “The Strainer”, and “It is what it is”, specifically explicated below. We make no claim that these categories make up a complete list but rather illustrate recurrent and emerging themes throughout our empirical research. The categories should be viewed as complementary rather than antagonistic as they are frequently intertwined. Consequently, the F-LNMs’ narratives will apply to several categories simultaneously.

Puppet on a String

The category “Puppet on a String” addresses the discrepancy of decision-making authority and responsibility in the middle manager role. Throughout the interviews, the “Puppet on a String” metaphor implicitly appeared as the interviewees portrayed a work role where the relationship between the responsibility and decision-making authority did not coincide. During the initial phase of our data collection, one of the middle managers we were in contact with identified the role as a marionette/puppet on a string, a metaphor for a puppet that is manipulated with strings from above. The narratives of the discrepancies particularly appeared when the interviewees talked about their role and their role autonomy:

> “I have a lot of responsibility but no decision-making authority. It feels strange to have to respond and made responsible for the decision-making activity I have no control over.”

In the constructed world of the F-LNMs, it is perceived as demotivating and frustrating to be held accountable and responsible for activities s/he does not have the authority to manage. The participants acknowledged that there had to be some levels of bureaucracy in such a complex organization but illustrated how the number of imposed F-LNM tasks and responsibilities is perceived as immensely leading and controlling. Dramatic descriptions and vocabulary were used when describing how regulations from above is "forced on you" without the opportunity to influence them:

> "The day I decide to quit my job – it will be because of these kinds of things. I believe that a lot of problems are placed at the F-LNM level to be solved. There are probably 40 councils and committees that control in detail that you are supposed to this and that and think that's 'very wise', all these things give us an extra workload that we are not staffed to handle (…) Getting all of these forced on you without the opportunity to comment and influence because they origin from far up in the chain of command, it is just so far away. And when the responsibility is placed at the lowest levels, for instance you have these efficiency requirements every year, but the middle managers' proposal to save money never reach the top nor taken into consideration."

> "I am responsible for ensuring patient admission capacity, but I don't have the authority to discharge patients."

The F-LNMs' experiences illustrate clear discrepancies between the role responsibilities and role mandate, which in turn seems to affect the leaders feeling resigned and dejected. They explain how the Covid-19 pandemic have not affected their decision-making authority but rather increased and highlighted the number of responsibilities that are placed at the F-LNM organizational level.

The participants explain that there are many unnecessary guidelines and limiting factors that must be considered when performing the role as a F-LNM.

Some perceive that the management has a great need for control that manifests itself in imposed tasks. For instance, several of the participants mentions reporting to management that easily can be retrieved by the management themselves as particularly time consuming and non-meaningful. The F-LNMs also explains how they experience lack of trust from the management to manage the responsibility they hold in their role. Extensive reporting and other imposed tasks are perceived as a result of mistrust which in turn feels frustrating and demotivating. One participant also explains how s/he experiences mistrust due to previously blown clinic budget. Another describes it as pointless to perform administrative tasks such as budgets and cost-saving initiatives when it is never considered by the management anyway:

> "Why should middle managers do administrative tasks and budget that have no real impact or purpose?"

> "I feel I have very good control myself, and then you always have to report stuff they can retrieve themselves. It just doesn't feel ok."

> "I hold a leadership role, but often feel like an administrator."

The imposed administrator tasks and regulations were seen as obstructive to their leadership role as they are extremely time consuming. The role is perceived as two folded in which the administrator role gets in the way for exercising the leadership they wish to:

> "Theoretically, I can lead in a way I find appropriate, but in reality, I cannot (…) I have so many other tasks that I often get stuck in the office (…) I believe that as a leader you should lead by example and show the way. As a nurse leader, and as a nurse myself, I want to be out in the clinic and see what is moving, but when you are assigned other tasks then it must be set aside, and I don't get to be as

much out in the clinic as I wish to in order to lead. It gets downgraded because of lack of time due to all the imposed administrator tasks"

"The difference between being a leader and an administrator – that's how I feel sometimes. If there is a lot that comes from above that you have to carry out without particularly agreeing or having the opportunity to influence, then you don't feel like a leader, you don't go ahead and endorse something you do not fully understand the purpose of – you become more of an administrator, you do not get to make that difference of what you believe is needed to create a positive change."

The participants that did not consider the administrator tasks as burdensome as the others, both appeared and uttered they enjoyed such administrative tasks or that they were neutral to them. Conversely, all participants agreed that the administrative tasks were time consuming:

"They are all right but takes a lot of time. I thought more about it before, maybe I have just gotten used to the time consuming and cumbersome tasks (…) I rather wish I was asked to explain why things are the way they are rather than just reporting numbers."

When the participants describe how they have no opportunity to influence the "forced administrative tasks", they show reduced ownership to the responsibility as they are perceived as meaningless. Consequently, it is affecting their autonomy:

"I cannot decide one or the other, the system is set (…) We cannot decide anything – I feel well informed about what is happening above me, but I have no decision-making authority, but I feel included and involved in the process."

The narratives of the ability and possibilities of making their own decisions and freedom to exercise leadership in a way they find appropriate, seems to be characterized by great self-governing behavior and independence. However, when reflecting upon the role autonomy, the participants adds that it applies within a strict organizational framework characterized by finances, procedures, laws, and authorities:

> "I can make a lot of choices, I have great autonomy, but there are obviously limits and I cannot decide everything. But I feel my autonomy is not limited in any way (...) but I know what I must do, I cannot just decide that there are some tasks I do not want to do or do. There are some routine tasks that need to be done and they cannot be deviated from".

> "I experience a high degree of autonomy, but naturally I feel somewhat monitored."

> "I can't affect the finances or patient flow, but otherwise I have great autonomy. I'm not only supposed to be a performer, but also a thinker, planner and strategist."

After reviewing the initial interviews and narratives related to autonomy, responsibility, and decision-making authority in their role, we decided to explore the "Puppet on a String" further by investigating it deeper in the follow-up conversation. We identified that all claim they experience autonomy to a great extent, but then narrowed it within the organizational framework. We thus wished to challenge the participants on whether they do feel this great level of autonomy as the "forced administrative tasks" are extrinsically regulated and perceived as non-meaningful:

> "Yes, I recognize myself in that, even though I can lead independently within the framework - the framework is very set (…) it shows a certain degree of mistrust

> to the middle managers as they [the management] cannot simply believe and trust what we are saying. (…) It limits my authority pretty much. It's frustrating, but you get used to it, I don't get anything out of it by protesting."

> "I disagree with an ongoing change, but the decisions are made, and I have to be loyal to it. (…) Personally, it's frustrating and demotivating considering the direction its going. I have started thinking about whether this is where I want to work for the rest of my life because I disagree with a lot of the decisions (…) I have also thought about how nice it would be not to be a leader."

> "I spend a lot of time on administrative stuff, so I don't have as much time to be out in the clinic, I know my employees are dissatisfied with that."

Two of the interviewees differed from the others in terms of proactively customizing and crafting their jobs. They also seemed to experience a higher degree of psychological safety than their participating colleagues. Experience and time have made these confident in their role as well as daring to lose control. They appear to craft and customize their job to a greater extent by daring to self-govern their work tasks and clinic priorities beyond the set framework. Their role confidence manifests itself in how they own their work and responsibilities, and thus perceive their autonomy differently than the other interviewees. Both acknowledge they get frustrated over the imposed administrator tasks but seem to focus on what they can govern and craft accordingly:

> "I don't have to cling myself to guidelines and procedures. I've become an expert. I can own it, its integrated in me, I can accomplish it. It's hard to explain (…) I have a fantastic confidence in myself and thus dare to go beyond that [the guidelines and procedures]."

> "I wish I had more authority. But I've become good at compartmentalizing and deciding what's important and not (…) I've learned that there are some orders I

> don't have to obey as they don't notice anyway. Hence, I save myself from worthless work."

With time, these two F-LNM have found strategies that empower both themselves and their employees by actively searching for room for maneuver. They both share high scores on leadership and their team's psychosocial environment, emphasizing their priority and focus on team relations.

The Strainer

"The Strainer" refers to situations in which the F-LNMs finds themselves in where they must pass on information, initiatives, changes, or demands from the management to their employees, and vice versa. The information may conflict with the F-LNM's own personal preferences and values, but the message must still be conveyed. Some of the participants illustrate how they have acquired the ability to reformulate and present information from above in such a way that it appears more appealing and receptive to the employees. Others have found it appropriate to be honest and open about their stance on the matter, even if it means disclosing their disagreement with this information from above. The art of tailoring and customizing the message to the specific audience in attempt to influence the effectiveness of the message, seems to greatly apply to the participants:

> "You are sort of caught in the middle. It's frustrating and difficult. But I cannot be disloyal to my leaders' demands. But I can convey to my employees that I understand (…) I work in the clinic from time to time, so it gives me credibility when I say I understand."

> "Another thing is if I am required to make a change that does not correspond with my personal and professional views. To 'sell it' to the employees when I don't agree, it's difficult. I've been to it a couple of times. The battle is lost, I did not

> win (…) also implementing something you lack ownership of is very difficult. I cannot say 'that's the way it is, they have decided that up there' to the employees and blame the levels above me. I also have to motivate and sell it with the positive aspects of the changes."

> "I disagree with an ongoing change, but the decisions are made and then I have to be loyal to it. I have to do it and then that's what I have to convey to my employees."

> "It doesn't stress me as much as it used to. I've become better at being a middleman by selling a proposal and I am honest if I don't agree."

While narrating about the dissemination of information, we noticed the participants often linked loyalty to the case in question. How the F-LNMs relayed information seemed to be determined by their affiliation of loyalty. The participants were fairly divided in terms of loyalty and who it belonged to. Some believe it has shifted concurrently with their management experience, others said it was divided, some uttered it went up the line whilst some claimed it was placed with their employees:

> "My loyalty concerning regulations and decisions can only go upwards, I cannot choose to sabotage initiatives that are protected up the line (...) I may disagree with the decisions made above, but I am aware that this is where my loyalty must be. Usually it is alright, but sometimes it is difficult to stand between the employees and upwards."

> "My loyalty has moved from up the line to my employees."

Some of the participants portrayed how they are their employees' advocates, speaking their truth, fighting their cause, and thus giving them a voice. They recognize they must be loyal to decisions implemented from above simultaneously as they need to be loyal to their employees. Consequently, a common strategy seems to be a system-blame approach:

> "Nothing is more unifying than a common enemy [the system]."
>
> "You blame the system – the system becomes the big bad wolf."
>
> "I wish I could explain so that the system could understand a little more what we are doing here."
>
> "Those higher up in the system doesn't understand how we work."

The system is portrayed as the one to blame and thus becomes a unifying factor for the ones further down in the hierarchical chain of command. However, the approach absolves individuals from responsibility of their actions as "the system" is made up of people. The approach therefore appears rigid to the understanding of the organizational system. Others clearly emphasized how they perceived a system-blame approach as damaging and substantiated a "us and them-culture." The interviewees defending the system claimed that a system-blame approach is a result of system structure ignorance.

The F-LNMs' narratives of loyalty were often linked to their perceived relatedness. Some identified with having a split loyalty and therefore commitments to their employees, leader, and the system. Others admit to team up with their employees, emphasizing the manifestation of in-groups and out-groups in the organizational system. Similar to the F-LNMs loyalty, their relatedness also differed concerning where they had the strongest feeling of affiliation. While all interviewed participants recognized their leadership team as a natural place to seek support, the majority of them felt the strongest sense of belonging to their employees. These F-LNM considered employee development and building relationships as the most important aspects of their role as a leader. They thrive

when succeeding with employee performance, professional development, and working alongside their employees:

> "I get motivated and energized by being with my employees, that's what's fun. Like today, I'm stuck in the office all day – that's an incredibly boring day for me. (…) And I want them [the employees] to have fun, this job really sucks sometimes, you are put in some pretty crappy situations. Then it's important to have a good work environment. If I can contribute to that – the relational and that people want to go to work – then I'm happy."

> "I know my employees very well and have a very, very strong affiliation to my clinic. So, the relationship here [in the clinic] is pretty strong (…) It's the employees I put on top of my list. When things are good with them, then I feel that my job is meaningful."

There are however distinct interpretations of the F-LNMs' relatedness. Two of the interviewees were not as clear about their sense of belonging nor loyalty. The two

differed from the other interviewees in terms of preferred role responsibilities, leadership style, and sense of belonging. In contrast to the others who were clear on their dissatisfaction with imposed administrative tasks, the two did not share the same opinion. They expressed that they enjoyed administrative tasks and professional development and described personnel responsibility as extremely demanding and challenging at times, contrasting to the other F-LNMs. Consequently, they seem to embrace the role as an administrator to a greater extent than the others and thus distance themselves from the leadership role.

Loyalty and relatedness also appeared to govern whether the participants prioritized the administrator role or the leadership role. Those who placed their loyalty and relatedness within the leadership team and above had the tendency to prioritize and embrace the administrator role. Whilst the F-LNMs who placed

their loyalty and relatedness within the leadership team and belove, had the tendency to prioritize and embrace the leadership role. When narrating about their employees and the relationship with them, they deployed other descriptions:

> "I lead with a distance to my employees (…) I've learned that I can't be friends with one's employees when you are a leader. Personnel responsibilities can be terribly tiring (…) you get so many inquiries; employees have higher demands today than before."

When discussing the role relatedness, considerations about loneliness also often emerged. Several of interviewees acknowledged that their belongingness and being part of a community in their nursing role changed when entering the F-LNM role:

> "You don't belong to a group of people in a workplace anymore, you are the only one in that group. You have the leadership responsibility, so you're not friends with the others. Us F-LNMs have that community, but we are physically very separated. (…) Being a leader is lonely because you are treated differently."

> "I recognize myself in what the literature says about the role being very alone and in the middle. There is a lot to deal with on your own, and I feel that from time to time."

The acknowledgments emphasize how the perceived relatedness in the F-LNM role is complicated and characterized by various factors. As a F-LNM you are supposed to wear numerous hats simultaneously as fulfilling expectations and demands from various directions. Consequently, it appears as all these demands combined can be perceived as too burdensome to carry alone at times, affecting the perceived relatedness in the role.

It is what it is

As a result of the management hierarchy in Norwegian hospitals, middle managers are directly exposed to multiple stakeholders with divergent interests. Consequently, there is a unifying experience of role conflict as a F-LNM.

Throughout our data collection, the emergence of a clear distinction within the role appeared in which the F-LNMs describes an administrator role and a leader role. The F-LNMs have constructed a simplified actuality and divided their role in two to cope with the complexity of expectations and the numerous incompatible demands from various senders, meaning they allocate work tasks and behavior to the two different roles. The administrator role consists of work task like reporting, budgets, staffing, and goods logistics in which concerns satisfying needs from above, whereas the leader role embraces the interpersonal leadership and centers on the employee group. This distinction also seems to reflect the demands from above and belove; the related administrator behavior is interpreted by the F-LNMs to satisfy the needs upwards, whilst the leadership behavior downwards. One participant describes experiencing incompatible demands and expectations weekly, if not daily, whereas another utters no correspondence between time and resources:

> **"**The ones below want more people at work, while the ones above believe you have overspent. It's an eternal conflict that you continuously must contend with."

> "The employees expect me to be present in the ward and contribute, but I also have work tasks that must be completed to ensure the ward's constant operation."

Even though the participants recognize a presence of role conflict in their work environment, they acknowledge few or no negative repercussions related to

role performance. Instead, they acknowledge it as something that was demanding and inhibitory when first entering the position of F-LNM:

> "This [incompatible demands and expectation] stole my sleep in the beginning as a new leader (…) I tried to solve every problem my employees had in the beginning. And I was completely exhausted."

Conversely, it appears indirectly in the F-LNMs discourse that this causes frustrations and ineffectiveness, and even as an inhibitor for role performance still to this date:

> "The financial management does not go hand in hand with staffing and patient flow. It is therefore frustrating to have to defend operational choices."

We identify this citation as an intersender conflict, which is repeating and salient in the discourse when discussing inconsistent demands sent to the F-LNMs by one or more role senders. The participants describe various role conflicts when they portray how the administrator role interferes with their ability to exercise the leadership they wish to by preventing them from following up their employees as closely as they want in terms of conversations and performance reviews. They also disclose how interpersonal relationships with the employees and the opportunity to be present in the clinic are inhibited by the administrator role, which physically and mentally distance them from their conceptualization of leader duties. Consequently, it does not only contradict with their personal inclinations (person-role conflict), but also precludes with their leadership role (interrole conflict). Some also discuss how they are prevented from spending time in the clinic practicing their professional competence, posing as a barrier to maintain their professional role:

"Sometimes I feel like a so-so nurse and a so-so leader."

Intrasender conflict is also recognized as a salient contradiction in their organizational context:

"You are supposed to save money while also working more effectively."

Because of the comprehensive evidence of experienced role conflict, its related negative consequences, and the F-LNMs' inability to identify them, we recognize an unconscientiousness or unawareness of a visibly demanding and draining condition in their working environment and relations. The unawareness illuminates a possible ignorance or trivialization of the expressed role conflict:

"This is something you just have to deal with as a F-LNM (…) It is what it is."

The data therefore discloses a tendency to justify and explain role conflict as a matter of course and normalize the challenges they face as the role holder.

When addressing the negative effects of role conflict and facilitating exploration into the phenomena, some F-LNMs struggled to familiarize themselves when discoursing how they cope and encounter these conflicts. These F-LNMs had to take a pause and reflect during the interview to find and make their coping strategies conscious as they explain a tendency of not previously reflecting on this aspect, which later is described as arbitrary. As the interview advanced, they were able to describe coping mechanism, e.g., short-term agreements with the employees, clarification of expectations from employees, or a list of duties from week-to-week hanging on the F-LNMs door. Some also portrayed a supporting function from the immediate leader when experiencing

role conflict, both in terms of personal support and when having different views/opinations than the decisions that are made up in the line. They explained that the immediate leader's understanding helped the F-LNMs face the incompatible demands and feel included in the decision-making processes, even though their authority was overrun. However, some F-LNMs had actively sought and discovered appropriate coping strategies that reduced experienced role conflict throughout their time in the position. The accumulation of experience and competence as a leader over time, as well as transparent interaction with all members in their social structure, appear to be both recurring and decisive factors for the F-LNMs perception of adequate coping strategies in their working environment:

> "Time and experience have thought me to cope with it."
>
> "Communication is important for me to reduce incompatible expectations."
>
> "Total honesty both up and down."
>
> **"**I used to run out of my office and help when the employees expressed needs and left the job I really should have done. Now, I am more aware of finding other solutions so that I can also complete my work tasks."
>
> (...) I have learned to cope with it by…closing my ears, communicating, and explaining, and be allied with my employees."

Moreover, the F-LNMs' degree of perceived competence, autonomy, and relatedness, also seemed to affect the perceived burden of role conflict. Those who were most aware of the conflict were also those who experienced least burden or were least affected by it. The remaining others recognized the conflict but appeared less conscious about the presence of it and its associated load. The

participants unanimously described how role conflicts was extremely challenging when first entering the role with a pair of fresh eyes. The majority of interviewees transitioned from a nursing role to a leader role within the same department and found the role transition challenging at first because segments of the former role's expectations and demands were transferred into the new one, affecting their relatedness. Many of the F-LNMs explained a misperception of the role transition as the employees had the same expectations to them as a new leader as they had to the former college role, e.g., a lack of professionalism, expectations of favors and "buddy"-approach. Today, however, they had incorporated the former role into their leader role and thus did not feel a need to change hats, but rather work task.

In response to how role conflicts affect them today, they explain how they have gotten used to it and that incompatible demands are something you must deal with in the role as a F-LNM. They also describe that the role ambiguity reduced with time and experience as they became more familiar with the role expectations and requirements, as well as how to manage and prioritize the role responsibilities.

The interviewees describe a high work pressure with many tasks to be solved by one person, resulting in role overload. Conversely to role ambiguity, the role overload is not perceived as reduced with time but rather taught them to handle that overload and pressure. Accordingly, we sought to challenge the participants on whether they have gotten used to the role strain and its negative effects:

> "It affected me a lot before, maybe I have just gotten used to it."

> "It doesn't stress me as much as before."

When elaborating on the role transition, the participants described it as extremely challenging to find their place and where they belong, how to juggle various roles, what hat to wear at what time, as well as task management and prioritizing. Again, the F-LNMs mentions time and experience as decisive factors for their role performance today and how they handle its associated loads.

Discussion

The empirical analysis discloses some varieties among the studied F-LNMs' experiences in their role in the sandwiched middle (Gjerde & Alvesson, 2020). However, we argue that the participants identify common features and characteristic descriptions and experiences that are salient to the understanding of the middle manager role. Through our empirical findings, we identified the three categories (1) Puppet on a String, (2) The Strainer, and (3) It is what it is, that emerged throughout the research. We argue that all respondents experience segments of all the three situational descriptions in their perception of the role and its environment, but in varying degrees. We find that the variances of the experienced situational descriptions can be affiliated to the differences in perceived autonomy, relatedness, and competence in the F-LNMs role.

The need for autonomy is person dependent (Koen et al., 2016), however, it has been identified as the most important need for enhancing intrinsic motivation (Deci et al., 1989; Gagné & Deci, 2005). Through our research, we found diverse perceptions of autonomy in the middle manager role. At some point, all the participants expressed great self-governing behavior and free reins, but subsequently narrowed it within the organizational framework. We found the ascriptions somewhat paradoxical and sought to challenge the participants on whether they did feel the great level of autonomy. The described "forced

administrative tasks" are mainly extrinsically motivated and regulated and perceived as non-meaningful and demotivating: the pure antithesis to autonomy. Additionally, the discrepancies of decision-making authority and responsibilities are described as demotivating, frustrating, and controlling. The wording used arguably shares similarities with non-self-determined behavior, a result of controlled motivation that is externally regulated (Deci et al., 2017). Consequently, we suggest that the descriptions and experiences of the "Puppet on a String" category somewhat determines the perceived role autonomy.

The studied F-LNMs do however differ in their approach to the externally regulated activities that are usually driven by fear of punishment, rewards, pressure, demands, or obligations (Deci et al., 2017). As most participants viewed the controlled tasks and activities as a mandatory part of the role, others uttered no fear of punishment or pressure and rather crafted their role by self-governing what tasks and activities they perceived as most meaningful and valuable to their role and those affected. Consequently, those crafting their role by eliminating tasks or activities that were perceived as non-meaningful also had a perception of greater autonomy as these individuals perform activities solely because they find it interesting and the activity itself derives spontaneous satisfaction, namely self-determined behavior (Gagné & Deci, 2005).

The F-LNMs strongest relatedness also seemed to govern their loyalty allocation and information dissemination. Hence, we argue that the perceived relatedness can be viewed in context with "The Strainer" category. The deepest relatedness and loyalty also seemed to steer whom the F-LNMs was most concerned with pleasing, which in turn can affect which tasks to prioritize and fulfill. For example, the studied participants that felt the strongest relatedness to their employees were more concerned with exercising leadership than fulfilling

administrator tasks. Others prioritized management and administrator tasks as they perceived their relatedness and loyalty to go upwards. Their stance on loyalty must also be understood in the light of New Public Management and increased bureaucratization which has loaded the F-LNMs with increased pressure of demands and requirements from above. Their narratives of an overloaded work situation also comply with Hippe and Trygstad's (2012; NOU 2016:25) report on how management in the health trusts is exercised within the framework of a challenging interaction between resilient professional groups, clear patient interests, and large complex organizations. Additionally, the participants ascriptions for exercising leadership also aligns with the descriptions of a difficult financial situation, excessive pressure of demands and requirements from above, as well as inadequate support systems.

The need for wearing various hats with varying interests also complicates the role and its relatedness. "The Strainer" function may very well be a strategy to protect the employees from top management, but it may also be a way for the F-LNM to shield oneself from employee reactions. Managers who are believed to share the same social identity as their subordinates are also more likely to be trusted by their subordinates. Loyalty downwards can also drive loyalty upwards, resulting in grateful subordinates and follower attitudes (Haslam et al., 2011). Some of the studied F-LNM whom identified their loyalty upwards, also perceived their relations with their subordinates as more demanding, characterized by suspicion, conflict, and disloyalty. In contrast, the F-LNM that scrutinized and filtered information from above to their subordinates, received greater understanding and acceptance in return. This also complies with Gjerde and Alvesson (2020) findings on how middle managers coordinate from the sandwiched middle by protecting their subordinates from top management.

All recognized that the role could be lonesome at times as well as emphasizing that how one is caught in the middle, constantly pressured on time. Subsequently, the participants were often overloaded with administrator tasks which require them to sit in their office, distanced and isolated from their employees and colleagues. The need for relatedness in terms of feeling connected to others and having a sense of belonging is therefore naturally exposed by the perceptions of isolation and sense of betweenness.

When the participants first entered the role as a F-LNM, they appeared to be acutely aware of the role challenges and complications. This is consistent with literature on role transitioning from clinical nursing to nursing leadership and how new nurse managers often struggle to get settled and balance their new role (Baxter & Warshawsky, 2014). With time and experience, however, the studied participants have become so accustomed to the role and its rigors that they have not only learned to handle the role but also its rigors, implications, and strains to the point where they are no longer equally aware of them. All agrees on being in an eternal conflict of receiving incompatible expectations and demands from subordinates and superiors simultaneously. However, in contrast to the theory on role conflict, the participants de-problematizes and rejects the consequences of it.

We find it interesting and noteworthy that all the studied F-LNMs unanimously agrees on unproblematic repercussions whilst established literature demonstrates dramatic and fatal consequences as burn-out, turnover, tension, anxiety, and stress to name a few (Jackson & Shulter, 1985; Rizzo et al., 1970; Cooper, 2012). In contrast to when first entering the role, the participants appear to have developed role competence which have led to feelings of effectiveness and mastery over one's activities and environment (Ryan & Deci, 2000; Deci et al., 2017; Gagné & Deci, 2005). Hence, some may perceive they are immune to

the negative consequences and effects of the role conflict they actually find themselves in. We also find it noteworthy that several of the interviewees are quick to dismiss the implications of the role strain but at the same time mentions numerous of challenges resulting in role strain. For instance, the participants mention understaffing, high work pressure, as well as unnecessary guidelines and work tasks as controlling and non-meaningful. They portray a work situation where the administrator role gets in the way and precludes with their leadership role in which they find frustrating and demotivating. Conversely, they dismiss the challenges of experiencing incompatible demands in their role.

The studied heads' illustration of the demands of the administrator role and demands of the leadership role is to be understood as a role conflict as they portray incompatible demands of the role performance, the resources to perform it, as well as personal demands or expectations to the role performance. For instance, their narratives of how the administrator role gets in the way for exercising the leadership the wish is equivalent to a role conflict that is incompatible to their own demands of how they wish to be a leader, namely a person-role conflict. Additionally, the situational description is also an example of a role conflict as a result of incompatible demands from both subordinates and management as the subordinates wants their F-LNM to be present and lead in the clinic whereas the management demands the F-LNMs to perform administrator tasks that demands office hours separated from the clinical operations. This is equivalent to an interrole conflict as the F-LNMs hold the two roles simultaneously where the behavior associated with the leadership role is inconsistent with the behaviors associated with the administrator role. Moreover, it can also be viewed as a an intrasender conflict because of the F-LNMs availability of time, resources, and capabilities are incongruent with their expected

role behavior of wearing numerous hats with various interests and responsibilities (Rogers & Molnar, 1976). The role conflicts the participants finds themselves in due to wearing both the administrator hat and the leadership hat also emphasizes how combining management and leadership functions in a single role is both counterproductive and inefficient in relations to the health service's future development, clinical operations, and the individuals concerned (Firth, 2002; Stanley, 2006).

The two categories "It is what it is" and "Puppet on a String" can be understood as conflicting as the participants rejects being subject to negative effects of experiencing role conflict and thus legitimizes the organizational system, but at the same time, they use powerful words when describing the feeling of holding two or more incompatible roles in which they criticize the organizational system. It appears as the studied heads are unable to link the various role issues and are unable to view them in relation to each other. They portray a typical picture of middle managers' dilemma (Hippe & Trygstad, 2012) in an organizational system, but trivialize the role ambiguity and thus all its surrounding complexities, contradictions, and intricacies.

The various mechanisms and coping strategies revealed in the category "It is what it is" depict a tendency to use a system-blame approach by discoursing and conceptualizing role conflict as non-existent, distant, or dispersed. By doing so, the F-LNMs distance themselves from reality and simplify the nature of the role, not grasping the complete reality of their surroundings and attribute descriptions to the system that are beyond their control. We identify this behavior as avoidance and role distancing, as well as organizational escape to alleviate the tension caused by role conflict (Goffman 1961; Biddle, 1979). By trivializing and legitimizing the experienced role conflict and blaming the system for the

incompatible demands and expectations, they indirectly practice these behaviors to ignore the issues and minimizes the importance of their role and responsibility. Some of the participants apply organizational escape behaviors and distance themselves from the entire organization while they view themselves and their department as an isolated part to deal with the extent of reality. Others distance themselves from the leader role and embraces the administrator role or distance themselves from the administrator role and embraces the leader role. According to the literature, this behavior is a strategy to defend the self and stay emotionally detached from the role (Goffman, 1961), which ultimately help not only the performer in the role, but also reduce the tensions for those surrounding the performer (Biddle, 1979). This inheritable and general assumption about the sandwiched middle is well documented in the literature; yet we find it notable that the F-LNMs use these tactics so drastically and frequently in order to manage and master the role, which once again illustrate the complexity of the role and the perceived strain.

Contrary to the beforementioned, we find the F-LNMs to have overcome major barriers in their role. The literature points out how the performer of a role can experience contradictory expectations and demands in-between the many roles they hold in their lives; however, our data indicates that the participants has overcome the classical role conflict, e.g., work-home conflict or nurse-leader conflict and found appropriate and effective strategies to cope with these tensions, and thus reduced the experience of role conflict. We are careful to conclude that they do not master the role or the repercussions of being in the middle. However, we find significant patterns in our data that indicate that high levels of autonomy, relatedness, and competence reduces the perception and experience of role conflict. For instance, we recognize that the participants who perceives their

competence as inadequate, specifically feeling effectiveness and mastery over their role, activities, and environment, to a greater extent experiences role conflict, and vice versa. This reveals a great potential for improvement and role mastery, as well as personal facilitation to prevent the negative performance outcomes and the psychological strain the F-LNMs experiences.

Theoretical Contributions and Implications

This study set out to explore the complex world of middle management and to gain a deeper understanding of what influences the perception of the intermediate role in the social and organizational hierarchy. The research reveals that the studied F-LNMs perceives an inharmonious relationship between the role responsibilities and role authority, as well as wearing numerous hats with divergent responsibilities and interests. The study also discloses that the participants experience role conflict but fails to recognize its negative effects on their role. This research contributes to the theoretical understanding of the middle manager role with the three categories presented.

We believe that our theoretical contribution to the literature on middle management and role conflict is twofold: (1) in contrast to the established literature and theories of role conflict, the findings in this study disclose that the studied F-LNM experience role conflict but fail to recognize its associated consequences and thereby reject and trivializes its effects, and (2) there is to our knowledge no other research that has studied middle management and role conflict through the lens of the self-determination theory.

The established research findings on the effects of role conflict are unanimously rejected in our study. It is an interesting finding as previous research has identified role conflict as an ingredient of tragedy (Biddle, 1979), positively

associated with tension and anxiety (Jackson & Schuler, 1985), as well as resulting in inefficiency, burn-out, and behavior problems (Rizzo et al., 1970; Cooper, 2012). This finding may be a possible contribution to further research in terms of seeking to understand how and why middle managers surrounded by various role conflicts fails to recognize its implications and strains.

Limitations and Future Research

The purpose of this study was to gain a deeper understanding of the middle manager role and its complexities. However, there are several limitations to this research that needs to be addressed. Firstly, the sample consisted of seven interviewees in which all are employed in Norwegian hospitals. Additionally, all hold the first-line nurse manager position. Consequently, there were a limited number of participants within a given context that was studied. To acquire a wider range of perspectives, experiences, and perceptions of the middle manager role, it would have been beneficial to include participants from other organizations, other middle management hierarchical levels, as well as participants from other industries with other areas of responsibilities and interests. Moreover, the gender distribution is unbalanced, but somewhat corresponds to the distribution in the profession overall. This may have influenced our findings and should therefore be considered in future research. Another limitation to the study is the weakened triangulation strategy in the empirical research process. As mentioned, we sought to use triangulation by applying a combination of both interviews and observations as data sources to enhance the understanding of the empirical context, ensure cross-checking of findings, and thus its reliability (Bryman & Bell, 2011). However, we were not able to conduct observations due to the Covid-19 pandemic. As in any case study design, the generalizability of our findings is limited. Hence, further research is necessary to validate our results and to test its

applicability to other contexts. Further research should also examine in-depth how middle managers perceives their role as a subordinate, middle, and superior and its relations to

Conclusion

The purpose of this study was to investigate how F-LNMs in Norwegian hospitals experience and identify with their role as a middle manager. We have observed and examined how F-LNM perceive their role and identity in the middle level of a complex, paradoxical, and ambiguous hierarchical structure as both a superior and a subordinate. Regardless of the limitations in this study, we found interesting suggestions for further theory and practice. Our thesis contributes to the existing literature by providing a more comprehensive picture of how of an individual's innate need of autonomy, competence, and relatedness influences the role perception of middle managers. Three interesting categories emerged from our analysis: "Puppet on a String", "The Strainer", and "It is what it is". The findings reveal that that the studied F-LNMs are exposed to numerous environmental factors and complex opposites which makes them perceive an inharmonious relationship between the role responsibilities and role authority, as well as wearing numerous hats with divergent responsibilities and interests. As a result, they feel controlled, demotivated, and frustrated. The study also discloses that the participants experience role conflict but fails to recognize its negative effects on their role. To our knowledge, no other research has studied the middle management role through the lens of the self-determination theory, and as such, we believe our research contributes to extend the literature on middle management with a deeper focus on role perception and its consequences.

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Exhibits

Exhibit 1. NSD Approval for Data Collection

NSD sin vurdering

Prosjekttittel
Masteroppgave

Referansenummer
981118

Registrert
23.02.2021 av Martine Seim - Martine.N.Seim@student.bi.no

Behandlingsansvarlig institusjon
Handelshøyskolen BI / BI Oslo / Institutt for ledelse og organisasjon

Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)
Anders Dysvik, anders.dysvik@bi.no, tlf: 46410713

Type prosjekt
Studentprosjekt, masterstudium

Kontaktinformasjon, student
Martine Nielsen Seim, martine.n.seim@student.bi.no, tlf: 93898640

Prosjektperiode
04.01.2021 - 01.07.2021

Status
09.03.2021 - Vurdert

Vurdering (1)
09.03.2021 - Vurdert
Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg den 09.03.2021, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

DEL PROSJEKTET MED PROSJEKTANSVARLIG
Det er obligatorisk for studenter å dele meldeskjemaet med prosjektansvarlig (veileder). Det gjøres ved å trykke på "Del prosjekt" i meldeskjemaet.

MELD VESENTLIGE ENDRINGER
Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde:
https://www.nsd.no/personverntjenester/fylle-ut-meldeskjema-for-personopplysninger/melde-endringer-i-meldeskjema

TYPE OPPLYSNINGER OG VARIGHET
Prosjektet vil behandle alminnelige kategorier av personopplysninger frem til 01.07.2021

LOVLIG GRUNNLAG
Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 og 7,
ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse som kan dokumenteres, og som den registrerte kan trekke tilbake. Lovlig grunnlag for behandlingen vil dermed være den registrertes samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a.

PERSONVERNPRINSIPPER
NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om:
lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke behandles til nye, uforenlige formål
dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet

DE REGISTRERTES RETTIGHETER
Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art.
17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20).
NSD vurderer at informasjonen om behandlingen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.
Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER
NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).
For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og/eller rådføre dere med behandlingsansvarlig institusjon.

OPPFØLGING AV PROSJEKTET
NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.
Lykke til med prosjektet!

Tlf. Personverntjenester: 55 58 21 17 (tast 1)

Exhibit 2. Interview Guide

Intervjuguide – mellomledere i helsesektoren

Innledning
Kort introduksjon av oss selv og vår bakgrunn, masteroppgaven og samtykkeerklæring.

Om studien
Du blir bedt om å delta i en forskningsstudie på mellomledere i helsesektoren. Hensikten med studien er å utforske 1) mellomleders opplevelser og erfaringer i mellomlederrollen i lys av rolleteori og 2) samspillet mellom situasjoner preget av konflikt og motivasjon. I løpet av dette intervjuet vil du bli bedt om å svare på flere åpne spørsmål, hvorpå du kan velge å avstå fra å svare. Intervjuet vil bli tatt opp på lydopptak og deretter transkribert før lydopptakene blir slettet. Du og dine bidrag vil bli fullstendig anonymisert og dataene vil bli presentert som "mellomledere i norske sykehus".

Vi ønsker å utforske hvordan mellomledere opplever og erfarer sin rolle i mellomsjiktet og dens innflytelse på mellomleders motivasjon i lys av 'Self Determination-Theory'. Self-Determination Theory/ Selvbestemmelsesteori er en ledende makroteori om menneskelig motivasjon som påstår at mennesket har medfødte psykologiske behov – autonomi, kompetanse og tilhørighet - som må oppfylles for å sikre indre motivasjon og personlig vekst.

Vi ønsker å understreke at det er ingen rette eller gale svar på spørsmålene, formålet med intervjuene er utelukkende å skaffe *dypere innsikt* i rollen som mellomleder. Har du noen spørsmål før vi starter intervjuet?

Bakgrunnsopplysninger om intervjuobjektet
Innledningsvis ønsker vi å bli litt bedre kjent, kan du fortell litt om deg selv? Kan du ta oss gjennom veien som har ført deg til den rollen du har i dag?
[Erfaring, utdanning, arbeidserfaring, stilling, livssituasjon etc.]

Støttespørsmål:
- Hva er din stilling og hva har du ansvar for? [Stilling, ansvarsområder]
- Hvor lenge har du jobbet i stillingen og hvilken stilling kom du fra?
- Hva fikk deg til å søke på denne stillingen? Hva gjorde at du ønsket å jobbe som leder? [Tanker om hvorfor hen ønsket å gå inn i en lederstilling, motivasjon for det, ambisjoner om karriere osv.]
- Hva liker du best med din rolle, spesielle arbeidsoppgaver, ansvar el?
- Hva liker du minst med din rolle, spesielle arbeidsoppgaver, ansvar el?
- Er det aspekter ved rollen som gjør at du ønsker å fratre rollen, hvilke aspekter gjør at du ønsker å bli?

Oppfattet autonomi (Self-Determination Theory)
Nå som vi har fått et godt innblikk i rollen din og veien dit, ønsker vi å se nærmere på de tre psykologiske behovene knyttet til Self-Determination Theory.
Kan du fortelle om mulighetene for å ta egne valg og beslutninger i stillingen din?

Støttespørsmål:
- Hvor stor frihet har du til å lede på en slik måte du ønsker og finner hensiktsmessig?
- Kan du fortelle om et prosjekt/ hendelse/ endring som du føler du påvirket og bidro til basert på egne premisser/ personlige interesser/mål?
- Kan du utdype/ forklare/ komme med eksempler i hvor stor grad føler du at du kan påvirke:
  - hvordan du utfører oppgavene i din rolle?
  - hvilke oppgaver du utfører i din rolle?
- Opplever du at du at Covid-19-situasjonen har påvirket beslutningsmyndigheten din i større eller mindre grad? På hvilken måte?

Oppfattet tilhørighet (Self-Determination Theory)
Nå ønsker vi å få et innblikk i miljøet og det sosiale samholdet på jobben, kan du fortelle litt om det?

Støttespørsmål:
- Hva kjennetegner det sosiale miljøet? Hva slags relasjoner?
- Hvilke ord vil du bruke til å beskrive relasjonene?
- Kan du fortelle om relasjonen til dine ansatte/gruppe?
- Kan du fortelle om relasjonen til ledere?
- Kan du fortelle om relasjonen til andre mellomledere?
- På hvilken måte får du støtte fra de rundt deg – ledere, sykehuset, kollegaer osv?

Oppfattet kompetanse (Self-Determination Theory)
Nå ønsker vi å utforske kompetanseaspektet nærmere. Kan du fortelle om hvor trygg du er i rollen din og på dine evner til å utføre arbeidet som kreves og ansvaret som stilles? Opplever du at rollen er for vanskelig å utføre, for enkel, helt passe, eller et sted imellom?

Støttespørsmål:
- Føler du at du har tilstrekkelig kunnskap til å utføre oppgavene som rollen innebærer? Kan du fortelle om en gang du opplevde du manglet kompetanse til å utføre en oppgave?
- Føler du at du mestrer oppgavene og ansvaret?
  - Hvilke oppgaver føler du at du mestrer godt?
  - Hvilke oppgaver føler du at du kunne mestret bedre?
- På hvilken måte får du støtte fra leder/ sykehuset generelt til å utvikle din kompetanse og nå mål?
- Hva eller hvilke tiltak kunne gjort at du følte deg enda tryggere på egne evner til å nå mål og leveranser?

Rollekonflikt
Avslutningsvis ønsker vi å se nærmere på rollen din som mellomleder i lys av rolleteori. Nå ønsker vi at du skal ta deg litt tid og forsøke å tenke over rollen din og på en gang du opplevde at ulike forventninger til din rolle var uforenelige med hverandre – det kan være forventninger til hvordan en oppgave skulle utføres, ressurser til å utføre den, eller krav/forventninger fra egen samvittighet.

Støttespørsmål:
- I hvor stor grad preger disse problemstillingene arbeidshverdagen din?
- Kan du komme med et eksempel på arbeidsmetode/oppgave som du mener kunne vært forbedret/forenklet – i såfall hvordan? Hva burde vært gjort annerledes?
- I hvilken grad opplever du at du ikke har adekvate ressurser til å utføre dine tildelte oppgaver, fører det til svekkede leveranser? Har du et eksempel?
- Mottar du motstridende forespørsler fra to eller flere personer? Utdyp
- Hva tror du dine ansatte forventer av deg som leder? Hva tror du din leder forventer av deg? Er disse forenlige?
- Hvordan opplevde du overgangen fra å jobbe som sykepleier i klinikk til sykepleierleder - kan du utdype positive og negative aspekter ved rolleovergangen? Hvilke forventninger ble oppfylt og hvilke ble ikke oppfylt?
- Hvordan er det å jobbe tverrfaglig med forskjellige grupper som opererer ganske så forskjellig fra hverandre?
- Hvordan er det du som regel håndterer konflikterende krav og forventninger fra dine ledere og ansatte?

Avslutning
Tusen takk for at du tok deg tid til og ønsket å dele dine erfaringer i dette intervjuet. Er det noe du ønsker å utdype eller legge til helt avslutningsvis?

Exhibit 3. Consent Form

Vil du delta i forskningsprosjektet

"Mellomledere i helsesektoren"

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å utforske 1) mellomleders opplevelser og erfaringer i mellomlederrollen i lys av rolleteori og 2) samspillet mellom situasjoner preget av konflikt og motivasjon. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål
Formålet med denne masteroppgaven er å utforske hvordan mellomledere opplever og erfarer sin rolle i mellomsjiktet og dens innflytelse på mellomleders motivasjon i lys av 'Self Determination-Theory'. Self-Determination Theory/ Selvbestemmelsesteori er en ledende makroteori om menneskelig motivasjon som påstår at mennesket har medfødte psykologiske behov – autonomi, kompetanse og tilhørighet - som må oppfylles for å sikre indre motivasjon og personlig vekst.

Masterstudiet er av kvalitativ form, hvorpå dybdeintervjuene vil være semistrukturerte. Det vil bli stilt åpne spørsmål knyttet til mellomlederrollen hvor vi søker dypere innsikt i rollen og hva den innebærer.

Hvem er ansvarlig for forskningsprosjektet?
Handelshøyskolen BI er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?
Du blir forespurt å delta i denne forskningsstudien på mellomledere i helsesektoren da du oppfyller kriteriene til profilen vi ønsker å intervjue, nærmere bestemt enhetsledere med personalansvar for klinisk drift. Det har blitt gitt tillatelse fra din klinikkleder for å delta i dette forskningsprosjektet innenfor ordinær arbeidstid. Klinikkleder har videreformidlet forespørselen til avdelingsledere som igjen har satt oss i kontakt med deg.

Hva innebærer det for deg å delta?
Deltakelse i studien vil innebære at du deltar i et individuelt digitalt intervju der vi ønsker å utforske dine erfaringer, opplevelser og refleksjoner av mellomlederrollen. Intervjuet er tiltenkt en varighet på omtrent 40 minutter, med mulighet for et oppfølgingsintervju på ca. 15 minutter omtrent to uker senere. Spørsmålene i intervjuet vil være knyttet til den skisserte problemstillingen. Intervjuet vil bli tatt opp på lydopptak og transkribert, og deretter slettet.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Det er kun Mia Marie og Martine, samt veileder Anders Dysvik, som vil ha tilgang til opplysningene.