



Title	Systematic Review of the Links Between Human Resource Management Practices
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Aim

To assess the results from systematic reviews of the evidence on human resource management (HRM) and performance.

Conclusions and results

Work design practices that enhance employee autonomy and control influenced outcomes. Consistent evidence indicated a positive impact of increased job control on employee outcomes, eg, job satisfaction, absence, and health. The small number of studies reviewed supported the involvement of employees in design/implementation of changes that affect their work. In health literature, employee involvement through quality improvement teams resulted in improved patient outcomes. Findings were positive for the impact of training on the intended outcomes of the initiatives. Support for the impact of performance management practices was apparent, in particular the effects of feedback on performance outcomes and the use of participative goal setting. The relationship between intermediate outcomes and productivity-enhancing behaviors were generally significant. Although longitudinal studies of intermediate outcomes and final outcomes were sparse, associations were found for job satisfaction and organizational climate with organizational performance. Some potentially effective practices for both health and nonhealth areas were identified, and HRM methods could be used to support change processes in the NHS; the findings relating to work organization are promising as regards changes in methods of service delivery. Using training to help implement change is highlighted, but multilevel studies embracing the individual, team, and organizational level are needed. Studies should look into interventions to improve HR outcomes and performance, and allow for pre- and postintervention measurement of practices and outcomes.

Recommendations

See Executive Summary link www.hta.ac.uk/project/1590.asp.

Methods

Broad categories of HRM interventions and intermediate outcomes were generated: 10 HRM categories and 12 intermediate outcome categories. Seven patient final outcomes were derived from the NHS Performance Indicators and the NHS Improvement Plan. We included only longitudinal studies, providing some evidence of the causal direction of relationships between HRM and relevant outcomes. The health-specific literature focused on the impact of HRM on patient outcomes. Information is presented on the reliability of measures in each of the intermediate outcome areas.

Further research/reviews required

Developing a 'big science' project that permits repeat surveys, a broad coverage of practices, independent audits of practices, and reliable and valid performance measures would be desirable. Smaller-scale projects would be useful, but would have more value if set in the context of bigger studies. Existing data sets, eg, the WERS and Healthcare Commission (HCC) staff survey, could be revised to take account of some of the learning from this and other overviews. The intermediate variables between HR practices and organizational performance need more attention, and multilevel studies embracing the individual, team, and organizational level (and, in the case of the NHS, Trust level) are needed. Studies of interventions aimed at improving HR outcomes and performance should be encouraged, along with a mechanism to bring together researchers and organizations before interventions take place. This would allow pre- and postintervention measurement of relevant HRM practices and outcomes.