Managers and Employee Representatives Working Together to Improve Workplace innovation: Lessons from a Participatory Management Programme in French Public Hospitals

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Conventional assumptions about the world of work often portray managers and employee representatives as being fundamentally opposed. Drawing on a training programme designed to foster participatory management in the hospital sector, we explore a different question: what if improving teams' Quality of Working Life (QWL) provided an opportunity for these actors to work more effectively together?

1. Managers and Employee Representatives: Distrust, Competition or Mutual Misunderstanding?

Among frontline managers, one often observes a degree of reluctance towards employee representatives, trade unions and, more broadly, industrial relations. At best, managers admit to having little interest in representative bodies or in the issues discussed within them. At worst, they seek to bypass these institutions altogether, fearing that involving them could hinder or complicate their initiatives.

Employee representatives, for their part, frequently express a certain unease towards managers, whose position they often find difficult to define. Should managers be regarded as employees whose interests also deserve representation, or rather as an extension of senior management?

In fact, both groups share a similar function: giving voice to employees. This overlap creates a potential for competition, particularly when their respective roles and forms of coordination have not been clearly articulated, or when organisations deliberately play one against the other. This can occur, for example, in companies that promote direct dialogue with employees at the expense of representative dialogue, or professional dialogue at the expense of social dialogue (Sailly, Johansen, Tengblad & Van Klaveren, 2022).

These tensions are not, however, inevitable. More often, they stem from mutual unfamiliarity between actors who work alongside one another but rarely interact in any meaningful way. This separation is also reflected in both the academic literature and the training provided to these two groups (Fronty, 2021). Management research pays little attention to trade unions as part of managers' day-to-day environment; when unions are mentioned, they are generally portrayed merely as a constraint that interferes with operational performance. Conversely, research on social dialogue tends to examine relations between unions and management exclusively from an institutional perspective, reducing managers to representatives of senior management. As a result, relatively little research has focused on the concrete day-to-day interactions between frontline managers and employee representatives. This gap is mirrored in the training available to both groups, leaving them insufficiently equipped to develop constructive working relationships.

2. The « Parcours Manageur »: A Training Programme to Support

Participatory Management

Our research shows that managers and employee representatives ultimately share a common objective: improving employees' Quality of Working Life (QWL). Indeed, managers who participated in our programme ranked this issue among their highest priorities. However, they often struggle to fulfil this responsibility because of their limited room for manoeuvre on the one hand and organisational constraints on the other-a situation described in the literature as *constrained management* (*management empêché*) (Detchessahar, 2011). This is, moreover, a major source of frustration in their day-to-day work.

Building on these findings, the *Parcours Manageur* initiative is based on the premise that managers have problems rather than being the problem. Its purpose is to improve teams' working conditions by equipping frontline managers with the knowledge, methods and support they need to take effective action. The programme relies on Work Discussion Spaces (*espaces de discussion sur le travail*) (Detchessahar & Gentil, 2024), where participants collectively examine the criteria for quality work (Clot, Bonnefond, Bonnemain & Zittoun, 2021) and develop approaches to managing work itself (Conjard, 2014).

The French National Agency for the Improvement of Working Conditions (Anact) was commissioned by the French Directorate General for Healthcare Provision (DGOS) to design and support the rollout of a training programme entitled *Developing Participatory Management to Work Better Together*. Spanning approximately four training days over a period of four to six months, the programme aims to help participants deliver high-quality healthcare services while safeguarding the health and well-being of their teams. Particular emphasis is placed on strengthening collective and collaborative dynamics, while increasing managers' autonomy and capacity to take action, both individually and collectively.

The programme places strong emphasis on peer learning through regular exchanges between participants. These sessions help reinforce professional communities while enabling participants to adapt the training content to their own organisational contexts. In parallel, participants are invited to carry out a practical improvement project within their own department by establishing a Work Discussion Space (structured forums where teams collectively analyse work situations and identify improvements) and scheduling dedicated sessions to facilitate and monitor this process. To design the programme, Anact organised a series of focus groups involving healthcare stakeholders across five French regions.

A pilot version of the training was then implemented in five hospitals: Langon, Rennes, Angers, Le Vinatier and Ambert. The programme was subsequently evaluated through a comprehensive learning and evaluation process, combining participants' immediate feedback questionnaires, dedicated reflective sessions during the final training module, and qualitative interviews with both participants and members of their teams. This approach made it possible to assess not only changes in managerial practices and attitudes but also the organisational changes generated within their departments.

3. What Outcomes?

The training programme enabled participants to adopt a more collaborative managerial approach and to gain greater confidence in their role as managers. Many reported feeling more legitimate in embracing participatory management. Participants also highlighted the practical value of the programme, particularly the tools and methods it provided. The training helped them develop a better understanding of their teams and transformed the way they interacted with them.

One of the programme's most significant contributions was its ability to reduce managers' sense of professional isolation. Working alongside peers enabled participants to learn from one another's experiences and to share responsibility for identifying and developing solutions. Consistent with previous research (Charles, 2012; Detchessahar & Gentil, 2024), the improvement projects (*chantiers*) were viewed very positively by participants. However, they also represented an additional workload and cognitive burden. Leading innovative projects while simultaneously reconciling new managerial practices with the constraints of everyday work proved challenging for some participants.

A total of 32 improvement projects were identified, involving 36 of the 54 managers who completed the programme-a substantial proportion of participants. Moreover, those who had not yet implemented a project remained confident that they would be able to do so in the future. More than one-third of the projects progressed beyond diagnosis to the development and implementation of concrete solutions. This is a noteworthy outcome, demonstrating participants' capacity to move from discussion to action despite significant organisational constraints.

In a similar proportion of cases, the Work Discussion Spaces succeeded in opening dialogue on fundamental work-related issues, even when no formal solutions had

yet emerged. Nevertheless, these initiatives played an important role in structuring dialogue about work and creating the conditions for future improvements. Even managers who had not implemented a formal improvement project reported changes in their managerial practices as a result of the training.

The topics addressed through these projects were highly diverse but were predominantly related to major organisational issues. Some focused on addressing everyday operational irritants-recurring problems that disrupt daily work. For example, in a psychiatric hospital, staff collectively developed a family welcome booklet to reduce interruptions caused by repeated requests for information and to better direct relatives to the appropriate professionals.

Other projects centred on human resources practices, such as the collective development of training plans or the drafting of specific procedures. In a geriatric ward, staff designed a protocol for monitoring and managing delayed bowel movements in order to prevent serious medical complications associated with prolonged constipation. Finally, several projects tackled broader organisational challenges, including the redistribution of tasks, the organisation of working time, and the redesign of workspaces. These examples illustrate that Work Discussion Spaces can address both day-to-day operational issues and more structural dimensions of work organisation.

4. An Illustrative Case: Nurse–Nursing Assistant Teamwork in a Neurology Ward

The neurology ward operates across three shifts, comprising one night team and two daytime teams (morning and afternoon). The improvement project focused specifically on the morning shift, whose activities include distributing breakfast and assisting patients with personal hygiene for nursing assistants, while registered nurses are responsible for monitoring patients' vital signs, providing nursing care and administering medication.

The ward manager proposed strengthening nurse–nursing assistant teamwork by encouraging both professionals to conduct patient rounds together and jointly carry out their respective tasks. Several issues had been identified: nursing assistants were absent from handover meetings, resulting in information loss; professionals had only partial knowledge of patients who were followed by several caregivers; and poor coordination led to repeated visits to patients' rooms. The manager also

expected that working in pairs would facilitate physically demanding or complex tasks requiring two people, while expanding the role of nursing assistants in patient follow-up.

The project was first presented during a team meeting, where volunteers were invited to participate. While nurses quickly supported the initiative, nursing assistants initially expressed reservations. Nevertheless, they agreed to join the working group so that they could actively contribute to the decision-making process. A group of seven volunteers was formed, consisting of three nurses and four nursing assistants.

The ward manager adopted a highly structured and pragmatic approach, focusing on rapidly identifying workable solutions. Because of the ward's demanding organisational constraints, only four 30-minute meetings were scheduled. Given the difficulty of coordinating participants' availability, the group agreed to work with whoever was present at each session. The manager also faced significant time constraints, as responsibility was shared across three different hospital wards, representing more than fifty staff members.

The first meeting was devoted to identifying the strengths and weaknesses of the existing organisation and to mapping all the tasks performed by healthcare professionals. During the second meeting, participants began developing potential solutions. The principal measure adopted was the purchase of an additional breakfast trolley to improve the organisation of morning rounds.

The ward is divided into three wings with an equal number of patients. Previously, only two trolleys were available, preventing the three morning nurse–nursing assistant pairs from working simultaneously. The acquisition of a third trolley made it possible to organise three teams, each composed of one nurse and one nursing assistant, responsible for jointly covering one wing of the ward. Implementing this solution was not straightforward, however, as it required reallocating certain tasks-most notably medication preparation-to other hospital services.

Between the third and fourth meetings, the working group designed a questionnaire to gather feedback from all ward staff. The survey revealed an overall positive assessment of the initiative, although some reservations remained. While the majority of staff adopted the paired-working model, a minority of nursing assistants continued to express reluctance.

Their concerns were mainly related to a perceived intensification of work. Nursing assistants found themselves spending more time assisting nurses with longer or more complex tasks, which delayed completion of their own patient rounds. At the same time, nurses-whose work is frequently interrupted by cross-cutting responsibilities and unexpected clinical demands-were not always able to reciprocate by assisting nursing assistants with their tasks. Nevertheless, these tensions did not become a major obstacle to implementation because participation in paired working remained voluntary. Nursing assistants were therefore free to work either in pairs or independently, according to their own preferences and professional judgement.

5. Conclusion: What Role for Employee Representatives?

The *Parcours Manageur* programme demonstrates that it is possible to improve employees' working conditions by strengthening frontline managers' capacity to initiate and facilitate discussions about work within their teams. The improvement projects implemented throughout the programme generated concrete-and often ambitious-initiatives, illustrating the transformative potential that emerges when employees are provided with spaces for dialogue, reflection and collective regulation. Even when modest in scale, these initiatives produced positive effects on team engagement, mutual recognition and the quality of professional dialogue.

However, they also revealed a common limitation: the difficulty of extending change beyond the sphere of influence available to teams and their immediate managers. This highlights the need to further institutionalise these initiatives so that they can address issues requiring action at the organisational level. Participants consistently identified stronger alignment with the hospital's strategic priorities as the main factor that would facilitate the successful implementation and sustainability of improvement projects.

It is precisely at this level that collaboration between frontline managers and employee representatives becomes particularly relevant. Closer cooperation between these two groups could ensure that improvement projects are monitored through formal social dialogue mechanisms, increasing their visibility and enhancing their chances of leading to lasting organisational change. Social dialogue could therefore provide a more secure and legitimate institutional framework for these initiatives and for the employees involved in them. Conversely, the improvement projects led by frontline managers could enrich formal employee

representative bodies by providing direct feedback from day-to-day work situations and highlighting concrete work-related issues arising in the field (Ruffier, 2024). In this perspective, rather than operating in parallel, participatory management and social dialogue should be understood as complementary mechanisms that mutually reinforce one another in improving both working conditions and organisational performance.

References

Charles J., 2012, « Les charges de la participation », SociologieS [En ligne].

Clot Y., Bonnefond J.-Y., Bonnemain A., Zittoun M., 2021, Le prix du travail bien fait, La coopération conflictuelle dans les organisations, La Découverte,.

Conjard P., 2014, *Le management du travail : une alternative pour améliorer bien-être et efficacité au travail*, ANACT.

Fronty J., 2011, *Managers et syndicats, Étude de cas dans l'industrie aéronautique, thèse de* Detchessahar M., 2011, « Management et santé, Quand le management n'est pas le problème, mais la solution…, » *Revue Française de Gestion*, n° 214,

Detchessahar M., Gentil S., 2024, « Ouvrir le dialogue sur le travail, renoncer à l'immunité bureaucratique ? Réflexions à partir d'une recherche-intervention en milieu hospitalier », *Revue française de gestion,* N° 318.

Doctorat en Sciences de Gestion, ESCP Business School.

Ruffier C., « Articuler les dialogues social et professionnel pour améliorer les conditions de travail ? », Cahier de l'Anticipé, Anact. Sailly M., Johansen A., Tengblad P. et Van Klaveren M., 2022, « Dialogues social et professionnel : comment les articuler ? », Les Docs de La Fabrique, Paris, Presses des Mines.

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