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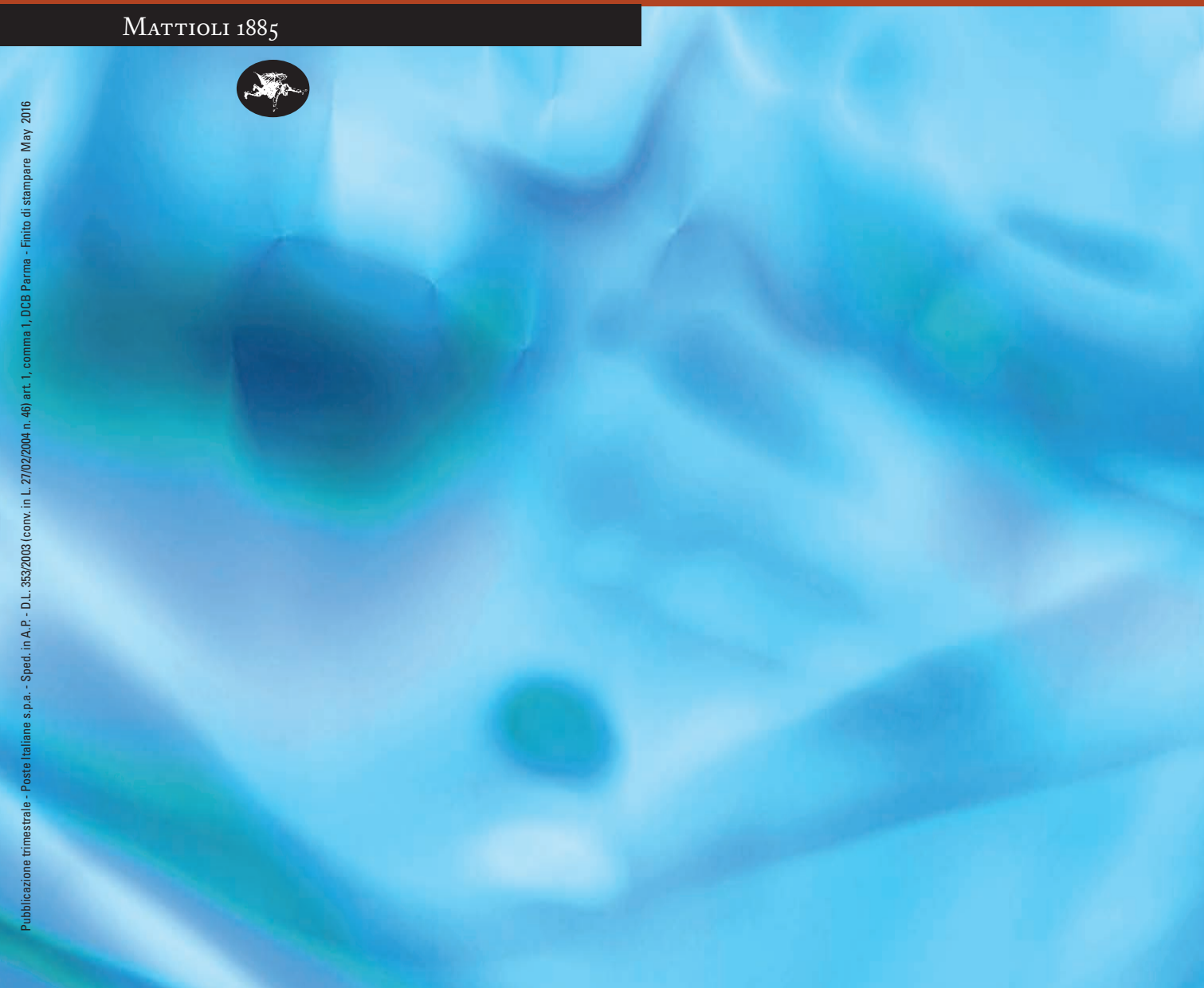

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The ambiguous role of healthcare providers: a new perspective in Human Resources Management

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Abstract. *Background and aim:* A strategic Human Resources Management approach, that overcomes an administrative Personnel Management, is becoming crucial for hospital organizations. In this sense, the aim of this work was to examine the figure of healthcare provider using the concept of role, as expected behaviour in term of integration in the organizational culture. *Method:* The instrument used to analyse the healthcare provider figure was "role mapping". Particularly, semistructured interviews were conducted and involved to 36 health professionals of four units in order to examine the behaviour expectations system towards the healthcare providers. *Results:* The analysis revealed that the expectations of different professionals related to the healthcare provider were dissimilar. Physicians' expectations referred to technical preparation and efficiency, while nurses and nurse coordinators required collaboration in equip work and emotional support for patients. In all Operating Units, directors were perceived as missing persons with vague expectations of efficiency. Differences concerned also the four Units. For example, in intensive care Unit, the role of healthcare provider was clearer and this figure was perceived as essential for patients' care and for the equip teamwork. On the contrary, in Recovery Unit the healthcare provider was underestimated, the role was ambiguous and not integrated in the equip even if there was a clear division of tasks between nurses and healthcare providers. *Conclusion:* The "role mapping" instrument allows to identify healthcare provider profile and find possible role ambiguity and conflicts in order to plan adequate human resources management interventions.

Key words: role ambiguity, role conflict, health care providers, strategic human resource management, health professionals

Introduction

Healthcare is becoming an increasingly complex environment because of new social expectations, new models for health and disease, the increasing employment of new technologies and a shortage in human resources. As a consequence, healthcare occupational ranks and roles underwent important changes (1, 2) and international scientific publications described such change thanks to many different analyses (3, 4): diversification (new jobs and new ways of performing them), specialization (increasing expertise), vertical substitution (proxy and taking on of new tasks that go beyond one's own discipline), flexibility (team and inter-professional cooperation).

A growing part of research highlighted how healthcare providers are performing roles that, in addition to clinical practice, concern organizational and managerial aspects (5, 6).

On the one hand, nurses shifted from dependence on physicians to a new more responsible and autonomous role (5). On the other hand, existing healthcare

jobs were improved by the introduction of "new" professional roles performing healthcare. A new kind of care (different from nursing itself) is now performed by healthcare providers, nursing assistants or nursing aides, roles which were often considered ambiguous both in Italy and abroad. According to Nancarrow and Borthwick's (4), changes in nurses and healthcare providers could be considered a "vertical substitution": a role which was once performed by a worker standing higher in the occupational hierarchy now belongs to workers at a lower occupational position of that hierarchy.

Nevertheless, some studies (7-9) underlined a remarkable uncertainty regarding tasks and expectations about healthcare providers and their link with nurses; this represents a potential risk factor for those workers (10). For example, Thornley (11) argued that healthcare providers perform tasks which go well beyond the responsibilities and regulations of their role. Healthcare providers play an important part in the team work, but other professionals undervalued this. Occupational boundaries between nurses and healthcare providers are becoming weak: an uncertain role can cause organizational conflicts and chaos.

Without clear statements, standards of care cannot be granted (12) and healthcare providers are unable to reach an appropriate level of effective performance.

One possible reason for this uncertainty could be a piecemeal and inadequate approach by the managers of human resources.

Although the professional model shifted from a managerial approach to a total quality model (13), where a rigid division of work was replaced by personal responsibility and enterprise, tasks which belong to a role are described by a hierarchical model: the lowest level belongs to those professionals who play an executive role (social workers – healthcare providers), while middle or higher levels means occasions to make analyses and choices (a task which belongs to physicians and nurses) .

In hospital organizational model, the approach is driven by administrative personnel managers who deal with defining tasks, rules, policies, procedures, contracts and strive to make assessments and enforce compliance to such regulations. Personnel management is often an independent organizational function, with little involvement from line managers and no link to the organization's core process (14). Personnel management makes use of strict job descriptions with many levels and a rigorous advancement policy which is often based on years of service.

A different approach is given by a strategic Management of Human Resources (15, 16), which tries to optimize them in order to reach organizational goals, stressing the importance of values and mission. Management of Human resources remains connected to organizational core strategy and functions; it focuses on cultural, organizational expectations toward roles rather than employment status which is defined by tasks. This promotes development of human resources, personal encouragement and enhancement within the organization.

According to this perspective, a new concept of professional role (intended as system of expectations toward a specific role) could overcome a stiff division of labor, allowing a mutual attitude among different roles: this represents an essential requirement for inter-professional cooperation and quality of care.

A role defines not only required attitudes but also expected behaviours in term of integration in the organizational pattern, thus allowing to define significant and successful actions to achieve goals in line with values and mission in a given working environment.

If "job" defines tasks and responsibilities, "role" defines activities which are effectively expected. In terms of human resources assessment and development, the analysis of activities related to a role is pivotal for an identification of profiles capable of playing such a role (17). An analysis of healthcare providers based on "role" allows to examine role psychological stress and all kinds of contradiction that an organizational job-focused analysis is unable to perform (18).

Role ambiguity and role conflict represent psychosocial risk factors and they influence workers' well-being and level of performance (19).

Role ambiguity occurs when expectations of co-workers about a role and its tasks are mutually contradictory or when a worker cannot rely on sufficiently clear information about goals and responsibilities which his job implies. Role conflict occurs when the requests made to individual workers are not in line with the model and values these workers cultivated in their

educational experience, or are inconsistent with their work performance. For example, if emphasis is put on performing duties rather than meeting patients' needs, it can produce conflicts (20). Role ambiguity and conflict are negatively connected to healthcare providers' burnout (16), work dissatisfaction, workers' state of health and willingness to quit their job (21, 22).

Several studies on healthcare providers emphasized that inconsistencies in role expectations can lead to inadequate performances and discourage employees from achieving organizational goals (23, 24). Lack of information about role is related to lack of sincerity on required performance: this has a bad impact both on workers and quality of care (25, 26).

On this background, the aim of our study was to analyse the role of healthcare providers in the management of human resource and to examine potential doubts and conflicts that can influence healthcare professionals working in hospital units.

Method

Aim

Our aim was an analysis of healthcare provider's role in four Cardiological Surgery Units, in a Hospital in northern Italy (Intensive Care, Surgical Unit, Recovery and Day Hospital) through an identification of some critical issues related to healthcare provider's role and an analysis of behavioural expectations towards these workers by healthcare providers themselves and other roles cooperating with them.

Tools and procedures

The main tool was "mapping" of roles, which examines behavioural expectations by an organization on different roles. Role mapping allows an organization to detect possible weak points or negative factors (17). Role is an example of individual behaviour capable of meeting organizational expectations and requirements; it can differ according to the needs and way of thinking in the organizational system. For all these reasons, role mapping does not only involve healthcare providers, but also roles interacting with them.

Results underlined expectations about healthcare provider's role in terms of practical activities (15). For this mapping work, two tools were employed: organizational organogram and semi-structured interviews.

Organogram is a chart showing the organizational hierarchy and relationships among roles. It allowed to identify people to be involved in semi-structured individual interviews, which focused on three areas of interest: perception of performance, assessment criteria, activities and role. The questions focused on the role target and each participant had to answer according to his expectations and the expectations of others roles. In a preliminary phase, two psychologists conducting the interview introduced the study's aim and development to those professionals taking part to the survey. They interviewed professionals working in the above mentioned Units, in full compliance with privacy and data protection. Question answering took about 40 minutes. Data were analysed with MAX-QDA v. 10, an ad-hoc computer program for interview analysis. The protocol for research project was accepted by Hospital 'Research Ethics Committee'.

Participants

36 interviews were conducted and involved 12 men and 24 women. Participants' average age was 44 years, while employment experience was 14 years. Participants belonged to different professional roles: 11 nurses, 11 healthcare providers, 4 nurse managers, 8 physicians, 2 managers, 4 top manager (Department Directors), 4 Units Directors, 1 Nursing Department manager. Interviews were collected in different units: Intensive Care (7), Surgical Unit (9), Day Hospital (9) and Recovery (9).

Data analysis

The analysis of the questions led to identify six categories of expectations. Frequency was measured for each Unit and each interviewed professional. Expectations categories in the 4 contexts were related both to the professionals interviewed and category (nurse, nurse manager, physician, manager and patient). As previously mentioned, each participant was asked to define not only his expectations as regards healthcare providers but his ideas about all roles in the unit.

Results

Assessment of Healthcare provider's performance

The first result was an evaluation of healthcare provider's performance: data showed a different perception of those in the higher role who have to asses the healthcare provider performance in the four Units.

As far as Intensive Care is concerned, it is commonly thought that healthcare providers should relate to all unit team members, in particular to nurses, who are professionals who more frequently interact with them, not forgetting nurse manager, physicians and patients *("Healthcare provider must interact with all team members, starting from the nurse working with him, as cooperation is essential in creating confidence"*, Healthcare provider).

In surgical Unit, Nurse manager is the professional making formal performance assessment, even if most participants do not acknowledge this role. Nurses are acknowledged as those assessing healthcare provider's performance (*"In the operating room it is the nurse who must evaluate healthcare providers and make a report to manager"*, Nurse*).*

Also in Recovery Unit, nurse manager has to formally assess healthcare professional's performance; but it is nurses who are perceived as daily performance supervisors. Consequences of this inconsistency turn into participants saying that everyone should work according to his own principles and patient satisfaction *("First of all: they must report to themselves, as everyone is responsible for his own work. I think that patient satisfaction can improve work and activities"*, Nurse Manager*).*

In Day Hospital, supervisor role can be quite confusing. Participants agreed that formal performance evaluation is due to nurse manager, but they thought also that healthcare provider must answer to himself and all others professionals (physicians, nurses and sanitary team) and patients too. *("Maybe I will be evaluated by the nurse, the physician or the patient, so when I'm in the outpatient clinic I report to the doctor and patients"*, Healthcare provider*).*

The expectations system

The expectations content and frequencies will be introduced in the next pages according to the participant professional category interviewed. The thematic content analysis of the questions led to identify 6 expectations categories. The frequency was calculated for each Surgical Unit (column 1) and for each professional interviewed (column 2).

Nurse expectations

First data analysis concerned nurses expectations toward healthcare provider's role by all the participants interviewed (Table 1).

Most nurses and healthcare providers' expectations of Surgical Unit, Day Hospital Unit (18 quotations) and Intensive Care (14 quotations) concerned both cooperation between nurses and healthcare professionals and mutual exchange between the two roles during the working day, although in compliance with competencies and assignments of each role. However, these expectations did not reflect what really happened in the Units, where hierarchy dominates between the two roles, especially in the Surgical Unit, and the healthcare provider is not considered as someone who helps, but as someone who depends on nurse (*"Nurses always expect cooperation but, at the same time, they do not try to put it into practice"*, Nurse Manager, Surgical Unit *; "Nurses require we perform a good part of the work and give us too many orders"*, Healthcare provider, Day Hospital Unit).

In the Recovery Unit, cooperation between healthcare providers and nurses records a low degree of expectation by nurses (only 4 of the total 25 quotations), while expectation concerning technical assistance was dominant (10 quotations). Most participants agreed that nurses have to delegate and supervise healthcare providers' activities and because of this a nurse is identified as healthcare provider's superior (*"Healthcare providers support us, we coordinate them on the basis of the Unit needs. They must perform well what we ask them to do"*, Nurse, Recovery Unit). This was a reason for clashes between the two roles and in general, nurse managers bear the responsibility of finding solutions and moderating the conflicts.

In Intensive Care Unit too, 14 quotations concerned technical skills but, differently from Recovery Unit, such expectations balanced inter-professional cooperation and reflected the need for a quick taking care of urgencies requiring all professionals be pre-

Table 1. Frequency of nurses expectations toward healthcare provider's role by all the participants interviewed

Unit	Professional interviewed	Categories of expectations					
		Clinic preparation	Technical-assistential activities	Autonomy	Efficiency	Inter-professional relationship	Emotional support for patients
Intensive Care	Directors and Nursing Department manager		5	1		2	
	Physicians	1	2			2	
	Nurse Managers		4			3	1
	Nurses		3	2	1	3	1
	Healthcare providers	3			1	4	1
	Total	4	14	3	2	14	3
Surgical Unit	Directors and Nursing Department manager		3	2		2	
	Physicians					3	
	Nurse Managers					2	
	Nurses	2	4	1		6	1
	Healthcare providers	1			1	5	1
	Total	3	7	3	1	18	2
Recovery	Directors and Nursing Department manager		3	2			
	Physicians		2				
	Nurse Managers				1		1
	Nurses	1	3	1	2	1	1
	Healthcare providers	1	2		1	3	
	Total	2	10	3	4	4	2
Day Hospital	Directors and Nursing Department manager			1		2	
	Physicians		6			2	
	Nurse Managers					2	
	Nurses	2	2			5	1
	Healthcare providers		1			7	1
	Total	2	9	1	0	18	2

pared to deal with such situations. Against this background, the perception of nurse superiority in hospital hierarchy and the gap between the two roles were not considered as a reason for conflict (*Nurses consider us as partners, there is cooperation in the exchange of skills"*, Healthcare provider, Intensive Care Unit).

If we make a comparison among professionals interviewed in each unit, Day Hospital physicians (6 quotations) stressed that nurses expected almost technical skills by healthcare providers probably because of a partial overlapping between the activities of these two roles in this environment.

For the professionals interviewed in all units, autonomy, efficiency and clinical skills were not considered as nurses' expectations, because nurses generally consider healthcare providers as workers who depend on their rules.

*Nurse Managers' expectation*s

The analysis of nurse managers 'expectations from the point of view of all participants stressed that the two categories "inter-professional cooperation" and "efficiency" were dominant in Intensive Care Unit, Surgery Unit and Day Hospital Unit. In particular, efficiency was considered one of the main expectations from healthcare providers, nurses and managers in term of correct performance of tasks and ability to bear heavy workloads, in order to ensure Department functionality and on time performance ("*Healthcare providers are exploited. It is hard to say but expectations are too high, as they have many things to do"*, Nurse, Surgical Area; *It could be useful to take part to team meetings, but we have no time as there are always too many things to do*", Healthcare Provider, Day Hospital) (Table 2).

Table 2. Frequency of nurse managers expectations toward healthcare provider's role by all the participants interviewed

Unit	Professional interviewed	Categories of expectations					
		Clinic preparation	Technical-assistential activities	Autonomy	Efficiency	Inter-professional relationship	Emotional support for patients
Intensive Care	Directors and Nursing Department manager			2	2		
	Physicians						1
	Nurse Managers	2				4	1
	Nurses				3	3	
	Healthcare providers				4	3	
	Total	2	0	2	9	10	2
Surgical Unit	Directors and Nursing Department manager		4	2		2	
	Physicians		1				
	Nurse Managers	3	1	1		5	2
	Nurses	1	2		1	1	
	Healthcare providers	1	1		8	3	
	Total	5	9	3	9	11	2
Recovery	Directors and Nursing Department manager	3	3	2			
	Physicians					1	5
	Nurse Managers		1				2
	Nurses				2	1	
	Healthcare providers				2	5	1
	Total	3	4	2	4	7	8
Day Hospital	Directors and Nursing Department manager	3	2	1	2	1	2
	Physicians		1		2		1
	Nurse Managers					4	
	Nurses				2	2	1
	Healthcare providers				2	5	3
	Total	3	3	1	8	12	7

As concerns inter professional cooperation, some differences among these three units were observed. In Intensive Care, all professionals interviewed stated that nurse managers expect health providers be involved and integrated in the team *("The whole team meets, the health provider takes an active role when we discuss about organizational issues and different Unit activities*; Nurse Manager, Intensive Care; *"Health provider should be part of the team"*, Nurse, Intensive Care). In other Operative Units, such expectations were not fulfilled (*"It is very important to meet in a team, organize meetings more often, to know each other. This does not happen at all"*, Health Provider, Day Hospital).

In Recovery and Day Hospital Units, contact with patients (8 quotations in Recovery and 7 ones in Day Hospital) was an important aspect of the healthcare provider's role, and it was not so common in nurses' expectations as described in the previous paragraph *("They have to be sensitive"*, Physician, Day Hospital Unit*; "I expect healthcare provider's deep respect for the patient"*, Nurses Manager, Recovery).

Despite the importance of being effective in performing tasks and relating to patients, all contexts recorded no expectation of autonomy and taking responsibilities *("I think their work is easier because they do not feel the burden of responsibility. They are not professionals but mere task executors. They have a heavy job, they have to deal with emergencies but they don't bear the psychologic burden"*, Nurse Manager, Recovery; *"Cooperation is envisaged, but roles must be clearly defined; in case of need, a change of roles must be envisaged, specifying clear duties. It's very difficult to achieve such a goal."* Nursing Manager, Surgical Area).

Physicians' expectations

In all units, physicians' expectations were different and divided into several categories.

However, table 3 shows that in Surgical area (10 quotations), Intensive Care (8 quotations) and Recovery Units (8 quotations), physicians' expectations regarding healthcare providers, as described by most professionals who were interviewed, concerned technical and operational skills in addition to efficiency: healthcare provider role is often well defined by tasks *("The expectations are mainly focused on technical skills […] if I ask a healthcare provider to bring me a tool, he must bring me the right one"*, Department Nurse Manager). Most physicians considered the work carried out by healthcare providers as a secondary aspect of care, underlying the importance of not slowing down the working rhythm of other professionals ("*I do not want to underestimate health providers, but from my point of view […] they have to perform their tasks in a short time*", Physician, Surgical Unit).

The use of technical skills is more frequent in Surgical Area, where hierarchical model doctor – nurse – healthcare provider is more definite and the interrelation between healthcare providers and doctors is not very common *("Our relationship with physicians is not very good but this is not our fault as there is no cooperation, no interrelation."*, Healthcare provider, Surgical Unit).

One of the consequences of this missing relationship is physicians' underestimation of healthcare provider's professional role: above all in Recovery Unit healthcare provider is considered a "servant" *("I see their role as a clear one, but I'm not able to describe their tasks, because they often take care of patient body daily cleaning,*

Table 3. Frequency of physicians expectations toward healthcare provider's role by all the participants interviewed

Unit	Professional interviewed	Categories of expectations					
		Clinic preparation	Technical-assistential activities	Autonomy	Efficiency	Inter-professional relationship	Emotional support for patients
Intensive Care	Directors and Nursing Department manager	2	1		1	1	
	Physicians		5		1	2	2
	Nurse Managers		1			1	
	Nurses		1		2		
	Healthcare providers				1	1	
	Total	2	8	0	5	5	2
Surgical Unit	Directors and Nursing Department manager						
	Physicians		8		4	1	
	Nurse Managers						
	Nurses		2				
	Healthcare providers				3		
	Total	2	10	0	7	1	0
Recovery	Directors and Nursing Department manager				1		
	Physicians		5		1		5
	Nurse Managers						1
	Nurses				2		
	Healthcare providers		3		1	2	
	Total	0	8	0	5	2	6
Day Hospital	Directors and Nursing Department manager	1			1	2	
	Physicians	1	3		2	1	1
	Nurse Managers					2	
	Nurses					1	
	Healthcare providers		1		1	3	
	Total	2	4	0	4	7	1

a duty which could be performed by nurses too", Physician, Recovery), and this matter bear negative consequences on healthcare provider's satisfaction.

The perception of health provider's role was quite different in Intensive Care Unit and Day Hospital, where physicians showed they expected a certain degree of cooperation from healthcare professionals (5 quotations in Intensive care and 7 ones in Day Hospital) and such physicians were well conscious of the importance of healthcare providers as in those units interrelation between healthcare providers and physicians is more frequent and healthcare providers play an important role in the team *("In this context, the healthcare provider is more involved in daily activities. Healthcare providers help us when we have to perform invasive procedures"*, Physician, Intensive Care).

However, even in such units, nurses remain the main reference point for physicians (*The first professionals I usually ask are nurses, not healthcare providers. For this reason I think that the nursing support started to be ignored",* Nurse, Intensive Care).

In all the four units, physicians didn't consider autonomy (and this was true for all physicians interviewed) as a possible aspect of healthcare provider's role.

Directors' expectations

In all Units, Directors (Department Directors, Units Directors and Department Nurse Manager) are perceived as missing persons and participants had problems in talking about their expectations, which are vague and refer to general aspects related to professional skill, efficiency, productivity and shifts. Efficiency represents a category which is most frequently considered a very important one (Table 4).

Table 4. Frequency of directors expectations toward healthcare provider's role by all the participants interviewed

Unit	Professional interviewed	Categories of expectations					
		Clinic preparation	Technical-assistential activities	Autonomy	Efficiency	Inter-professional relationship	Emotional support for patients
Intensive Care	Directors and Nursing Department manager	3	6	2	2	2	2
	Physicians	1					
	Nurse Managers					2	
	Nurses				3	2	
	Healthcare providers				2		
	Total	4	6	6	7	6	2
Surgical Unit	Directors and Nursing Department manager	3	4	2	2	2	3
	Physicians				2		
	Nurse Managers					2	
	Nurses				1	2	
	Healthcare providers				6	2	
	Total	3	4	2	11	8	3
Recovery	Directors and Nursing Department manager	3	4	2	2	1	3
	Physicians		2		2		
	Nurse Managers				1		
	Nurses				2	1	
	Healthcare providers		1		7	1	
	Total	3	7	2	14	3	3
Day Hospital	Directors and Nursing Department manager	3	4	1	2	2	5
	Physicians	1			2		
	Nurse Managers					1	
	Nurses				3	1	
	Healthcare providers				5		
	Total	4	4	1	12	4	5

In Recovery Unit, many interviewed professionals stated that Directors require only unit's professionals satisfy work requests, although in everyday working experience such requests are considered enormous and nurses tend to assign some tasks to healthcare providers in order to cope with heavy workload ("*The managers expect we work efficiently, but we rely on few resources",* Nurse Manager, Recovery Unit). In Day Hospital Unit, healthcare providers felt to be ignored by organizational system of decision making ("*Years ago we were involved, now we are ignored*", Healthcare provider, Day Hospital Unit).

Directors' interviews confirmed this situation: Directors of Units and Department Nurse Manager only mentioned professional skill, productivity and shift covering . They know the problem of few human resources, but they think that training is the best way to improve efficiency and encouragement.

The Intensive Care Unit (6 quotations) and Surgical Unit (8 quotations) are the only areas where directors' expectations are focused on professional cooperation in the team too.

Patients' Expectations

In all units, when participants were asked to think about the relationship to patients, healthcare providers were considered pivotal in assuring a good relation to patients, both in terms of care and emotional support (13 quotations in Intensive care and surgical unit; 20 ones in Recovery unit and 18 ones in Day Hospital). Other than nurses' and physicians' expectations, as previous sections showed, emotional support is the most important category. However, our survey showed deep differences among the four units taken into account (Table 5).

Table 5. Frequency of patients expectations toward healthcare provider's role by all the participants interviewed

Unit	Professional interviewed	Categories of expectations					
		Clinic preparation	Technical-assistential activities	Autonomy	Efficiency	Inter-professional relationship	Emotional support for patients
Intensive Care	Directors and Nursing Department manager		1				2
	Physicians		1				4
	Nurse Managers		2		1		1
	Nurses						4
	Healthcare providers	2	1				2
	Total	2	5	0	1	0	13
Surgical Unit	Directors and Nursing Department manager						3
	Physicians		1				
	Nurse Managers	2					2
	Nurses						2
	Healthcare providers				1		6
	Total	2	1	0	1	0	13
Recovery	Directors and Nursing Department manager		1				3
	Physicians		1				9
	Nurse Managers		1				2
	Nurses				1		1
	Healthcare providers	1	3			1	5
	Total	1	6	0	1	1	20
Day Hospital	Directors and Nursing Department manager						5
	Physicians						2
	Nurse Managers	1					
	Nurses	1	1				3
	Healthcare providers						8
	Total	2	1	0	0	0	18

In Recovery Unit patients expected an intimate and confidential relationship with healthcare providers; they must respect patients' vulnerability, in addition to meeting their needs ("*Healthcare providers are in touch with patients more often than we are, for example taking care of patients' bodies, healthcare provider has immediate approach to patient intimacy, so it is important to make them feel comfortable. It often happens that patients communicate more often with healthcare providers, for example in terms of confidential information*", Nurse, Recovery Unit).

In intensive care unit, healthcare providers relate to patients' relatives too, and this connection means exchanging clinical information but also giving emotional support as patient's health is often at stake *("Patient's family is experiencing a difficult period, relatives are mentally stressed, anxious, worried. They expect an emotional slowing down.",* Healthcare provider, Intensive Care Unit).

In Day Hospital, expectations concern inclination to provide information and polite manners, patience and kindness in relating with patients, who are sometimes aggressive and very demanding ("*They expect quality of service, detailed information, courtesy*", Nurse Manager, Day Hospital Unit).

In surgical unit, healthcare provider is the first professional to meet a patient after surgery: he plays an important role in providing information, reassuring and containing patient's fears and anxiety *("Communication and empathy with patient when he reaches operating room are an important step*", Nurse Manager, Surgical Unit; "*The moment of acceptance is important, not a secondary moment, we have to provide peace of mind*, Healthcare provider, Surgical Unit).

Discussion

Considering expectations, professionals related to the roles under examination (nurses, nurse managers, physicians, directors and patients) reported different opinions about healthcare providers.

Nurses' expectations referred generally to cooperation with other unit professionals, a mutual exchange which has respect for role skills, responsibilities and technical capabilities.

Nurse managers underline the importance of cooperation but also of emotional support to patients, even in Recovery Unit. In all Units, physicians' expectations referred to technical skills mainly in order to support other professionals. Considering Unit's top management, directors are considered not interested in the management of human resources. As a matter of fact, survey participants stated that directors did not communicate clear or objective orders concerning a behaviour to be followed, in addition to a generally effective professional behaviour. For this reason, healthcare providers don't feel involved in the organizational process.

As far as relationship with patients is concerned, we stress that survey participants did not consider emotional support to be important, when they reflected about expectations concerning team components, but they underlined this kind of support only when they thought about patients. There is no doubt about the importance of healthcare providers in the relationship with patients for all professionals; however, the main expectation which is common to most of them concerned the execution of technical tasks and skills, that define job description although they do no define healthcare provider's organizational role.

As a consequence, the main focus on job duties makes healthcare providers often considered at a lower level of the hospital hierarchy. This idea reflects an approach peculiar to administrative Management of Personnel and does not allow to define strategies of action that could be significant and successful for a working environment, limiting healthcare providers' responsibilities and autonomy (12). For nurses and nurse managers, inter-professional cooperation is a core aspect but it is incongruent with other professionals "expectations" and it has an impact on healthcare providers' role that seems controversial and ambiguous.

However, it is important to highlight differences in the four units under examination.

In intensive care Unit, cooperation is considered important also by physicians and directors and the role is clearer. In this sense, hierarchical differences between nurses and healthcare providers stand out, but they do no cause work dissatisfaction or discredit. Healthcare providers are considered professionals with important skills in dealing with patients' care and well-being, and so they represent an essential role for a good performance in the team. Only in Intensive Care Unit,

Directors underlined the importance of cooperation with other professionals in the team.

On the contrary, in Recovery Unit, expectations are more ambiguous, as nurse manager emphasized the importance of emotional support to patients that was not shared by nurses and directors, stressing the importance of technical skills and efficiency. The cooperation was not considered as part of the expectations of any professional role. In this environment, the relationship healthcare provider - physician is uncommon, and it creates chaos between role and tasks: physicians do not know healthcare provider's role and their expectations refer only to unspecific tasks and duties, that clinicians consider of secondary importance in healthcare. Both nurses and nurse managers share healthcare providers' professional underestimation, increasing the stiffness of tasks gap with negative consequences on team and multi-professional activities.

Day Hospital unit needs specific considerations because of an overlapping between the activities of nurses and healthcare providers, but nurses, managers and physician share the importance of multi-professional integration.

In Surgical Unit, the need of cooperation expressed by nurses and their managers was not shared by physicians and directors who focused on technical skills, efficiency and coverage of shifts.

On the background of such organizational uncertainty, it was not possible to precisely identify healthcare provider's supervisors either to assess of performance criteria. Survey participants underlined that nurses check healthcare performance every day and express an informal assessment, but they admit that nurse managers should bear this responsibility.

The ambiguity of role, coming from these inconsistencies can deepen both the division of tasks and hierarchical model physician-nurse-healthcare provider, excluding healthcare providers from unit team: this happens in Recovery Unit and Surgical Unit, where tasks are more clearly defined but, at the same time, role is more ambiguous, inter-professional cooperation is poorer and healthcare provider underestimation prevails. On the contrary, when working activities are "contaminated" and there is a partial overlapping between nurses and healthcare providers, we do not find ambiguity and this allows professionals to show a spirit of cooperation, to consider healthcare provider as a member of the team, with positive effects on job satisfaction and performance.

Equal expectations by all team members positively affects team work and creates a higher level of interconnection, thus allowing deeper consciousness and responsibility. Other studies on healthcare providers (27,28) showed that their taking part in team work gives them a feeling of common mission, instead of feeling useless or inadequate, as they are merely called to perform orders. Participation in healthcare activities leads healthcare providers to feel they deserve to be consulted and their skills deserve to be employed.

Conclusion

Understanding complex healthcare providers' organizational role might not satisfy a perspective of administrative management of human resources, based on ranks and rules related to each role.

On the contrary, "mapping role skills" (15), as our study suggested, could be useful in order to plan interventions for defining organizational roles and identifying expertise in playing these roles. Mapping role skills could implement an adequate assessment, education and selection of human resources, thus improving governance policies connecting professional roles to organizational culture. Mapping role skills represents an important tool for healthcare organizations, where enhancement and integration become crucial issues in healthcare (29). Management of Human Resources should be related to strategic planning and used to reinforce a good organizational culture or to replace a bad one. Human resources are the foundation for competing and consistent policies related to human resources, thus increasing professionals' willingness to achieve shared goals and values.

Limitation

This research represents a preliminary study; statistical measurements of the differences among expectations in healthcare ranks was not possible, thus making it necessary to conduct further in-depth studies.

On this background, the inclusion of measures related to organizational outcomes, such as turnover, rate of absenteeism, occupational diseases, workers' wellbeing in addition to work satisfaction, could be useful to understand the consequences of role ambiguity and role conflict.

Future research will have to take into account the measurement of workers' performance too.

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