Involvement in decisions about goals can encourage team working; providing employment security; and, in other contexts, it is likely to improve communication and cooperation. Employers can coordinate with each other, not involving staff in the decision processes is a frustration for employees as well as a loss of potential (Lawler, Sattler, & Mohrman, 1992 cit in West, 2006).

Leaders in healthcare organizations should focus sharply on developing a sophisticated and strategic human resource management (HRM) that is intended to enable an organization to achieve its goals. The pattern of planned human resource deployments and activities—individuals who contribute to the achievement of an organization’s most valuable assets—the people who contribute to the achievement of its objectives with their skills and qualifications (physicians, nurses, etc.) tends to be their profession and their patients rather than to their employer.

The need for a “fit” between the HRM approach and the organizational characteristics, context and priorities, and for recognition that so-called “bundles” of linked and coordinated HRM interventions will be more likely to achieve sustained improvements in organizational performance than single or uncoordinated interventions (Buchan, 2004).

Employment security is an element likely to enhance commitment and to ensure the retention of skills developed through training and appraisal and to maintain motivated teams as a result of not disrupting established relationships (Hartley, Jacobsen, Klandermans, & van Vuuren, 1991; Pfeffer, 1998).

Workforce instability and reductions are argued to be particularly deleterious in knowledge-intensive, service industries (Casici, 2002), as healthcare. Moreover, employment security is associated with higher levels of employee job satisfaction. In turn, healthcare workers’ satisfaction levels have been linked with employee retention (McCluskey, 1990; Stratton, Dunkin, & Geller, 1995), patient satisfaction and quality of healthcare (Tarnowski–Goodall & Van Ei Corling, 1994; Tønset & Kafstad, 2002).

De Patro (2006) suggests that instead of fighting the involvement of medical and nursing staff in both public and private practices, this mixture can be encouraged for an improved quality of technical knowledge (by the extra experience acquired); increased motivation of staff through increased financial outcomes; information that private practice can give to hospitals about physicians’ competencies, and they can also benefit personal attendants or regain training programs. In short, for this author it is clear that the mixture between public and private activities, if well managed, can exercise a powerful leverage for good management and motivation.

In sum, research on HRM in the hospital context has been increasing in the last years, although the field remains largely to be explored. Research has been conducted by scientists from different backgrounds (Medicine, Psychology, Nursing, Economic, Management, Sociology, Allied Health Sciences, etc.) presenting different and enriching points of view that construct different meanings and stress diverse implications of the HRM practices.