

Client organizations and the management of professional agency work

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The role of client organizations in the human resource management of agency workers: evidence from English health and social care services

Abstract

It is frequently argued that the growing reliance on agency workers in core organizational roles leads to significant risk for client organizations. It has also been suggested that while this risk can be mitigated through investments in human resource (HR) practices directed at agency workers, in practice these will be hard to develop or implement. This paper draws on Lepak and Snell's (1999) HR architecture model, and uses a comparative case study method to explore this issue, focusing on agency working in core nursing and qualified social worker roles. The findings illustrate how client organizations can become more involved in the HR management of agency workers than has previously been acknowledged in the literature. Our analysis also identifies the conditions that shape this client-side involvement, highlighting in particular the nature of agency worker contracts, competing organizational cost-control priorities and the regulatory context. These conditions are brought together in a general model for understanding the largely neglected role that client organizations play in the HR management of agency workers in core organizational roles.

Introduction

In most developed economies, a well-documented trend in recent years has been the increase in job roles filled through temporary work agencies (TWAs) (Cappelli & Keller, 2013; Voss et al., 2013). This is often viewed as positive for employers (Osnowitz, 2012; Galais & Moser, 2009), with agency workers being used to adjust to tight labor markets (Houseman et al., 2003) and provide a way of acquiring specialist skills and knowledge (Matusik and Hill, 1998). Indeed, it is argued that by importing ‘waves of fresh ideas and approaches’ agency workers may ‘help prevent the organization becoming insular and complacent...’ (Storey et al., 2002: 4). At the same time, however, an increasing reliance on agency workers is not without certain risks for employers (Bonet et al., 2013; Bidwell, 2009). As with other forms of outsourced labor there may be ‘particular complexities in supervisory, reporting, and other interpersonal relationships that may lead to problems including turnover, lack of loyalty, service discontinuities, and poor service quality’ (Fischer et al., 2008: 502).

This raises the question of how organizations that use agency workers should respond to these risks. As Torcka (2011) argues, agency workers’ commitment and performance can be strongly influenced by the treatment and support they receive. This in turn has led to the suggestion that client organizations themselves might become more involved in the human resource (HR) management of their agency workforce (Koene et al., 2014; Zimmerman et al., 2013). Doing so, it is argued, will help to strengthen ‘reciprocal commitment obligations’ (Schlosser et al., 2006: 299) between client organizations and agency workers, and thereby avoid some of the risks associated with ‘socially thin’ employment relationships (Koene & Riemsdijk, 2005: 84).

Such client-side interventions might be deemed especially important when agency workers are deployed in ‘inner core’ roles (Peel & Boxall 2005) that generate high value for organizations (Lepak and Snell, 1999). In these situations client organizations may be exposed to increased risks arising from agency workers’ lack of organization-specific knowledge (Author A and Author B, 2008), and lack of willingness to engage in ‘work related helping behaviours’ (Broschak and Davis-Blake, 2006). In theory these situations may require the development of high involvement HR systems (Appelbaum et al., 2000), emulating those often used for permanent employees. The feasibility of this is, however, questionable in situations where labour has been effectively outsourced, as in the case of agency workers.

To date, while the possibility of greater client-side involvement in the HR management of agency workers has been noted in the literature, research on the topic remains under-developed. Although part of the ‘triangular employment relationship’ (Davidov, 2004) with TWAs and agency workers, client organizations are often depicted as playing a largely passive role, being either unwilling or unable to contribute to the HR management of agency workers. In this paper we explore how far this is the case, and the factors that shape or influence client-side investments in HR practices targeted at agency workers in core roles.

In doing so, the paper focuses on two areas of the UK’s public sector: National Health Service (NHS) acute (hospital) trusts; and local authority social care departments. Both cases explore the HR management of agency workers in core roles (nursing and qualified social workers respectively). Under ideal conditions, one might expect such roles to be staffed using standard permanent employment contracts (Lepak and Snell, 1999). However, as discussed below, largely as a result of powerful supply-side pressures, employers in both instances have increasingly had to rely on TWAs to fill these positions (Cornes et al., 2013). As such, these

cases are illustrative of high-risk situations where, in theory at least, there is a greater incentive for client organizations to invest in the HR management of agency workers.

In what follows, we first examine the extant literature on the client-side management of agency workers, before outlining the research approach adopted and presenting the findings. The paper concludes by presenting a process model concerning the client-side management of agency workers in core organizational roles that has the potential to advance both the literature and management practice.

Client-side HR management of agency workers: literature review

The case for client-side HR management of agency workers

A useful departure point in theorising the investments client organizations might make in the HR management of agency workers is Lepak and Snell's (1999) 'human resource architecture' model. The model is based on two central dimensions: the value of human capital, which is 'inherently dependent upon its potential to contribute to the competitive advantage or core competence of the firm' (Lepak and Snell, 1999: 35); and the uniqueness of human capital, in terms of its degree of asset specificity. These dimensions in turn pose critical choices for organizations concerning the 'employment modes', the 'employment relationships' and the 'HR configurations' they adopt for job roles requiring different forms of human capital. Within the model, 'core' roles (comprising both valuable and unique human capital) are seen as requiring an 'internal development' employment mode involving permanent employment coupled with 'organizational' employment relationships and a 'commitment-based' HR configuration. Such a configuration is often viewed as coalescing around Appelbaum et al.'s (2000) Ability, Motivation and Opportunity to Participate (AMO) model, comprising: skill-enhancing practices

including recruitment, selection, and training; motivation-enhancing practices including performance appraisal, compensation, incentive, benefits, promotion, career development, and job security; and opportunity-enhancing practices including job design, work teams, employee involvement and information sharing. Other roles requiring less valuable and/ or unique human capital are seen in Lepak and Snell's (1999) model as best managed via either an 'acquisition', 'alliance' or 'contracting' employment mode.

Using this framework, agency working, which essentially involves the outsourcing of labour requirements, can be classified as a 'contracting' or 'acquisition' employment mode. The latter is especially relevant in the case of knowledge workers (including professionals), where human capital is valuable but – because it is transferable – also widely available in the labour market. In this situation, client organizations establish a 'symbiotic employment relationship based on the utilitarian premise of mutual benefit' (Lepak and Snell 1999: 38). This involves a trade-off whereby expert workers (contracted through TWAs) use their transferable skills to command higher financial returns. In return '[client] organizations expect a certain degree of loyalty to the firm while the relationship exists' (pp 38-39). While agency workers might have low affective commitment to the organization, it is assumed that this temporary loyalty will be sufficient to ensure a productive relationship during the tenure of the contract. This bargain may be further reinforced by the adherence of agency workers to professional standards (linked to re-certification demands, for example) and their need to maintain their reputation in the labor market (Barley and Kunda, 2004).

Implied by the above is that client organizations will also adopt an HR configuration that is 'market based', focused on 'staffing and deploying skills for immediate contribution' (Lepak and Snell 1999: 39), while withholding 'long-horizon investments' (Krausert, 2014: 69) in the

development of agency workers. Such a configuration is deemed appropriate as client organizations ‘have little incentive to train [agency] employees beyond the skills needed to perform their current job, as they will not have the chance to capitalise on their investment’ (Bonet et al., 2013: 370). Instead, client organizations are advised to focus primarily on developing an effective ‘system of selective staffing and rewards’ (Lepak and Snell, 1999: 39).

The suggestion that agency workers should be managed by a ‘market-based’ HR configuration under an ‘acquisition’ employment mode (or a ‘compliance’ HR configuration under a ‘contracting’ employment mode) has, however, been questioned within the literature. In any context, there is a risk that a relative neglect of agency workers by client organizations may exaggerate risks of sub-standard performance (Zimmerman et al. 2013; Koene & van Riemsdijk, 2005). Feldman et al. (1994: 54) note, for example, the problems that arise when agency workers become ‘discouraged by the dehumanising and impersonal way that they are treated on the job’.

It is likely that these problems will be even more pronounced in situations where agency workers are used in core organizational roles that require both valuable and unique human capital. As discussed above, Lepak and Snell’s (1999) model assumes that core roles will be staffed via an internalisation strategy in which permanent employees are managed by a ‘commitment HR configuration that nurtures employee involvement and maximises the firm’s return on human capital investments’ (p.37). However, this might not always be possible, especially if agency workers have a preference for the flexible ‘portfolio’ or ‘protean’ careers that TWAs provide (Galais and Moser, 2009). These supply-side pressures will make it harder for employers to recruit to core permanent roles, thereby forcing them into an ‘acquisition’ employment mode by default. Lepak and Snell’s (1999) model does not take this possibility into

account, assuming instead that employers have the freedom to choose the employment mode they adopt for different human capital characteristics.

This in turn raises the question as to the HR configuration that should be adopted where agency workers are used in core roles. In such instances, the ‘market based’ HR approach typically associated with an ‘acquisition’ strategy may well be suboptimal, and instead, client organizations might be better served by making their own investments in the management of agency workers (Zimmerman et al. 2013). A growing number of studies highlight the importance of perceived organizational support and the adoption of HR practices similar to those applied to permanent staff for agency workers’ commitment (Torka, 2011; Torka and Schyns, 2010: 1307; Liden et al. 2003; Coyle-Shapiro et al. 2006). In practice, this could mean ‘providing temporary agency workers with better training and education programmes, clear expectations of the temporary assignment...to increase the job quality and fully exploit the benefits of a flexible workforce’ (Mitlacher, 2008: 455). According to Fischer et al. (2008: 507), client firms might ‘effectively leverage outsourced labor’ by utilising ‘HR tools’ to deal with the challenges posed by difficult employee transitions, performance management and high agency worker turnover. In short, client organizations may need to develop a ‘special attention’ approach (Koene & van Riemsdijk, 2005) to the management of agency workers. This is especially when these workers are used in core roles, where ‘synergistic interaction between itinerant professionals and organizations is essential for organizational development and competitiveness’ (Koene et al., 2014: 4).

The feasibility of client-side investments in the HR management of agency workers

Notwithstanding the above, while there may be situations where it makes sense theoretically for client organizations to invest in the HR management of agency workers, how far is this also feasible? Previous research has shown that although line managers within client organizations may become involved in the day-to-day supervision of agency workers (Pearce, 1993; Bidwell, 2009), this will rarely, if ever, extend to more co-ordinated (or deliberately targeted) HR management (Bonet et al., 2013). In practice, any management that takes place is effectively delegated to co-workers who ‘perform these tasks out of necessity or frustration or both’ (Davis-Blake & Broschak, 2000: 106).

There are a number of reasons why this might be the case. The first concerns the perceived need for such investments. Despite the arguments above regarding the benefits of ‘on-boarding’ agency workers (Fischer et al., 2008), the need for this may be limited where agency workers are few in number or where their contract duration is short (Stanworth & Drucker, 2006). Client organizations’ perceptions of need may also be influenced by their relationships with TWAs. On the one hand it is possible that TWAs will focus mainly on cost minimisation (Author B et al., 2008) and may be unwilling or (for commercial reasons) unable to engage in “‘value adding” HRM’ (Knox, 2014: 94). However where deeper ‘partnerships’ emerge between TWAs and client organizations, the former may assume greater responsibility for HR management (Bidwell & Fernandez-Mateo, 2010; Nesheim et al., 2007). For example, Hakansson & Isidorsson (2012) note instances of close partnerships leading to ‘all core’ staffing strategies, with highly skilled agency professionals (such as IT specialists) being treated essentially as long-term, regular employees. In these situations, where TWAs actively invest in

HR management and view this as a ‘shared responsibility’ (Torka, 2011), the pressures on client organizations to get involved may be less pronounced.

In addition, even if client organizations perceive the need to develop HR practices for agency workers, there may be a number of conditions that restrict their willingness (and ability) to do so. Here, the regulatory context is potentially important. While in some countries (such as the US) the client is defined as the agency worker’s legal employer, in others (including continental Europe and increasingly the UK) it is the TWA (Voss et al., 2013). In the latter cases, client organizations may take the view that responsibility for the management of agency workers (and not just ‘payroll’ functions) should be ‘outsourced’ to the TWA (Davidov, 2004: 727).

Internal politics within client organizations may also influence the ability to make targeted investments in the HR management of agency workers. According to Ward et al. (2001), decisions about the use of agency staff are often influenced by a variety of competing demands (such as cost reduction or reducing staff headcount for accounting purposes), which may or may not be consistent with the goals of a high commitment HR strategy. The legacy of prior policy decisions and mind-sets with regard to agency workers may further hinder the development of such policies, especially in situations where agency workers have previously been viewed as a ‘disposable’ as opposed to ‘renewable’ resource (Davis-Blake and Broschak, 2000).

In summary, the extant literature is divided on how far and under what conditions client organizations might invest in the HR management of agency workers. There is a growing understanding of the potential benefits of HR investments in mitigating the risks associated with agency worker use (Mitlacher, 2008; Zimmerman et al., 2013). However, the literature also

suggests that client-side investments are far from the norm (Bonet et al., 2013), and there may be significant barriers to making such investments (Davidov, 2004; Torka, 2011). In what follows we address these issues by drawing on data from illustrative cases of agency working in UK acute hospitals and social services. Specifically we explore two questions. First, how and in what ways do client organizations invest in the HR management of agency workers in core organizational roles? Second, what are the factors that shape or influence these investments? In addressing these questions, we build on the nascent literature and develop a process model to provide guidance to both academics and practitioners.

Study setting, data and method

Study setting: agency working in health and social care

The organizations on which the analysis is based are drawn from English acute health (hospital) trusts (forming part of the National Health Service (NHS)) and local authority-run social services. Although both are part of the public sector (funded from direct taxation) there are notable differences in the size and organizational structure of these services. At the time of the research, local government administration in England consisted of 152 local authorities with responsibility for providing social care services for adults, families and young people (the latter usually merged with education). Professional social workers and occupational therapists (the workers relevant to the research), made up approximately 20 per cent of a social care workforce of over 250,000. By contrast, the NHS is a much larger organization, with a total workforce in excess of 1.3 million, including over 400,000 qualified nursing, midwifery and health visiting staff. In England, hospital services (the focus in this paper) are provided by acute and tertiary health trusts.

Where qualified social workers and nurses are concerned, both groups are numerically large in employment terms (with women comprising the majority). They are also unambiguously part of the 'inner core' of health and social services. While generic professional knowledge acquired through formal education is the basis for entry to these professions, effective performance requires extensive organization and client group-specific knowledge. The interdependent nature of tasks associated with child protection and the running of hospital wards also means that there is a heavy emphasis on team-working in both professions.

For these reasons, employment in both sectors has been strongly associated with bureaucratic models of employment and a reliance on internal labor markets (De Ruyter et al., 2008), while the use of contingent contracts has been limited historically to occasional locums supplied mainly through in-house staff 'banks'. More recently, however, there has been a marked growth in agency working in both sectors. In social care, this has been an enduring trend since the mid-1990s. Agency working had risen to an average of 7.3 per cent of all social workers in local authorities by 2012 (12 per cent in London) (Carey, 2011), with recent industry surveys suggesting further increases subsequently (for example, Schraer, 2014). In the NHS, the reliance on agency workers has increased even more dramatically over the past two decades. Agency staffing costs in the NHS were only £35 million in 2000-1, but had risen to £883 million by 2007-8 (Hurst & Smith, 2011: 288). This trend continued in subsequent years, with expenditure on temporary and agency staff rising by another 20 per cent in 2013/14 (Lafond et al., 2014). In both sectors it is important to note that a significant proportion of this expansion in agency working has been supply-led, with nurses and social workers voluntarily opting for agency contracts, which they view as offering higher financial rewards, greater flexibility and improved work-life balance (De Ruyter et al., 2008).

Perhaps unsurprisingly, this greatly-increased use of agency nurses and qualified social workers in core service roles has led to growing concerns about both rising TWA fees and potentially negative consequences for service quality (Cornes et al., 2013). To address these concerns, there have been calls to re-evaluate the manner in which agency workers are treated once in role. Manthorpe et al. (2012: 127), for example, argue that ‘it may often be the poor management of agency workers rather than agency working itself which poses a risk to service users’, while Hurst & Smith (2011: 289) have called for better orientation, training, performance monitoring and general support of agency staff. But despite these calls, little research has been conducted on client organizations’ involvement in the development of such practices, or the factors that shape or influence these investments.

Data and methods

The research design follows what Meyer and Lunnay (2012) describe as an ‘abductive’ logic in which the goal is to refine and develop theory. As with a deductive approach, abduction moves from theory to data, although much greater emphasis is placed on incorporating insights from data that lie outside the initial theoretical frame. Specifically, this means taking propositions gleaned from the literature and then refining these propositions iteratively as the data analysis unfolds. The focus on multiple, comparative case studies (see below) was also informed by this logic, the aim being to pursue theoretical generalizability. Using this approach our aim was to refine and develop extant theorizing on agency working: first, by mapping the types of HR practices adopted by client organizations; and second, by exploring the factors shaping their development, in order to ultimately develop a process model outlining the factors influencing client-side involvement in the HR management of agency workers.

The data were derived from a study conducted in two stages. The first stage consisted of exploratory interviews with representatives of various peak (national-level) organizations (including the NHS Purchasing and Supply Agency (PASA) and the Recruitment and Employment Confederation (REC)). The second and main stage of the research comprised case studies of three NHS acute trusts and three local authorities, all located in greater London. Adopting a logic of ‘critical case sampling’ (Patton, 1990), the focus on London was deliberate as it is here that agency working is most pronounced (Hurst & Smith, 2011; Manthorpe et al., 2012) and where client involvement in managing agency staff is arguably most likely. The cases were also selected to reflect differences in organizational form that were likely to shape the management of agency workers. As demonstrated by Table 1, the six cases varied by the size of their full-time equivalent workforce. Where the hospital trusts (HT) were concerned, two university training hospitals (HTs A and B) and one tertiary (or specialist) hospital (HT(C)) were included. With regard to the three local authorities, geography is a key factor influencing the nature of client groups (for example, demographic and economic variations) and labor markets, with implications for staff turnover and pressures to use agency workers. Reflecting this, one authority was selected from inner London (SC(B)) and two from outer London (SC(A) and SC(C)). Lastly, these two sectors also illustrated different contractual arrangements with TWAs, with ‘partnership’ arrangements being more advanced in health than in social care (see below).

INSERT TABLE 1 HERE

In line with the national trends discussed above, all the case study organizations were making significant use of agency workers in core organizational roles (see Table 1). This was explained largely by supply side pressures, linked to the need to cover ‘hard-to-fill’ permanent

vacancies. Specifically, it was noted how opportunities to earn more and benefit from flexible working patterns had influenced many nurses and social workers to opt for agency contracts.

In each case, the research focused on the full spectrum of actors involved in the agency worker supply chain. As can be seen from Appendices 1 and 2, 59 interviews were conducted, with women comprising the majority of respondents. On average, the interviews lasted one hour, were all recorded and fully transcribed and the data were systematically content-analysed by two members of the research team (see below). In all cases, interviews were semi-structured and explored a list of core themes. Where client-side managers were concerned, five main themes were addressed: the current use of agency workers; reasons for their use; method of agency worker procurement; the impact of agency workers on service outcomes; and their management. Interviews with agency workers addressed their experiences of work within client organizations and of their TWA, while interviews with TWAs focused on contractual relationships and their involvement (if any) in HRM activities.

Data analysis unfolded over three stages, involving: first, a systematic comparison of interviews and documentary sources within cases; second, comparisons between cases within each sector; and lastly a comparison of sectors (health and social care). Consistent with an aim of theory elaboration, data analysis involved a mix of deductive and inductive strategies. The deductive elements focused on broadly categorizing aspects of the data, within and between cases, in accordance with our primary research questions. This was then followed by further content analysis, including the use of grounded theory analytical techniques (Gioia et al., 2011) to identify more specific second order constructs. For the first research question, when analysing the data, it quickly became apparent that the HR practices adopted dovetailed with Appelbaum et al.'s (2000) Ability, Motivation and Opportunity to Participate (AMO) model outlined earlier.

For our second research question, categories were developed that built on the factors explored in the literature review concerning client organizations' perceptions of the need to invest in the HR management of agency workers, and their ability and willingness to do so. The processes involved moving back and forth between the data and the literature to refine emerging categories, and also extensive cross-referencing between the two members of the research team involved in data analysis.

In what follows, the results are presented in two main sections. In the first of these we address the paper's first research question by exploring the range of HR practices adopted by the case organizations. Building on the analysis mentioned above, these practices cohered around the three main dimensions of Appelbaum et al.'s (2000) AMO model. In the second section we explore the factors that influenced the development of these interventions.

Findings

Client investments in the HR management of agency workers

With regard to the paper's first research question (how and in what ways do client organizations invest in the HR management of agency workers in core organizational roles?), our analysis revealed a range of HR practices targeted at agency workers in both the health and social care cases. A detailed summary of these practices is provided in Tables 2a and 2b with illustrative examples and supporting extracts from the data. Following the Appelbaum et al. (2000) framework outlined above, these HRM interventions had broad relevance to managing agency workers' ability, motivation and opportunity to participate. For example, under ability were a variety of practices aimed at providing induction and more specialist voluntary training for agency workers, while under motivation, attention was paid to the performance appraisal and

supervision of agency staff, especially in social care. Measures aimed at extending ‘opportunity to participate’ were more limited, but included efforts to improve communication and consultation with agency workers. The existence of these practices arguably points to a more coordinated and planned approach towards the HR management and development of agency workers by client organizations than is normally assumed in the literature. While previous studies have emphasised a paucity of HR management (Bonet et al., 2013), in our cases we found more evidence of deliberate and planned HR practices.

TABLES 2a AND 2b ABOUT HERE

However, when drawing these conclusions it is important to note two main caveats. First, the development of HR practices was greater in the social care cases than in health. This was notably true with regard to the provision of training opportunities and supervisory support, both of which were more formalised in the social care organizations.

Second, it was apparent that the HR practices in the case study organizations had been implemented in a somewhat piecemeal manner, raising questions about their coverage and impact. A Ward Sister at HT(C), for example, explained that while induction represented “good practice”, it was “not consistent across this trust” (HT(C)-7). Similarly, in social care, managers noted how induction could be erratic and how the training offered was usually limited to meeting only the basic statutory requirements. As such, the HR interventions we observed fell short of the kind of strategic approach to agency working envisaged by some observers (Koene et al., 2014). Reflecting this, these HR initiatives had been largely developed bottom-up at local level by individual line managers. By contrast, there was little evidence of strategic leadership (or even involvement) on the part of the HR function in the development and introduction of these HR

interventions. The focus of the HR department in all the case study organizations remained largely on the management of directly-employed workers.

Conditions shaping client organizations' investments in the HR management of agency workers

In this section we turn to the paper's second research question (what are the factors that shape or influence client organization's HR investments?). In particular, we seek to account for the limited nature of the HR practices that had been implemented and also the variation we identified between the two sectors. In doing so we make a broad distinction between factors that influenced client organization's perceived need for investments in the HR management of agency workers and those which constrained their willingness and ability to do so.

Client-side perceptions of the need to invest in the HR management of agency workers

Our analysis highlighted two main influences on client organizations' perceptions of the need for investments in the HR management of agency workers. The first concerned the level of risk associated with agency working, while the second related to the nature of contracts with TWAs and the degree of HR support they provided.

As we suggested earlier, client organizations will only invest in the HR management of agency workers if they perceive agency working as engendering significant risk. Respondents across all six case study organizations highlighted such risks. This was especially regarding high (and rising) TWA fees, although concerns were also expressed about the competency of agency workers. While many agency nurses and social workers were considered to be highly skilled, there were doubts about their lack of familiarity with local procedures, systems, politics and client groups (patients, families or children at risk, for example). For example, as SC(B)-1

remarked: ‘... they wouldn’t necessarily know how SC(B) works ...or our systems’. Others commented on the risks of relying on agency staff whose general training was ‘not up to the mark’ (SC(B)-7) or ‘not up to date’ (SC(B)-2). These problems were generally thought to increase the workloads of managers and co-workers: ‘it’s more work having an agency trained nurse on the ward because you still have to be keeping an eye on them and supervising them’ (HT(C)-3).

Concerns were also expressed about some agency workers’ lack of commitment both to the client organization and (in some instances) to their profession more generally. Although many were thought to have a strong sense of vocation, it was claimed that others did not ‘sign up to the ethos of the organization’ (HT(C)-1) or were only ‘committed to the pounds’ (HT(A)-7). As (SC(C)-7) commented: ‘I do feel they lack commitment, that it’s the money they’re after rather than commitment to the job’. Such problems were seen as potentially damaging not only to the quality of service received by client groups but also to staff morale within teams or wards, with permanent workers often being required to assume responsibility for more difficult jobs or caseloads.

Although in all six cases, agency work was perceived as risky, this was variable, depending on the experience and training of individual agency workers and on the roles they performed. In the health cases, for example, it was stressed how they were greatest in ‘deep sub-specialties’ such as ITU, cardio, critical or intensive care or paediatric services (HT(B)-2), as opposed to wards where more basic cover was required. However, the overall perception was that agency working in core service roles was potentially hazardous, and as a consequence client-side managers needed to become more heavily involved in the HR management of the agency workforce.

Another influence on client organizations' perceptions of the need to invest in HR management was their relationship with the TWAs. Crucial here was the nature of contracts and the extent to which deeper 'partnerships' had been negotiated in which HR support for agency workers was included as part of the deal. Also important was the level of client confidence in the quality of HR support that TWAs were able to provide.

Significant differences with regard to these matters emerged between the health and social care sectors. In health, efforts had been made to develop more collaborative relationships with TWAs with all three trusts having signed up to a framework agreement, negotiated at regional level (for Greater London). This committed a select group of preferred supplier TWAs to an agreed pricing structure and to ensuring agency staff met quality standards. Working within this framework, all three health trusts had negotiated deeper 'partnership' arrangements with one of the larger TWAs (TWA(A)) which acted as a sole supplier (or sometimes broker) of agency nurses.

Although this contract was primarily concerned with agency nurse supply and payroll administration, it had implications for other aspects of HRM. For example, with regard to training, the TWA was contractually obliged to ensure that all agency nurses had undertaken mandatory training in areas such as manual handling, infection control and fire regulations (TWA(A)-1). The TWA also offered a 'professional development training bursary', which gave agency nurses a discounted rate to access more specialist clinical training to enhance their 'portfolio of skills' (TWA(A)-3). Some support was even provided for induction, with agency staff given briefings specific to the client organization (for example, on 'crash instructions'). Lastly, all agency nurses were assigned a 'consultant' (mainly 'ex-nurses with clinical experience') responsible for annual performance reviews, including areas of professional

development (TWA(A)-1). As such, there was some evidence that the TWA was taking a lead in developing HR interventions for the management of agency workers that were targeted to the client health trusts.

By contrast, in social care, all three authorities had outsourced agency worker procurement to third-party vendor managed service (VMS) providers. Under these arrangements, the VMS provider did not provide staff itself but instead acted as an intermediary between the client organization and TWAs, inviting the latter to compete for vacancies via e-procurement systems. Through regular audits, these VMS contracts did generate some incentives for TWAs to increase their investments in the HR management of agency workers. As SC(B) one manager commented: ‘... they [VMS organizations] audit them [the supplier agencies] every six months, and obviously if it comes to light that an agency isn’t following procedures ... they would ask me, “should this agency be dropped from the list?”’ (SC(B)-1).

At the same time, however, the VMS contracts appeared to make it harder for TWAs to develop HR solutions with client organizations. Specifically, they served to close off direct communication with the client, with communication now having to be channelled through the VMS provider. As a manager at SC(C) explained, this had undermined valuable personal relationships with ‘trusted partners’ (SC(C)-8). It had also made it difficult for TWAs to develop the in-depth knowledge of client organizations necessary to play a performance management role or contribute towards the development of agency workers’ organization specific skills. As SC(A)-3 explained: ‘... they [the TWAs] are remote and I think that is always an issue ...’. In addition, a further important element of the VMS providers’ role was to seek to reduce hourly rates as far as possible, which further limited the TWAs’ scope to make bespoke HR investments.

Hence, there were some notable differences between the health and social care cases in the extent to which TWAs were contributing to the HR management of agency workers. Partnership arrangements were more developed in health than social care (where the contractual set-up potentially had the reverse effect). However, even in the health cases, this greater formal/agreed provision of HRM was not always enough to allay client-side concerns. It was noted that actual levels of support from TWA(A) were highly variable and that training was largely focused on mandatory training rather than professional development. As one agency nurse (HT(A)-9) remarked: ‘they don’t really offer any training through TWA(A), or any sort of study days or anything like that. It’s just your yearly updates and fire safety things that you have to do...’ Line managers also commented on the difficulties TWAs faced regarding this. According to HT(C)-2, while agencies are able to buy in the ‘mandatory training ... they won’t have people who are necessarily clinically competent enough to do things like tracheotomies or intravenous therapy...skills where you need to have a practical assessment’. As such, even within the better-developed partnerships in the health cases, there was only limited ‘outsourcing’ of the responsibility for the HR management of agency workers to the TWAs.

There was, therefore, little evidence to suggest that partnership arrangements with TWAs had developed to the point where client organizations no longer perceived a need to get involved in HR management themselves. This however leaves open to question of why, given that client organizations acknowledged the risks associated with agency working, their own investments in HR management had not progressed further. The next section addresses this issue.

Factors constraining the development HRM support in client organizations

The research identified a number of factors constraining client organization willingness and ability to develop HR management policies and practices, even when they perceived a need to do so. These factors included: the duration of agency contracts; competing priorities within client organizations; and client managers' interpretation of the regulatory context.

Where the duration of agency contracts is concerned, there were significant differences between the health and social care cases. In social care, not only were agency workers used in greater numbers but they also represented the only means of covering for permanent staff vacancies. Hence, most contracts tended to be of a longer duration, fixed around 'lines of work', ranging from a few weeks to over a year in some cases. By contrast, in the health cases the existence of nurse 'banks' (using existing staff to cover vacancies) provided an alternative to TWAs. This meant that agency nurses were typically used to cover individual shifts on shorter duration contracts (of days or weeks). According to a ward manager at HT(B), agency nurses tended to be 'one-off people you don't ever meet again' (HT(B)-6), while another suggested: 'it doesn't mean anything to you because you think "oh I've never heard of their name". They come, they do their shift and they're gone. And occasionally you might see somebody returning but often it's almost like a one-off event' (HT(A) – 8).

This was significant in shaping the investments client organizations were prepared to make in the health cases. As a nurse manager (HT(C)-4) explained: '...it's always been that the temporary staff have been at the bottom of the pile because the investment is in the people who are going to give something back longer-term ...'. Even spending extra time on induction and supervision was viewed by some client organization managers as a 'luxury' given the short-term nature of assignments and the fact that the same agency nurses were rarely seen more than twice

on the same ward. As such, although the perceptions of risk associated with agency worker use were as great in health as in social care, there was some reluctance on the part of client managers to over-engage in their HR management given the typically short duration of agency contracts and perceived low returns on this investment.

Closely related to the above, an additional factor influencing client organizations' willingness to invest in the HR management of agency workers related to competing organizational priorities to cut the costs associated with their use. Important here were initiatives aimed at reducing overall reliance on agency staff. As mentioned above, efforts had been made by the health trusts to develop their own 'banks' and to substitute agency workers as far as possible with internal bank employees. All three trusts had adopted strongly-enforced 'bank first' policies, based on the assumption that bank staff were both cheaper and more reliable than agency workers. As a nurse manager at HT(A) explained, not only are bank staff 'financially sensible', but 'technically they know more or less all the policies for the Trust...so you stick to what you know' (HT(A)-6). Even where highly specialist nurses were required (in ITU for example) this rule still applied, although often for more cost-focused reasons. As one ward manager (HT(B)-5) explained: 'there may be very good nurses working for the agency but we have to make do with maybe unskilled nurses on the bank because they're cheaper'.

In the social care cases, while recognising the difficulties involved in permanent staff recruitment, senior managers also viewed reducing the reliance on agency workers and controlling the costs associated with agency worker use as a long-term goal. As the SC(C) HR manager put it: '... we've been strategically inclined to decrease our reliance on agency workers' (SC(C)-3). All three local authorities were seeking to reduce agency use by: improved recruitment and retention of permanent staff via targeted recruitment campaigns both in the UK

and overseas; improved career ladders for permanent staff; the implementation of flexible working arrangements; formal ‘temp-to-perm’ policies; better sickness absence management; better caseload management; and improved succession planning. At SC(A), an ‘attraction package’ had been developed ‘to emphasize what it is that you will get if you’re a permanent worker that you wouldn’t get if you were an agency worker ...’ (SC(A)-1). These initiatives had significant implications for the development of dedicated HR practices for agency workers. In a context where effort and resources were being expended on policies aimed at reducing agency worker use, it had become difficult to justify investing in the management of a workforce that the organization would have ideally liked to have seen reduced in size, or even completely eradicated.

The imperative to control the costs associated with agency worker use had also helped encourage the view within client organizations that the HR management of agency workers should be ‘outsourced’ wherever possible to TWAs (despite the limitations in TWAs’ ability to deliver with regard to this). At HT(A), several respondents argued that agency worker training and support were essentially ‘down to the agency to sort out’ (HT(A)-1) or ‘the employer’s job – the agency’ (HT(A)-7). Similarly, in social care, SC(B)-1 commented: ‘...it is very clearly the recruitment agency’s responsibility to provide statutory training ...’. In the health cases, this view was given added weight by the contractual relationships negotiated with TWAs (as described above). As an HR manager at HT(B) explained: ‘If you’re an agency on the PASA framework then you’re expected to make sure that all your individuals have got all the mandatory training and they’ve got Criminal Record Bureau checks and they’ve got references... that’s up to the agency’ (HT(B)-3). As such, while client-side managers were generally cynical about the ability of TWAs to deliver effective HR management support for agency workers (see

above), many also took the view that the primary responsibility for making these investments still sat (legally and contractually) with the TWA.

A further factor constraining client organization willingness to invest in the HR management of agency workers related to the regulatory context. In the UK legal context in which the research was conducted, this was inimical to greater client organization involvement for two reasons. First, the main thrust of the relevant employment legislation was to define the TWA as the legally defined ‘employer’ of agency staff, and therefore responsible for the HR management of the agency workforce. As the assistant director of nursing at HT(C) explained: ‘The agency, in essence, is their employer, not me’ (HT(C) – 3). In social care, a VMS Business Development Manager (TWA(B)-2)) commented: ‘... their employment relationship is basically with the agency they work for’. This reinforced the view that the HR management of agency workers should be outsourced as far as possible to TWAs.

Second, while the law generally defined the TWA as the employer, it only did so in instances where there was a clear distinction in the client organization’s treatment of agency and directly-employed staff. This led to concerns within client organizations that, should they invest too heavily in the HR management of agency workers (thereby treating them similarly to directly-employed staff), this would result in them being viewed as the legally-defined employer (thereby conferring *de facto* employment rights on the agency worker). While some managers did not see this as a problem as they were seeking to encourage agency workers to take permanent contracts anyway, the concern remained that employment rights might be conferred on agency workers whose commitment or competency was seen as questionable. These regulatory concerns were a particular issue in social care where contracts were generally of longer duration and hence there was a much greater chance of agency workers being viewed as

de facto employees. For example, at SC(C), one Project Manager (SC(C)-9) suggested that: ‘if you give a disciplinary to an agency worker, it’s a sure no-no because it could be seen to be ... treating them as an employee’. Similarly (SC(A)-2) commented: ‘... you have to be very careful with interim workers not to give them supervision and not to review their performance because you don’t want to be seen to be treating them like an employee ...’. At SC(B), care was taken to restrict agency workers from participating in team or even social events. As a senior manager explained: ‘... for any team events the agency staff will not necessarily attend and they will hold the fort back in the office’ (SC(B)-3).

Therefore, while client organization investments in the HR management of agency workers were greater than one might anticipate (as identified above), their understanding of the regulatory context acted as a brake on this process, encouraging client managers to view such investments as the devolved responsibility of TWAs. However, as discussed earlier, the ability of the latter to meet these demands was restricted (particularly in social care). This was due to both the practical difficulties associated with managing and developing social workers and nurses once in role, and the client organizations’ focus on ensuring value for money, which reduced TWA margins and hence their ability to make bespoke investments. These dynamics resulted in a perverse situation where both TWAs and client organizations recognized the need for greater investments in the HR management of agency workers (given the risks noted earlier) but neither party was willing (or possibly able) to take primary responsibility for making these investments.

Discussion and conclusions

Drawing on cases of agency working in the health and social care sectors, this paper set out to explore how and in what ways do client organizations invest in the HR management of agency

workers in core organizational roles, and what are the factors that shape or influence these investments? While the literature suggests that client organizations may perceive a need to become more involved in this area (Fischer et al., 2008; Zimmerman et al. 2013), to date, little research has been conducted on this matter.

Our analysis has sought to address this gap in the literature by demonstrating empirically the role client organizations play in the ongoing HR management of agency workers. In both the health and social care sectors, in response to the risks associated with agency working, HR practices had been developed in the areas of induction, training, performance management and communication. Of course, it is important to keep in mind the significant variation both within and between the two sectors in terms of the extent of implementation of these practices. In many ways these HR interventions fell short of the strategic approach to the management of flexible labor envisaged by some observers (Koene et al., 2014), and tended to be developed by line managers rather than led by the HR function. Nevertheless, their very existence highlights a more active form of client involvement in the management of agency workers than has previously been documented in the literature.

Our analysis also advances understanding of the conditions that shape or influence the adoption of these HR practices. Here, our findings can be brought together in a process model, presented diagrammatically in Figure 1. The model contains three main elements: the factors shaping client organizations' perceptions of the need to invest in HR practices for agency workers; the factors shaping or influencing client organizations' ability to invest in HR practices for agency workers; and the inter-relationships between these first two sets of factors. As outlined below, the model allows us to make a number of propositions regarding the use and management of agency workers.

INSERT FIGURE 1 HERE

Regarding the model's first element (factors shaping client organizations' perceptions of the need to invest in HR practices for agency workers), our analysis suggests that a *prima facie* case for client organization involvement in the HR management of agency workers (box c) will be influenced by two factors: the category of agency worker (box a); and the role played by TWAs (box b). Concerning the first of these, as noted earlier, a heavy reliance on agency working is far from risk-free for employers (Cappelli & Keller, 2013). Concerns are frequently expressed in relation to agency workers' lack of organization-specific knowledge (Vitranen et al., 2003), while the often transactional nature of psychological contracts with client organizations may limit their willingness to engage in 'pro-role' behavior (Galais & Moser, 2009). These risks, in turn, are likely to increase client organizations' perceptions of the need to make targeted investments in the HR management of agency workers (Koene & van Riemsdijk, 2005). However, these risks may be especially pronounced where agency workers are used in core organizational roles, and where HR theorising (Lepak and Snell, 1999) normally predicts the use of permanent employment or insourcing. This was apparent in both the social care and health cases. We saw, for example, how agency worker use was primarily a response to supply-side factors such as skill shortages and a growing number of professionals opting for agency work to obtain higher financial rewards and flexible (portfolio) careers. We also noted that this contributed to heightened perceptions of risk amongst client-side managers, especially regarding agency workers' commitment and organization-specific knowledge. Hence, the model's first proposition is: *client organizations' perceptions of the need to invest in the HR management of*

agency workers will be greater where agency workers are used to fill core organizational roles normally subject to a permanent employment contract.

The second key factor shaping client organizations' perceptions of the need to invest in the HR management of agency workers concerns the nature and effectiveness of the support offered by TWAs (box b). The possibility that TWAs might contribute to the HR management of agency workers via 'partnerships' with client organizations is frequently noted in the literature (Bidwell & Fernandez-Mateo, 2010; Nesheim et al., 2007), the implication being that when both parties view agency worker development as a shared responsibility, this can improve both job quality and performance (Knox, 2014; Mitlacher 2008). By contrast, where TWA-client organization relationships are more transactional in nature and focused on cost minimisation (Author B et al., 2008), TWAs will offer less support, which in turn increases the pressure on client organizations to invest in managing agency workers. Our own evidence provides support for these arguments. While relationships generally fell short of the deep partnerships between client organizations and TWAs reported elsewhere in the literature (see, for example: Smith and Neuwith, 2009; Hakansson and Isidorsson, 2012), there was evidence to suggest that the hospital trusts did receive more support from TWAs (notably in basic training and induction) than was the case in social care. In the health cases, boundaries between the TWA and client organizations had arguably become more 'permeable' (Bonet et al., 2013), enabling the TWA to fulfil some 'employer' responsibilities beyond limited 'payroll' functions on behalf of the client. By contrast, in social care, a far more transactional relationship was apparent, partly due to the reliance on vendor managed services providers with a strong focus on cost reduction (see also: Author B et al., 2011). As such, the model's second proposition is: *client organizations' perceptions of the need to invest in the HR management of agency workers will be greater where*

relationships between TWAs and client organizations are transactional in nature and where TWAs are unwilling or unable to provide focused support.

Turning to the model's second element (the factors that shape or influence client organizations' ability to invest in HR practices for agency workers), a key issue is whether client organizations are able to make sustained investments even when they perceive a demand for them. As Figure 1 demonstrates, three factors might be particularly important here.

The first concerns the likely costs and benefits associated with investment in HR practices and how these are influenced by the duration of contracts (box d). In our study, the longer tenure of agency workers in social care contributed to the willingness of client organizations to invest in their training and development. By contrast, in healthcare, the case for 'long-horizon investments' (Krausert, 2014: 69) was far less compelling. Hence, the model's third proposition is: *the likelihood that client organizations will invest in the HR management of agency workers will be influenced by contract tenure and calculations concerning likely return on investment.*

The second factor influencing client-side actions relates to competing demands (Ward, 2001) (box e). Important here are tensions between the need to ensure agency worker commitment and contribution to performance (Koene et al., 2014), and pressures to minimise costs (Knox, 2014). In our own cases these tensions were especially strong partly because the use of agency working in core roles was largely unplanned (and unwanted). As a consequence, efforts were being made to find alternatives, including the use of in-house staff banks or improved recruitment and retention policies for permanent staff (see also: Author A et al., 2011). The model's fourth proposition, therefore, is that: *client-side investments in the HR management*

of agency workers will be lower where there are competing organizational demands for cost-minimisation.

The third factor in Figure 1 influencing client-side willingness and ability to invest in the HR management of agency workers concerns the regulatory environment, in particular whether the TWA or the client organization should be defined as the primary ‘employer’ (Davidov, 2004) (box f). In our case studies, the dominant view was that TWAs were the legally-defined employer, although this was sufficiently ambiguous for client managers to also fear that their own attempts to introduce a ‘commitment HR’ approach for agency workers could result in them being deemed *de facto* employees. This understanding of the regulatory environment also bolstered the view that the management of agency workers should be mainly (if not exclusively) outsourced to TWAs. The model’s fifth proposition, therefore, is that: *the likelihood that client organizations will invest in HR practices aimed at agency workers will be influenced by perceptions of the regulatory environment and who is defined as the ‘employer’.*

The final element of Figure 1 relates to the inter-relationships (indicated by lines i and ii) between the factors outlined above influencing the willingness and ability of clients to develop HR practices (competing demands for cost minimization (box e) and perceptions of the regulatory environment (box f)), and the role played by TWAs (box b). Perceptions of the regulatory environment (box f) may exaggerate client-side tendencies to delegate or outsource ‘employer’ responsibilities to TWAs (line i)). It is also possible that client organizations’ cost minimisation priorities (box e) will lead to the negotiation of contractual relationships with TWAs that seek to reduce costs and displace risk (Grimshaw et al., 2004) (line ii). In this context, it becomes harder for TWAs to offer additional HR support or for client organizations to develop closer partnerships with TWAs that encourage ‘longer term relational investments’

(Purcell et al., 2005), as they have less financial leeway to do so. This leads to the model's final proposition: *client organizations' expectations that TWAs will provide HR support will be determined by the nature of the regulatory environment, but the ability of TWAs to provide such support will be influenced by client organizations' competing cost-minimization priorities.*

Our contention is that the model depicted in Figure 1 applies to all situations where a triangular employment relationship exists involving agency workers, TWAs and client organizations. In any context, it is useful to differentiate between pressures that increase the need for client involvement in the HR management of agency workers and the factors that are likely to shape or influence how they respond to this need. There are, however, several boundary conditions beyond which the model's predictive value may weaken. As the first proposition above suggests, the model has greatest relevance when agency workers are used to fill core roles, where the employment mode would normally be 'internal development' (Lepak and Snell, 1999), but organizations have either decided or been forced to use agency labor. Given this, it is open to question how far the model is applicable when agency work is more unambiguously part of an 'acquisition' or 'contracting' employment mode (ibid). In such instances, while agency worker use may still be associated with risk to client organizations, these risks may not be sufficiently great to warrant the development of 'high commitment' HR practices (Appelbaum et al., 2000).

A further boundary condition relates to the regulatory context and how far this assigns either the TWA or client as primary employer (as discussed above). In certain European countries (for instance Sweden and the Netherlands) employer responsibilities lie more unambiguously with the TWA (Voss et al., 2013). This could increase the likelihood that TWAs will offer targeted support for agency workers, and in the process also reduce the need for client

organization investments in HR practices (see, for example: Hakansson & Isidorsson (2012) and Koene & van Riemsdijk (2005)).

Notwithstanding these boundary conditions, our study has broader implications for theory and practice. Concerning theory, we advance understandings of the triangular relationship between TWAs, agency workers and client organizations (Davidov, 2004). In much of the literature, client organizations are assumed to be largely passive or reactive actors in the HR management of agency workers (Bonet et al., 2013; Nesheim et al., 2007). By contrast, others have suggested that greater client side involvement in this area may be possible (and useful) given the risks and hidden costs associated with agency working (Mitlacher, 2008; Fischer et al. 2008). In this paper we find support for this latter perspective, noting the enlarged and more active role that client organizations can sometimes play. This challenges the standard depiction of the triangular relationship in which client organizations' management practices are often obscured from view. However, our analysis also reveals that client involvement in the management of agency working is far from problem-free and that the nature and extent of such involvement will be highly variable (as depicted in Figure 1).

Second, our analysis contributes to broader understanding of Lepak and Snell's (1999) HR architecture model. According to Lepak and Snell (1999), when seeking to apply the model it is important to avoid a 'one size fits all' approach. In practice, 'employment modes in most organizations are not...homogeneous, and HR systems are rarely this monolithic' (Lepak and Snell, 1999: 42). Partly this is because, in any organization, it is unlikely that the same employment mode will apply universally to all segments of the workforce. However, our study suggests some further caveats to the Lepak and Snell (1999) model. First it highlights how clients may not always have complete choice in the selection of employment modes, especially

when faced with supply-side pressures which force them to outsource labour in core roles (Boxall and Purcell, 2003). Second, our study also indicates how this restricted choice may, in turn, lead to inconsistencies between the key elements of the HR architecture (employment modes, employment relationships and HR configurations). While in Lepak and Snell's (1999) model, a 'contract' or 'acquisition' employment mode (associated with agency working) should lead to a 'compliance' or 'market-based' HR configuration, this did not fully apply in either of our cases. Instead, we found that where 'acquisition' employment modes were used to hire agency workers into core roles, an HR configuration closer to the 'development' model normally associated with permanent employees was needed. As such, this analysis draws attention to the existence of hybrid situations, not only with regard to the application of different HR architectures in the same organization, but also to the mixing of elements (employment modes and HR configurations) *within* each architecture.

Our results also have implications for practice. As noted above, agency working (like other forms of non-standard employment) is often not a high priority for client managers or HR practitioners. While it may be acknowledged as a challenge, it frequently falls outside the 'traditional inside view of the HR department' (Mitlacher, 2008: 455). Because of this, it has been argued that the HR function needs to adopt a more strategic and inclusive approach towards managing the agency workforce (Koene et al., 2014). Given the importance of agency worker performance to patient care outcomes in the health trusts and safeguarding outcomes in social care, our study lends support for this view. However, our analysis also highlights the very significant dilemmas and obstacles HR managers might face in becoming more strategically involved in managing agency workers, notably those of navigating competing priorities and responding to the (perceived) demands of external regulation. This implies that the HR function

needs to get more involved, but doing so may require both a different (more inclusive) mind-set and enhanced capabilities associated with managing change.

When drawing these conclusions it is important to note certain caveats and directions for future research. In particular, more work is needed to explore whether the model outlined in Figure 1 holds across a broader range of industry sectors (especially the private sector), geographical locations and institutional contexts. As discussed earlier, different regulatory conditions may have a decisive influence on the practices of TWAs and client organizations' perceptions of the need to respond to the challenges posed by agency workers. Attention might also focus on the effectiveness of client-side HR practices in 'on-boarding' agency workers (Fischer et al., 2008) and creating positive inducements. Indeed, while our analysis highlights the factors that might influence the adoption of such practices, more work is needed to better understand their impact. Future research of this nature will help to increase understanding of the strategies organizations need to adopt when responding to the challenges presented by agency working, how these strategies emerge and the conditions that influence their effectiveness.

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Table 1: Background information on the cases

	HT(A)	HT(B)	HT(C)	SC(A)	SC(B)	SC(C)
Total employment (of Trust or Local authority)	9000	2500	6000	7987	8600	10500
Annual gross expenditure 2007/8 (millions)	£676	£260	£402	£528	£999	£983
Total employment of nurses (including midwifery) or social workers (adult and education services)	3150	900	1928	195	258	345
Number of (FTE) posts filled by agency nurses or social workers in given month, 2008	109 (Jan)	29 (Feb)	60 (Estimate of average in all months)	47 (June)	101 (Feb)	207 (Jan)

Table 2a: HR practices: social care

	Key practices	Illustrative examples
<i>Ability</i>	<p>Extended induction programmes, including ‘induction packs’.</p> <p>Agency worker inclusion in job-specific training.</p>	<p>SC(A): “... <i>In terms of induction they’d have all the statutory things ... and we’d send them on a little introduction to SC(A) that the Council runs. We’d take them through the policies and procedures for the department, we’d get them to shadow and sit with people to see how the SC(A) procedures operate ...</i>” (SC(A)-6).</p> <p>SC(B): “... <i>we introduce them to the service ... so they have additional support and they understand what is the aim of the service, what is the goal, what are we trying to achieve ...</i>” (SC(B)-6)</p> <p>SC(C): “<i>It’s induction into how the teams work, introduction to other agencies, looking at the resources that we use. Just generally about the service ... it’s introduction to colleagues, introduction to other departments, to other teams, shadowing social workers.</i>” (SC(C)-7)</p> <p>SC(A): “... <i>we wouldn’t exclude them ... if other people are receiving awareness training ... say something like safeguarding ... they would attend like anyone else.</i>” (SC(A)-2)</p> <p>SC(B): “<i>We offer them training to the extent that they need training in SC(B)’s policies and procedures ... if there are locally specific training requirements ... they will get training.</i>” (SC(B)-1)</p> <p>SC(C): “<i>we want them to be skilled for the families they’re working with ...</i>” (SC(C)-5)</p>
<i>Motivation</i>	<p>Monthly supervision meetings focusing on agency worker performance management.</p>	<p>SC(A): “... <i>they’ll have a monthly assessment through supervision and I’ll have daily reviews of their cases.</i>” (SC(A)-3)</p> <p>SC(B): “... <i>we set targets and review targets.</i>” (SC(B)-3)</p> <p>SC(C): “<i>I have a work plan ... to make sure ... they [agency staff] are progressing and are working according to the job description.</i>” (SC(C)-7)</p>
<i>Opportunity</i>	<p>Integration of agency workers into teams</p>	<p>SC(A): agency workers are: “<i>included in team stuff and ... departmental things ... they’re pretty much treated like the permanent staff</i>” (SC(A)-7).</p> <p>SC(B): “... <i>we do want to make the agency worker feel part of their team ... They’d be part of team meetings.</i>” (SC(B)-7)</p> <p>SC(C): “<i>I would expect them to function like any other team member.</i>” (SC(C)-6)</p>

Table 2b: HR practices: health cases

	Key practices	Examples
<i>Ability</i>	<p>Practices mandating induction checklists at entry stage.</p> <p>Limited ('extended induction') training made available to some agency staff and TWAs in specialist areas.</p>	<p>HT(A): "...each member of temporary staff allocated to work in a ward they have to fill in a form which says they've been shown where the fire escapes are and where all the stuff is that they need to know, what the crash number is, fire number" (HT(A)-1)</p> <p>HT(B): "But agency nurses should get orientated to the ward, they just get told where to come, they get shown ... basically there's supposed to be a checklist that people are meant to fill in which we have to do for the Healthcare Commission" (HT(B)-1)</p> <p>HT(C): "We've got a checklist that we tick off when they arrive on the ward, an induction checklist..." (HT(C)-5)</p> <p>HT(A): "...there are some occasions where for IVs ... we have provided that for specialist areas because the Trust have a procedure with regards to giving IVs" (HT(A)-5).</p> <p>HT(B): "I have within the team here a tracheotomy nurse specialist; she runs tracheotomy study days, which the bank and agency nurses can attend". (HT(B)-6).</p> <p>HT(C): "They [agency workers] can certainly access our courses and pay for them if they're payable ones...for example, I do safeguarding children and I have agency nurses that elect to come and do that, but they'll probably do it in their own time". (HT(C)-1).</p>
<i>Motivation</i>	<p>No formal appraisal, but agency workers closely supervised and 'performance' and development managed through formal processes (involving TWAs).</p>	<p>HT(A): "In cases of sub-standard agency worker performance: "we would expect people [line managers] to talk to that individual, understand why that happened, and then report back to the agency. It's not just a case of, you know, washing their hands of them...So we do ask managers to take responsibility" (HT(A)-3).</p> <p>HT(B): "There is a... performance management process you'd go through to say this nurse is unsuitable. And it may be they're unsuitable for your area, i.e. specialty-wise, and they've just been sent to the wrong place, or actually they may be unsuitable to work in the Trust" (HT(B)-7).</p> <p>HT(C): "if we had concerns of an agency or bank nurse that weren't up to the standard expected...then we report them...to the agency involved involved...then they'll take appropriate action themselves" (HT(C)-3).</p>

<p><i>Opportunity</i></p>	<p>Agency worker involvement addressed indirectly through attempts to encourage integration in teams and practices such as feedback forms.</p>	<p>HT(A): <i>“If we get dissatisfaction forms from the [Agency] nurses we’ve had, I certainly take that and say, you know, to the team of nurses ‘now come on, think again’”</i> (HT(A)-2).</p> <p>HT(B): <i>“Only by improving treatment will one also improve the performance of agency staff...So it’s trying to get people [line managers] to understand that the more they put into it the more they get out of it”</i> (HT(B)-2).</p> <p>HT(C): <i>“They’re (agency staff) here to help us you know...they’re like my new best friend for the shift because they’ve come to actually help us. So I would be very angry if I felt that people were not making people welcome”</i> (HT(C)-7).</p>
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Appendix 1: Profile of Hospital Trust Respondent

Identifier	Role	Gender
HOSPITAL TRUST A		
HT(A)-1	Acting Deputy Chief Nurse	F
HT(A)-2	Head of Nursing (Cardio Thoracic Services)	F
HT(A)-3	Head of Corporate HR	F
HT(A)-4	Procurement manager	M
HT(A)-5	Acting Resourcing Manager for Temporary Staffing Services	M
HT(A)-6	Head of Nursing for Renal Neurology	F
HT(A)-7	Ward Sister	F
HT(A)-8	Ward Sister	F
HT(A)-9	Agency Nurse, TWA(A)	F
TWA(A)-1	Operations Manager, TWA(A) (overseeing HT(A))	M
HOSPITAL TRUST B		
HT(B)-1	Assistant Director of Nursing – Workforce	F
HT(B)-2	Director of Nursing Education and Workforce Development	F
HT(B)-3	Assistant Director of HR	M
HT(B)-4	Nursing Bank Manager	F
HT(B)-5	Ward Sister	F
HT(B)-6	Ward Sister	F
HT(B)-7	Lead Nurse	F
HT(B)-8	Agency Nurse, TWA(A)	F
TWA(A)-2	Operations manager, TWA(A) (overseeing HT (B))	M
HOSPITAL TRUST C		
HT(C)-1	Assistant Director of Nursing (Bank)	F
HT(C)-2	Staff Bank Senior Nurse/Manager	F
HT(C)-3	Assistant Director Nursing (General)	F
HT(C)-4	Head of Nursing – Adult Intensive Care	F
HT(C)-5	Ward Sister	F
HT(C)-6	Ward Sister	F
HT(C)-7	Ward Sister	F
HT(C)-8	Ward Sister	F
HT(C)-9	Agency nurse, TWA(A)	F
TWA(A)-3/ TWA(A)-4	Business and Contracts Manager; and General Manager TWA(A) (overseeing HT(C))	F, M

Appendix 2: Profile of Social Care Respondents

Identifier	Role	Gender
SOCIAL CARE A		
SC(A)-1	Assistant Director of Children’s Services	F
SC(A)-2	Divisional Director for Quality and Performance	F
SC(A)-3	Commissioning Manager	M
SC(A)-4	Recruitment Manager	F
SC(A)-5	Residential Services Manager	M
SC(A)-6	Acting Assistant Assessment Manager (Children’s social Services)	M
SC(A)-7	Group Manager (area based childcare team)	M
SC(A)-8	Agency worker	F
TWA(B)-1	VMS Manager	F
SOCIAL CARE B		
SC(B)-1	Head of Business Management Services	M
SC(B)-2	Business Support Manager	F
SC(B)-3	Assistant Director for Social Work	F
SC(B)-4	Head of Commissioning and Procurement (community based services)	F
SC(B)-5	Procurement Manager	F
SC(B)-6	Operational Manager (intensive home-care service)	M
SC(B)-7	Head of Residential Services for Older People	F
SC(B)-8	Frontline Manager (Child Protection)	F
SC(B)-9	Agency worker	F
TWA(C)-1	Team Manager	F
SOCIAL CARE C		
SC(C)-1	Recruitment and Contracts Manager	F
SC(C)-2	Deputy Recruitment Manager	F
SC(C)-3	HR Manager	M
SC(C)-4	Corporate Procurement Manager	M
SC(C)-5	Children and Social Care Officer	F
SC(C)-6	Team Manager (Child Protection)	F
SC(C)-7	Line Manager (Children in Need Team)	F
SC(C)-8	Project Manager	F
SC(C)-9	Project Manager	M
TWA(B)-2	Business Development Manager	M

Figure 1: Process model of client-side involvement in HRM of agency workers

